

# The NCL Work Programme

Supporting NAHPIST



**NHS** StrokeImprovement



# David Davis

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# A little bit about David



# David's brief



- Do stuff.....instead of Yvonne doing stuff
- Support NAHPIST
- Support AHPs implement *The power of information*
- Support NCL/DHID/CfH programmes
- Provide evidence of AHPs using informatics

# NAHPIST Network Page



- Provide regular updates to website, to ensure content is up to date, interesting, well moderated and useful:
- Meeting dates
- Polls
- News
- Documents
- Grow membership to 500 members, through a variety of mechanism

The screenshot shows the NHS networks page for the National AHP Informatics Network. The page includes a navigation menu on the left with options like Home, News, Contact us, About us, Documents, AHP Informatics Discussion Forum, NAHPIST - meeting papers, Events, and Network Members CSV. The main content area features a welcome message from David Davis, a network description, and a network feed with several posts about NAHPIST meetings and presentations. A poll is visible on the right side of the page.

Network feed

- NAHPIST Meeting, 21st March '12 - Presentation  
Data Linkages - Yvonne Pettigrew  
15:42 - Tue 22 May 2012
- NAHPIST Meeting, 21st March - Presentation  
Summary Care Record [SCR], Dr. Caroline Tait - Update on uptake and rollout of SCR - Impact/Strategic action for AHPs  
15:30 - Tue 22 May 2012
- NAHPIST Meeting, 21st March '12 - Presentation  
SNOMED Clinical Terminology Denise Downs  
15:13 - Tue 22 May 2012
- NAHPIST Meeting, 21st March '12 - Presentation  
Choose & Book - what's the problem? Yvonne Pettigrew  
15:01 - Tue 22 May 2012
- National Clinical Content List - December '11

**Poll**

How well would you say you understand the term "Health Informatics"?

*Our world is full of jargon, words which change quicker than their meaning. Please indicate your level of understanding of this term!*

1. Completely	50% (1 votes)
2. Well	50% (1 votes)
3. OK	0% (0 votes)

# Professional Communications

- Work with NAHPIST Leads to write copy for professional journals around the introduction of the Information Strategy and importance of Health Informatics
- CHPO Bulletins
- Report AHP Survey
- Repeat and report survey

# Working with national data sets



- ePRF
- Stroke – liaison with the Sentinel/SSNAP team to ensure focus and buy in.
- Engagement with TARN
- Sector specific data sets

The screenshot shows the homepage of the National Sentinel Stroke Audit Web Tool. At the top left is the Royal College of Physicians logo with the tagline 'Setting higher medical standards'. To the right of the logo, the text 'Royal College of Physicians' and 'NATIONAL SENTINEL STROKE AUDIT' is displayed. A 'Login' link is in the top right corner. A left-hand navigation menu lists: 'News Page', 'Homepage', '2010 Public Clinical Report', '2010 Generic Clinical Report', '2010 Public Org Report', '2009 Public Org Report', '2008 Public Org Report', '2008 Public Clinical', '2006 Public Report', 'Generic Org Report 2010', and 'Login'. The main content area features a heading 'Welcome to the National Sentinel Stroke Audit Web Tool' and a section titled 'Scroll down the page for news about:' with a bullet point: '• The new stroke audit SSNAP'. Below this is a red heading: 'Sentinel Stroke National Audit Programme (SSNAP) 2012'. The final paragraph states: 'The Intercollegiate Stroke Working Party (ICSWP) are pleased to announce the commencement in 2012 of the Sentinel Stroke National Audit Programme (SSNAP).'

# Information Strategy Implementation



- Successful Workshop for 50 – 60 AHPs
- Develop and publish implementation plan
- Highlight case studies and toolkit
- Demonstrating Success/Leading by Example
- Quickly....



# Professional Benefits



- Feedback is a condition of learning – ask a surgeon to operate without being able to see if it worked!
- Without feedback how to we ensure safety?
- All clinicians need know what happens to their patients
- Without it they may continue to do the same thing – good or bad

• Clinician

Call Sign: C753

Patients First Name:

Patients Last Name:

Patients Date of Birth:  DD/MM/YYYY

NHS Number:

Patient not registered

Name of GP:

Find all surgeries with name or address containing:

Clinician coding

Condition Code:

Outcome Code:

Was this incident the result of a fall? (patients aged 70 and over only)

Priority 2 notification  
Falls Referral

1	Number of falls the patient has suffered more than	No
2	Has the patient taken 4 or more medicines per day?	No
3	Does the patient take 4 or more medicines per day from 2 agents?	Yes
4	Has the patient been suffering new giddiness within the last week - on stairs?	No
5	Has the patient been suffering deterioration in eyesight and/or wearing of glasses?	No
6	Has the patient recently experienced deterioration in eyesight and/or wearing of glasses?	No
7	Does the patient have problems with their hearing?	No
8	Does the patient hold onto walls or furniture to balance when walking?	No
9	Does the patient's house have any slipping hazards?	No
10	Does the patient need an assessment for handrails or appliances?	No
11	Does the patient suffer from: social isolation, alcohol problem, self neglect, depression, malnutrition, fear of falling?	No
12	Does the patient suffer from: social isolation, alcohol problem, self neglect, depression, malnutrition, fear of falling?	No

Care provided:

Location of fall:

Data compiled by: Daniel Holland


Report produced:

Paramedic Practitioner Clinical Summary

For the attention of **Dr Smith** regarding patient **James Jameson (test patient)**

Date of Birth: **12/12/1934**

NHS Number: **1111111111**

South East Coast Ambulance Service 

Primary diagnosis: **Palpitations**

Outcome/referral information: **Patient assessed, treated and referred to GP Practice Nurse**

Medications issued: **Co-Codamol 8/500mg (PO Tablets)**

Reason for calling 999: **94YOF FALLEN - HEAD INJ**

**History**  
James took a fall, hitting his head on his sideboard.

**Examination**  
2" laceration to vertex. Wound edges oppose well. Minimal bloodloss. Neurologically intact.

**Diagnosis narrative**  
Minor head injury - scalp wound only.

**Treatment narrative**  
Closed with sutures.

**Follow-up required**  
Sutures out in 5 days please

**Referral:** Patient assessed, treated and referred to GP Practice Nurse

Name of Paramedic Practitioner: **Andy Collen**

Incident Number: **20840086**

Date and time of incident: **27 January 2012 13:02**

This report was sent by South East Coast Ambulance NHS Foundation Trust at 02/04/2012 10:40:51 and is intended to be viewed only by staff of DOLPHINS PRACTICE. If you have received this summary in error, please notify us immediately. You can find your local contact number on our website ([http://www.secamb.nhs.uk/contact\\_us/general\\_enquiries.aspx](http://www.secamb.nhs.uk/contact_us/general_enquiries.aspx)). When you call, please ask to speak to the Duty Clinical Supervisor in the Control Room. Thank You.

# The Solution.....

9	4	3		4	7	6		5	8	7	0
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- Electronic Patient Record
- Summary Care Record
- NHS Number



# What is likely to help?



# Selling IT!

- This takes leadership.....
- But first.....
  - make sure the product is appropriate
  - develop implementation in partnership with clinicians and IT
  - Don't try and fix problems by being overly prescriptive



# Clinical Leadership

- Passionate
- Believable
- Don't sell IT as a panacea
- Make sure there's a quid pro quo
  
- Don't forget professional management goes hand in hand with leadership!
  - objectives
  - contractual arrangements



And, finally.....



# Leverage for the future Transition...



- Transition arrangements
- Ensuring continued clinical leadership in informatics
- Katie Davis's budget....>>>
- National Commissioning Board
- Public Health England
- Clinical Senates
- Clinical Commissioning Groups



# What's ahead?



- The future.....