

# Humber and North Yorkshire ICB

## Shared Care Record Annual Benefits Report

**24/25**  
(April – March)

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# HELLO!

The Humber and North Yorkshire Shared Care Record Annual Benefits Report provides a comprehensive overview of the key benefits realised through the implementation of our regional Shared Care Record – the Yorkshire and Humber Care Record (YHCR).

**This summary includes:**

- System efficiency savings
- Hours saved (including full-time equivalent estimates)
- Reduced conveyances
- Decrease in CO2 emissions

The report offers detailed insights into each area of our benefit portfolio profiles, showcasing both quantitative outcomes and qualitative feedback. It also features direct input from users, illustrating how access to the YHCR has positively impacted the delivery of care across the Humber and North Yorkshire system.

## **‘So What?’ – Why This Report Matters**

Capturing and showcasing system-wide benefits is essential to demonstrating the real-world impact of having the right information available at the right time. Digital solutions like the Yorkshire and Humber Care Record (YHCR) play a key role in building a health and care system that is both efficient and effective.

By evidencing these benefits, we strengthen organisational engagement, encourage clinical buy-in, and empower teams to embed the YHCR into everyday practice. Without consistently measuring outcomes, we cannot fully understand or communicate the value that digital tools are bringing to care delivery.



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# Notables



## 2025 Profile Uplift Overview

In 2025, we have updated our benefit profiles (previously baselined off 2022 figures) to more accurately reflect general inflation observed over recent financial years. This update draws on a range of reliable sources, including NHS England resources, published tools, organisational pay grade data, and trusted academic research for reference.

### Key areas of uplift include:

- Increases in salary and staff grading
- Updated costs for hospital conveyances and inpatient stays
- Revised carbon pricing per kilogram
- Adjusted conveyance predictions based on the latest annual averages

These updates are accurate as of the 2024/25 reporting period and will be reviewed annually to ensure continued alignment with inflation and evolving economic factors.



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# 01.HNY Stats 24/25





# Humber and North Yorkshire

24/25 Connections

5 Local Authority

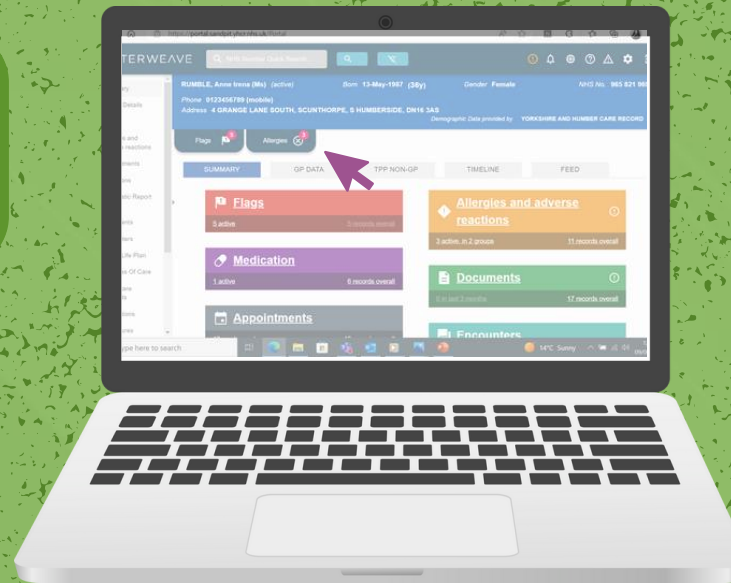
6 Community Services

3 Hospices



x3 New AD Connections

2 Private Hospitals



2 Mental Health Trusts

6 Acute Trusts



160 GP Practices

2 Care Homes

2 Ambulance Services



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# Humber and North Yorkshire

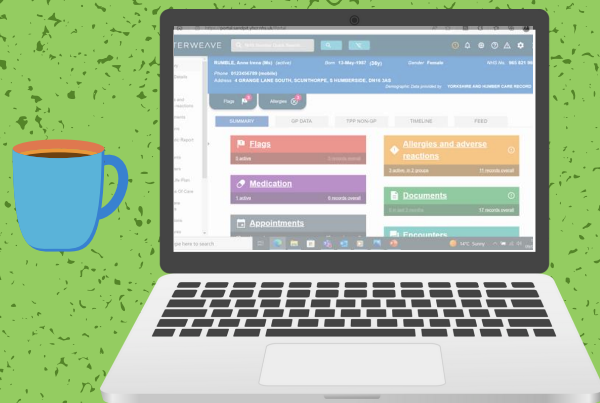
## Monthly Average Usage Stats

Month on month increase in  
Shared Care Record usage



**200–300** New EPaCCS records  
created and shared each month

Enabling more patients end of life wishes to be realised. Reporting 14% in Hospital deaths, compared to the National average of 40%



**14** Health and Care IT Systems  
integrating with the YHCR

**44,000** Patient Record Views each month  
Via Portal / Exchange

**1.8 Million** Patients benefitting  
from enhanced sharing across  
HNY



**125,000 GP** Connect Views each month  
via York & Scarborough Teaching Hospital, Harrogate  
District Foundation Trust, Northern Lincolnshire and  
Goole NHS Foundation Trust and Humber Teaching  
Hospital

**154,000** Data Items Viewed  
each month



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# 02. Portfolio Profile Breakdown





# Shared Care Record Portfolio

Our portfolio consists of 9 different profiles:

With more being planned to be added in

## Transfer of Care (ToC)

- **Acute** - Reduction in ED administrative time due to automation of ToC document from Ambulance arrivals
- **Ambulance** - Reduction of handover time in ED departments due to the automation of the ToC document. Putting crews back on the road quicker

## GP Connect Availability

- **Acute** - Reduction in the need to contact Primary Care for information due to GP Connect access
- **Primary Care** - Reduction in admin time for Primary Care, not needing to relay information to third parties (e.g Acutes)



## Third Parties Resourcing

- **Social Care** - Removing the need for Social Care to source information from third parties (e.g Acute / Primary Care)
- **Hospice** - Removing the need for Hospices to source information from third parties (e.g Acute / Primary Care)



## End of Life Care Planning

- **Acute** - Reduction in unnecessary admissions to Hospital due to EoL Care Plan wishes.
- **Ambulance** - Reduction in unnecessary conveyances to Hospital due to EoL Care Plan wishes.
- **Ambulance CO2** - Reduction in CO2 admissions due to a reduction in unnecessary conveyances to Hospital due to EoL Care Plan wishes.



# Transfer of Care

The Yorkshire and Humber Care Record (YHCR) enables Yorkshire Ambulance Service (YAS) transfer of care data to be instantly available to Emergency Department (ED) administrators within acute trusts.

This streamlines the process by reducing the administrative time required to manually transfer patient information from the Ambulance Electronic Patient Record (EPR) to the ED's EPR system.



**Putting Ambulance crews  
back on the road quicker**

**£128,888**  
11.37% up from 23/24

**Acute ToC** – Reduces Emergency Department administrative time by automatically providing the Transfer of Care (ToC) document to ED administrators, saving approximately 5 minutes per ambulance arrival.



**Ambulance ToC** – Through YHCR Transfer of Care (ToC) messaging, patient information is automatically transmitted from the ambulance to the Emergency Department system. This automation reduces administrative workload during handover and enables faster ambulance turnaround. Saving an average of six minutes per patient per conveyance.

**£219,769**  
11.37% up from 23/24

# GP Connect Access

Through the YHCR, York & Scarborough Teaching Hospital, Harrogate and District NHS Foundation Trust, Northern Lincolnshire and Goole NHS Foundation Trust, and Humber Teaching NHS Foundation Trust all have direct access to the national GP Connect data feed. This streamlines communication between Acute and Primary Care services, reducing the need for manual information requests and improving overall efficiency.

£1,644,218

29.57% up from 23/24

--- **Acute GP Connect Access** – Streamlining access to primary care information, reducing the time spent requesting and retrieving data through direct integration with the GP Connect feed.

--- **Primary Care** – Reducing administrative workload by eliminating the need to manually share information with third parties, due to the direct GP Connect data feed.

£1,158,759

29.57% up from 23/24



## Key Point to Note:

Since the creation of this profile in 2022, GP Connect access through our Acute Trusts has consistently grown year on year. The average monthly access figures are as follows:

- **2022/23:** 38,185
- **2023/24:** 87,866
- **2024/25:** 125,051

This significant growth highlights GP Connect as the largest source of efficiency savings within our portfolio, with an average annual utilisation increase of 81%.

Each of our GP Connect profiles includes attribution, with 15% of all access points contributing directly to measurable efficiency gains.



# Third Party Resourcing

Third-party organisations outside of primary and secondary care, such as Social Care and Hospices. Are realising significant time-saving efficiencies through access to the YHCR. By enabling direct access to patient information, the YHCR reduces the need to contact organisations such as hospitals or GP practices, streamlining the process of information gathering. Access via the YHCR ensures critical data is readily available, eliminating the need for multiple phone calls and reducing administrative burden.

## Hospice

£1,299

61.89% down from 23/24

**Hospice** – Access to the YHCR provides immediate availability of vital patient information, eliminating the need for time-consuming phone calls and manual follow-ups. Saving an average of 27 minutes per access point

**Local Authority** – Access to the Yorkshire and Humber Care Record (YHCR) eliminates the need to contact GP practices and NHS Trusts for essential health information.

By removing the need for phone calls and time spent in call queues, this results in an average time saving of 22.5 minutes per information request.

£105,332

117.98% up from 23/24

## Local Authority



More about our Local Authority Access 

# Local Authority

## Growth

In 2025, Active Directory (AD) was introduced as a new access method. This approach supports organisations where context launch into existing systems isn't feasible and simplifies the login process compared to standalone access, which requires two-factor authentication (2FA). The introduction of AD has significantly boosted usage and has been successfully implemented across the following Local Authorities:

- Hull City Council (go live Dec 2024)
- City of York (go live Jan 2025)
- North Yorkshire Council (go live predicted May 2025)

### City of York



### Hull City Council



£48,322

6993 Logins

24/25 Efficiency Figure

23/24 Efficiency Figure



✓ Percentage increase:

117.98%

LA Profile contributed 2% to the overall Portfolio. This is expected to increase significantly year on year.

£105,322

14,884 Logins

Since AD was only introduced in 2 out of 5 Local Authorities during the final quarter of the 2025 financial year, we anticipate that our next financial report will reflect a significant increase in usage across the authorities, driven by improved accessibility.



# End of Life

Access to a person's End-of-Life (EoL) Care Plan via the Yorkshire and Humber Care Record (YHCR) allows paramedics to view key information such as the preferred place of care, preferred place of death, and overall care priorities. This insight helps inform decisions on whether hospital conveyance is necessary or if alternative care options are more appropriate.

By reducing unnecessary hospital admissions and stays for patients who wish to be cared for outside of hospital, this access not only enhances the experience for patients and their families but also delivers efficiency savings across the system.

£644,280

6.29% up from 23/24

**Acute EoL** – Access to EoL information via the YHCR reduces unnecessary hospital admissions. For every avoided conveyance, this will save the acute trust a minimum of a one day stay = £475

Putting Ambulance crews back on call quicker

**Ambulance EoL** – Access to EoL information via the YHCR reduces unnecessary ambulance conveyances for end-of-life patients. Cost per trip (in £) of an ambulance journey is See and treat and convey £417 minus See and treat or refer £287 = £130 saving per patient.

£176,329

6.29% up from 23/24





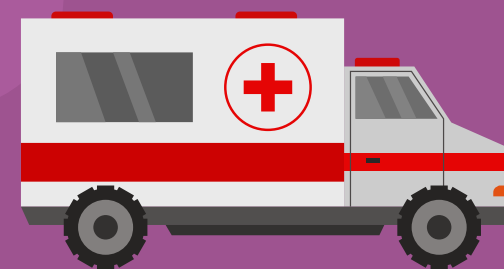
# Saved Conveyances

## 1356 Avoided Ambulance Conveyances

Access to end-of-life data enables ambulance crews to make more informed decisions about whether to transport a patient to the hospital, ensuring care aligns with the patient's end-of-life wishes.

✓ **Percentage increase:**

6.29% up from 23/24



### Why is this important?



It means that more individuals are having their end-of-life care wishes respected—specifically, the desire to avoid spending their final days in a hospital. This aligns with the national average, which shows that 92% of people prefer to die in alternative settings such as hospices or at home, rather than in a hospital.



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# CO2 Savings

## 1092 Kilos of Carbon

As a result of end-of-life data being available to ambulance crews, they are better informed when deciding whether or not to convey a patient to the hospital, based on the patient's end-of-life care preferences.

- Equivalent to planting around 53 trees (based on average annual CO<sub>2</sub> absorption).
- Avoiding over 4,300 km of car travel (based on an average petrol car).
- Energy used to power a home for 3.4 months (depending on regional averages)



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# Valuable Time



|                        |   |   |
|------------------------|---|---|
| Ambulance Crews        | → | Back on the road                        |
| Information Chasing    | → | Informed Care Planning                  |
| None Holistic View     | → | Patient Priorities Focused Appointments |
| Test Duplication       | → | Establishing Better Correct Pathways    |
| Unmet Care Preferences | → | EoL Patient Wishes Realised             |

**Our Shared Care Record ensures the right information is available at the right time, helping us keep our primary focus where it belongs — on delivering the best possible care.**



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# 03. Savings Summary



# Total FTE / Hour Savings

April 2024 – March 2025

165,438 System Hours

84.76 Full Time Equivalent (FTE)

22,058 System Days

## Contributors:

- GP Connect Availability
- Ambulance ToC
- Third Party Access (Social Care, Hospice)

✓ Percentage increase:

80.14%

## Assumption:

1 day = 7.5 hours

1 FTE = 37.5 hours per week = 5 working days per week

## Hours to FTE (annually)

1 FTE per year = 37.5 hours/week × 52 weeks = 1,950 hours/year

$165,275 \div 1,950 = 84.84$  FTEs



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# Total Efficiency Savings

April 2024 – March 2025

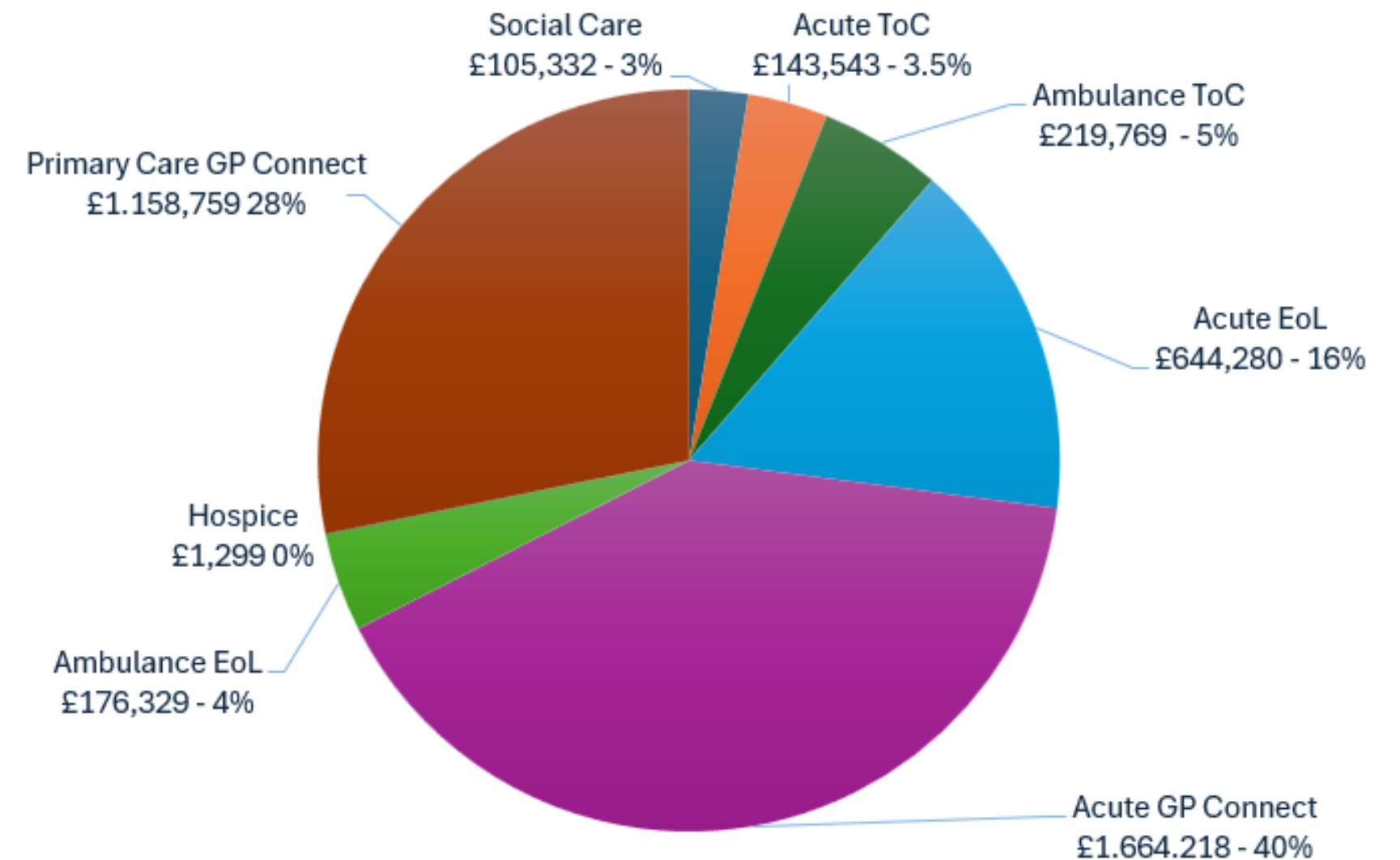
24/25 Predicted Efficiencies

£3,641,823



£4,113,529

24/25 Actual Efficiencies



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# 24/25 System Savings Summary

**£4,113,529 Million**  
In efficiency savings

**1356** Avoided Ambulance  
Conveyances



**22,058** System Days



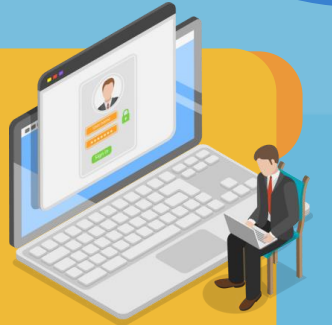
**165,438** System Hours

## Top 3 Efficiency Savings:

**Acute – GP Connect Access:** Reducing the need to contact GPs for information, gaining back valuable time / resource = £1,664,218

**Primary Care – GP Connect:** Access for third parties, freeing efficiencies in Primary Care. (Reducing the need for GPs to provide out information, gaining back valuable Primary Care time / resource) = £1,158,759

**EoL Acute – Reduction in unnecessary admissions:** Due to EPaCCS availability. (Realising more EoL patient care wishes to not be conveyed and admitted to hospital, when an alternative care pathway is preferred. Whilst saving hospital admissions) = £644,280



**84.84** Full Time Equivalent (FTE)

## Clinical Feedback:

‘Having all the relevant and timely information at a clinician's fingertips means that the focus can be on the patients' needs and not on the search to have the right information or worse, the unnecessary duplication of diagnostics. This is one example of where the YHCR delivers real value for patients and clinicians.’

• - Dr Chris Stanley

**154,000** Data Items Viewed



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# April 2023 – March 2025

## Total Efficiency Savings to Date

**£2,130,144**

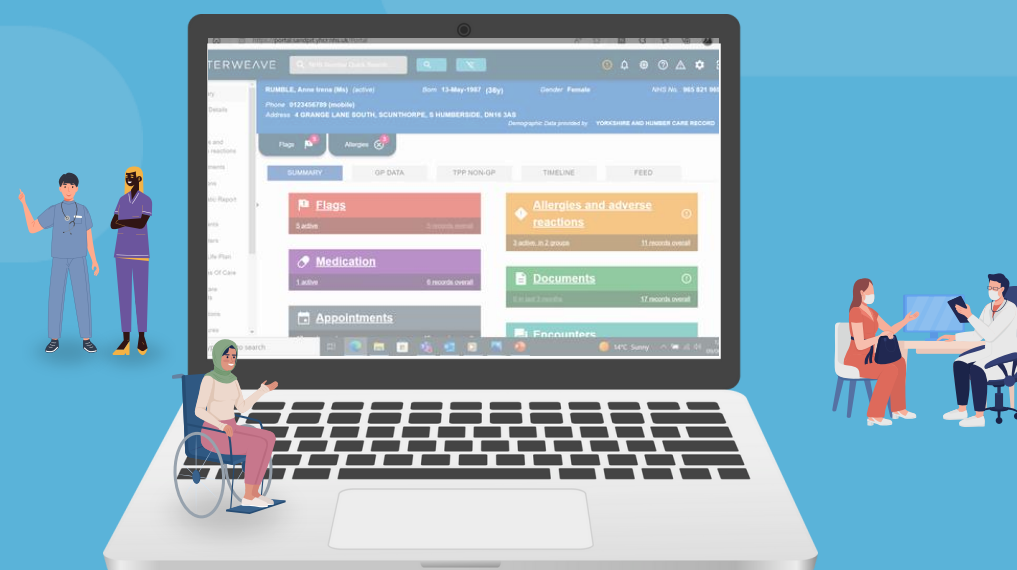
23/24 Efficiencies

24/25 Portfolio Uplift

24/25 Efficiencies

**£4,113,529**

**£6,243,673 Million**  
In efficiency savings to date



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# 04. User Experience



# Healthshare Hull – Live September 24

HealthshareHull is Hull's ICB commissioned NHS musculoskeletal Physiotherapy and Orthopaedic service

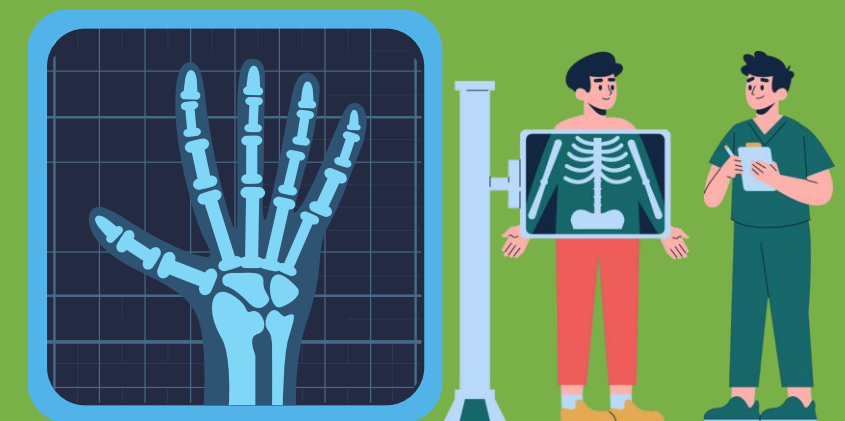
**"The main issue we have had for many years was intermittently the information we receive on referrals is inadequate to be able to make an effective triage decision, thus affecting the smooth patient journey along the correct pathway at the very beginning.**

**The main benefit to Healthshare staff and patients of now being a YHCR consumer is the access to necessary patient information (e.g.) appointments and prior secondary care documentation/clinic letters that allow us to delve a little deeper into future appointments with other services or prior clinical contacts and plans that allow us to effectively triage to the most appropriate clinic, following the NHS get it right first time (GIRFT) process.**

**Another benefit (specific example with a patient of mine) is access to future appointments, I was able to inform her that she had an important Oncology consultant appointment in a few days, that she was unaware of.**

**We went live on 13th August, as the first MSK partner to join YHCR, and onboarding was very quick, record time."**

***-Graeme Calder  
Senior Operations Manager***





# Sherbutt House – Residential / Domiciliary Care (Live Dec 2024)

Sherbutt House were the first Residential / Domiciliary services in North Yorkshire to go live with Data Consumption.

**"Since going live with the YHCR, we've been able to access important information such as GP and hospital notes (discharge summaries) much more effectively and efficiently. Instead of spending time making phone calls or logging into multiple NHS portals, we can now retrieve details quickly from one central system. This has made a real difference in how we deliver care."**

***– Staff at Sherbutt Home Care Services Limited***



# Primary Care – Test Duplication / Patient Outcomes

The YHCR is live across majority of the HNY Practices

**‘I was faced with a distraught patient in crisis who had taken an overdose of his medication. It was clear during the consultation that his main concern was that of his mental health. However due to the significant number of tablets he had taken I was equally concerned for his physical health.**

**He had attended A&E the night before but had left before a full assessment could be made. He had not been aware of what investigations or examination had been completed and this left a significant gap in his medical history.**

**We had not received any notifications from A&E due to the fact his documentation was incomplete. However, when I accessed the YHCR I was able to see the handwritten documentation that had been scanned into his hospital record this clearly showed the assessment and tests he had undergone, which were thankfully normal and sufficient that I did not have to repeat them. This meant I could concentrate on addressing his mental health, exactly what the patient wanted and needed, it also saved a huge amount of time in repeating the things he’d had done which avoided delaying his care needs.**

**Having all the relevant and timely information at a clinician's fingertips means that the focus can be on the patients' needs and not on the search to have the right information or worse, the unnecessary duplication of diagnostics. This is one example of where the YHCR delivers real value for patients and clinicians.’**

***Dr Chris Stanley, GP Partner & CCIO Haxby Group & HNY Shared Care Record Lead Clinical Customer***



# THANK You

Please contact:  
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for further information



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