Integrating patient care across Teesside

With its 100th service going live at Seaton Surgery in Hartlepool the benefits of an integrated system are really stacking up. Backed by stringent safety protocols the new system across Tees is enabling clinicians to provide the right care, at the right time safely.

Can you help the Royal College of Physicians?

The north east clinical health informatics forum and the Royal College of Physicians are looking for your help, find out more on page 4.
Integrating patient care across Teesside

The integrated system is enabling both GP practices and community based services with the ability to offer their patients access to view their own clinical records and with the patients consent; share important clinical information about their care with supporting clinical services, for example between a GP and district nurse, ensuring everyone has the most up to date patient history.

The benefits go on - patients can book appointments, order repeat prescriptions and beat the queues through state of the art patient self-arrival screens and call boards plus they can view leaflets via secure on-line access providing patients with the most up to date information to make informed choices about their care.

“We have supported many general practices, allied professionals and community services through significant change recently, and have seen real progress in the move towards the adoption of 21st century information technology throughout Tees, this is a true acknowledgement of what real partnership working between IT and healthcare professional can achieve.”

Jacquie Fawcett, AD ICT Support Services

The delivery of SystmOne through the local health community (LHC) programme is a real reflection of the hard work and dedication of the NHS Tees ICT support services; this year proud to have been represented at the National TPP SystmOne 2011 Champion final with three out of the ten finalists from Teesside.

With effective partnership working with Teesside’s health care professionals, Tees ICT Support Services continues to be a trailblazer across the north in deploying TPP SystmOne with the first community data migration ensuring no disruption to patients clinical history. This has since been followed by deployments to child health, GP practices, equitable access, prison, out of hours, walk in centre and specialist services such as minor surgery and a swine flu pandemic unit. ICT support services ever increasing list of services highlights their move from strength to strength in dealing with the NHS ever changing requirements.

NHS South of Tyne and Wear scoop IT service excellence award

NHS South of Tyne and Wear’s ICT Service Desk has been recognised at the Service Desk Institute annual IT Service Excellence Awards. Interim Service Desk Manager Andy Somerset scooped the IT Service Excellence Professional of the Year award for his role in driving service improvements, supporting and developing staff and maintaining a strong customer focus. The ICT Service Desk team narrowly missed out on the IT Service Excellence Small Team of the Year award but were commended for the high level of support they provides to thousands of healthcare customers across Gateshead, South Tyneside and Sunderland.
North east clinical health informatics and RCP join forces – we need you too

Dr Jonathan Richardson, consultant in old age psychiatry and clinical director of informatics at Northumberland, Tyne and Wear NHS Foundation Trust, chaired the first north east clinical Health informatics forum in May 2011.

The forum presents a unique opportunity for clinicians in across the north east to hear about and get involved with shaping technology-enabled change, both within the region but also nationally.

The next forum meeting needs clinicians input from across all healthcare settings. This facilitated workshop session takes place on 12 September 2011 and is looking at the subject of clinical records. Being run in conjunction with the Royal College of Physicians (RCP), the session is looking for clinicians to contribute and inform the implementation of evidence and consensus based standards for admission, handover, discharge and outpatients.

To book your place visit: [http://events.northeast.nhs.uk/all/128](http://events.northeast.nhs.uk/all/128).

To find out more about the forum simply email Annette Chambers at: ne.regionwideteam@nhs.net.

---

Get into a net

**Have you joined the north east clinical health informatics forum NHS Network yet?**

NHS Networks are a publicly available networking tool. Much like social regular social networking sites, NHS Networks let you share experiences and knowledge with others interest in the same topics as you.

NHS north east clinical health informatics forum (CHIF) has set up an NHS Network to share ideas about how health informatics can be maximised to bring benefits for clinicians working across the north east.


---

Congratulations to Tees champions

Louise Campbell, ICT trainer and Stella Harding, ICT business change and benefits who are members of the ICT support service in Tees plus Stephanie Raper, office manager at the Fens Medical Centre in Hartlepool were all nominated as TPP SystmOne finalists for the national SystmOne ‘champion of the year’ award.

Despite being pipped at the post, the tremendous representation by Tees in the finalist line up illustrates the contribution they are making in working with TPP. Nine of the ten nominees, including Louise, Stella and Stephanie (pictured below) were all invited to the stage at the recent national SystmOne user group (SNUG) to acknowledge their place as finalists.
North East Ambulance Service (NEAS) is using CSC’s Emergency Care Solution (ECS) to give paramedics in Teesside access to electronic patient report forms (e-PRF).

NEAS made this innovative move in Teesside in October 2010. With around 2,000 staff and serving a population of 2.6 million, receiving approximately 900 emergency calls and 230 urgent calls from GPs every day, the move to e-PRF was carefully planned.

Before the move the service used a paper based process with paramedics transferring information from their existing computer aided dispatch system in the ambulance whilst also completing paper documentation when treating the patient.

By eliminating the need for paper records, the ECS is transforming the way that NEAS can deliver better, safer care. Ambulance crews now receive patient demographic details via rugged laptops, called ‘Toughbooks’ featuring the ECS software, saving the paramedic time and improving the accuracy of initial data. The record can be supplemented by observations made by paramedics including vital signs and details of medicines and any emergency treatments administered. This information can be then be sent to the awaiting emergency department, enabling healthcare staff to prepare to receive the incoming patient.

ECS provides a handy pick list with the names of various conditions and medications, saving healthcare practitioners from typing out information. As this information is now safely shared with the receiving hospital time is saved in alerting specialist healthcare professionals who can prepare for the patients arrival. Also future access to the records is simpler for the hospitals as they have immediate access to the patient record via a secure web viewer.

In the first two months alone the introduction of ECS in ambulances reduced paper record submission by 27,000, saving over £2000. The internal audit team are able to gather vital information about a patients needs in a matter of seconds once it is on an electronic record, rather than having to conduct a time consuming manual search. The successful ECS implementation also brings other improvements, having information stored electronically means that producing essential management reports is simpler.

Looking to the future NEAS is aiming to roll the ECS out across the entire region, spanning the Cumbrian and Scottish borders to the North Sea coast which is due for completion in spring of 2012.
Patients in Tees are among the first in the region to have their emergency treatment supported by summary care records.

In a pilot project being run at The James Cook University Hospital, staff working in acute assessment wards, plus pharmacists on three hospital wards, are now using SCRs with patient consent.

Initial feedback has been positive, with one senior nurse declaring that the SCR has helped improve patient care on her 22-bed ward. Meanwhile, NHS North of Tyne has joined NHS Tees and NHS County Durham and Darlington in creating SCRs.

The total now stands at 740,000 records uploaded – maintaining the region’s status as the SHA area with the highest proportion of its population to have SCRs in England.

Uploading SCRs for North of Tyne patients started in July at the end of a 12-week consultation which followed a public information programme to make patients aware of the new emergency care summaries and their rights to opt out of the initiative.

The numbers of SCRs in Tees and County Durham and Darlington have enabled informaticians and clinicians to start working together to make the key health information available to support patient care.

Alongside the pilot project at The James Cook University Hospital, discussions have started at hospitals and an out of hours centre in County Durham to trial use of the SCR.

Sister Hilary Whiles, Ward Manager of the male acute assessment ward at The James Cook University Hospital, says: “I knew straightaway that SCRs were going to be beneficial to us as part of the assessment process we go through with all patients who come in here.”

Giving staff access - with patient consent - to medication information has been a big boost to work in assessment ward which receives between 40 and 60 admissions per 24 hours for its 22 beds.

Hilary says: “SCR has instantly improved patient care. Patients don’t have long waits for their medications because we can log on and get their medication information straightway if they’ve got an SCR and consent to us using it. This means we can treat patients faster, they respond more quickly and they improve quicker. We have not had any patients refuse us access to the SCR. We appreciate the time it saves for staff calling GP practices and we assume that it must save time for staff at practices as well. We’ve seen how it benefits patient care in practice and we’d really like more surgeries to join the initiative so the information on their patients can be available to us if we need it and with their consent.”

The SCRs contain a limited set of information – a patient’s allergies, their current medications and any adverse reactions to medicines in their past.

Rob Longstaff, Health Informatics Manager at the North East SHA, says: “It is very early in the process, but the evidence suggests swift access to medication information has been most valuable so far.”

The NHS North East website now features information about the summary care record on its opening page - www.northeast.nhs.uk

Mapping out the benefits …

Check out the latest version of the benefits map to see how technology enabled change is supporting healthcare across the north east by visiting:

www.northeast.nhs.uk/ assets/media/pdf/North_East_Benefits_Map.pdf
Case Study: Capture Stroke

Data collection challenges
Whilst clinical audits are of undoubted value, they do place a heavy burden on clinical teams in terms of time spent recording and collecting data. Also, as audit results are often not available for some time, the ability to leverage crucial insights from collected data can be compromised.

The CaptureStroke programme of work, a collaboration between interaction-design specialists Digital Spark, regional clinical teams, North of England Cardiovascular Network and NHS North East has resulted in delivery of an online system that is now in place at 4 regional sites:

- Queen Elizabeth Hospital, Gateshead
- University Hospital of North Tees
- North Tyneside General Hospital
- Wansbeck General Hospital

In the next innovation newslink
How locally developed clinical templates are contributing to the care of people with learning disabilities.

CaptureStroke
The system enables:

- Sourcing of key information (patient demographics) from authoritative local systems (PAS) – saving time and increasing data quality
- Simplified data entry and a collect once, use many times ethos
- Point of care data collection on mobile devices to expedite real time, valuable insights and improve data quality
- Delivery of a real time picture of patient care, linked to local, clinical performance measures

Additionally, there is unanimous feedback that the system is very simple to use which was one of the key requirements for the development and one that extensive effort went into, to ensure the system could fit as seamlessly as possible into current clinical practices.

Regional plans
CaptureStroke will continue to be enhanced over time. Plans are also underway to deploy the system to all North East stroke units, as the region aims to become the leader in monitoring the quality of care delivery at various points across the inpatient pathway.

Read more at: www.CaptureStroke.com

Benefits
Key care and performance insights are available earlier and are viewed as useful to stroke teams
- Time spent submitting data to national audits has decreased
- Data quality is felt to have improved
- Reduced data collection duplication

Coming soon: EMIS national user group conference

The 18th EMIS national user group conference takes place at the University of Warwick over two days, running from 14 to 16 September 2011.

It looks at how EMIS Web is progressing, plus a range of practical EMIS training workshops including appointments, preparing for EMIS Web upgrade and EMIS Web for GPs.

NHS Tees pioneering urgent care clinical dashboards

Background
- NHS Tees is to become one of 12 pioneer sites across England for the urgent care clinical dashboard.
- The urgent care clinical dashboard was recently successfully piloted in NHS Bolton and is now being pioneered across England.
- The high level aim is to make the dashboard (based on the Bolton pilot) available to all clinical commissioning groups across England over the next two years starting with the 12 pioneer sites.
- The urgent care clinical dashboard shows local GPs up-to-date information from local acute A&E attendances, admissions and discharges combined with up-to-date information from out of hours and walk in centres.
- The information is displayed in a graphical, user-friendly way to enable GP practices to more proactively manage and coordinate patient care, especially vulnerable patients and those with long term conditions.

The Tees view
This project compliments the various quality, innovation, productivity and prevention (QIPP) work streams by providing up-to-date information and also demonstrates to clinicians the benefits of reviewing services across the Tees health community rather than just practice level.

The urgent care clinical dashboard would also provide a vital resource for clinical commissioners enabling practices to support and contribute to the QIPP programme and assist the preparation for clinically-led commissioning.

There are 86 GP practices across Tees falling into one of five consortia groups:
- Hartlepool
- Stockton-on-Tees
- Middlesbrough
- Greater Eston
- Langbaurgh

How will it be introduced?
Initially 2-3 practices from each of the five consortia will be involved in the developmental/ testing phase.

All practices will be able to access the dashboard before the end of 2011.

What are the benefits to patients and staff?
There are a number of benefits which NHS Bolton has reported which Tees are hoping to replicate, such as:
- Opportunity to address the high level of emergency admissions/ A&E usage across Tees.
- More effective and proactive decision making.
- Avoiding duplication of work.
- Effective measurement of performance and information sharing.
- Linking primary and secondary care settings.

Who is involved in the Tees project?
The project’s clinical lead is Dr Kai Sander and Paul Whittingham is the project manager. To find out more about the project email: paul.whittingham@northteespct.nhs.uk

What is a clinical dashboard?
“A toolset developed to provide clinicians with the relevant and timely information they need to inform daily decisions that improve the quality of patient care.”
As a specialist referral centre for a range of medical disciplines, The James Cook University Hospital is at the hub of a complex web of care pathways.

Clinicians from across the north east rely on the hospital’s radiology department and its IT systems to support high quality care for patients requiring neuro or vascular surgery, treatments for cancer or major trauma or care for renal conditions.

The radiology department’s use of innovative technology – linked to hospitals across the region – has been a key driver of improvements in the service patients receive.

At the heart of its IT systems is the picture archiving and communication system (PACS) which, since 2009, has used web-based technology in the shape of the image exchange portal (IEP) to route thousands of images from scans between hospitals.

While PACS teams at many trusts are the designated recipients and distributors of IEP images, The James Cook University Hospital has gone a step further and trained the co-ordinators of specialist multi-disciplinary teams (MDT) to use PACS and the IEP, along with the radiology medical secretaries and some of the radiographer assistants.

“This puts the control firmly in the hands of colleagues who are responsible for making sure the clinicians in any MDT have the information they require for their regular patient reviews,” says Michelle Harrison, PACS manager at South Tees Hospitals NHS Foundation Trust.

“It’s a logical way of doing things and cuts out an unnecessary link in the chain of distribution. It makes it much more efficient for MDT co-ordinators to gather and pass on the information required by each MDT so they are properly prepared to make the best judgements about patient treatment.”

The IEP was set up in direct response to requests by clinicians for a more effective way to share medical images between the healthcare staff treating individual patients. Before it was launched, images were physically sent between hospitals and clinical teams on CDs.

Michelle says: “The IEP removes the risk of CDs not turning up in the right place at the right time. It means the radiologist on, for instance, a cancer MDT, will have the information in time to form a view on the patient’s conditions and so be able to fully inform the MDT. The speed of transfer means that patients can be added to the MDT list very late – before the IEP late additions just weren’t possible.

“For patients, the main benefit is the reassurance that all the clinicians involved in their care have been able to see all the imaging information they require when they meet to determine treatment or courses of action.”

Michelle says: “IEP and PACS have been a great boost to the quality of service we can provide to clinicians and, through them, to patients. We plan to extend its use to our orthopaedics and spinal injuries team in the near future.”
Staff in the local NHS have passed a record number of IT exams which has led to the organisation’s training academy being named a centre of excellence.

NHS North of Tyne’s training academy has qualified as a Microsoft Office Skills Training (MOST) Centre of Excellence. Staff had to pass a total of 100 exams within a set period of time to achieve the accolade. Over the past two months the academy has been one of the top performing academies in the country. It has also come third in the region overall after actively offering tests for only two months.

Being a MOST centre of excellence means staff will benefit from experienced trainers and excellent facilities in the training academy. The programme is free to all staff across North of Tyne.

Sue Herbert, training and quality manager at NHS North of Tyne’s training academy, said: “With clinical IT systems becoming more prevalent in the NHS, it is really important that staff have a better understanding of IT. This leads to patients getting the best benefit in terms of their healthcare, by accurate, up to date information about their needs being available when it is needed.

“Being better equipped in IT skills leads to more effective ways of working which not only benefits patients but staff as well.

“This award is a testament to the hard work that the IT training team and project support technicians have put in over the past few months to enable this academy technically able to deliver these tests. This will encourage many more staff to come forward and gain an internationally recognised IT qualification.”

The NHS MOST programme is funded by the Department of Health and was established in April 2010 to increase NHS employee productivity when using the various Microsoft Office applications.

David Levison, senior project manager for the Department of Health Informatics Directorate, recently visited NHS North of Tyne’s headquarters to present a plaque to the organisation’s chief executive Chris Reed and Sue Herbert.

Mr Levison congratulated the academy on achieving this accolade. He added: “To complete 100 exams and become a top performing academy in the country after being actively offering tests for only two months is a fantastic achievement.”

For more information about the programme visit: www.nhsmost.co.uk
Case Study: ePAQ in Sheffield

ePAQ®, an interactive, web-based symptoms assessment system created by Mr Stephen Radley, consultant obstetrician and gynaecologist at Sheffield Teaching Hospitals NHS Foundation Trust, has been successfully implemented with the help of Medipex Ltd (the Yorkshire and Humber NHS Innovations hub) and Illuminaries Ltd (a Sheffield software company).

The system is now in routine use in Sheffield as well as several other UK Trusts. ePAQ uses “intelligent” computer software to instantly process patient response data and provide a meaningful measure of pelvic floor health in women. It is presently being used in urogynaecology, colorectal surgery and pelvic floor medicine, offering comprehensive assessment of urinary, bowel, vaginal and sexual symptoms. The simple interactive questionnaire means that women are able to use the system in private and without supervision.

The system improves patient care by providing instant and detailed symptoms and quality of life assessment. Women attending clinics now routinely complete ePAQ prior to their consultation; the majority using an encrypted voucher system to complete the questionnaire via the Internet, others using touch-screen terminals in clinic. A report automatically generated, providing validated scores in 19 clinically meaningful domains (such as stress incontinence, overactive bladder, irritable bowel, prolapse and sexual problems). The software also provides in-built algorithms and information relating to all these scores for clinicians and patients.

The system has delivered lasting improvement by providing a user-friendly, valid and reliable tool with high patient acceptability.

The ‘Virtual Clinic’ combines ePAQ completion via the internet with telephone consultation with a specialist. Increasing numbers of patients are now using this clinic as part of initial assessment as well as follow up care (particularly following surgery). Information and advice may be provided instead of, or in advance of, hospital clinic attendances, allowing triage to the most appropriate clinics or for tests, with decisions supported by the detailed, objective and valid assessment of a patient’s condition provided by ePAQ.

For many, the Virtual Clinic results in provision of specialist advice about their condition, information exchange and initiation of treatment. Initial surveys of patients’ views are strongly positive: Patient satisfaction and acceptability are high, particularly in relation to communication and access to healthcare, with the potential for improved efficiency as well as quality of care.

Patients generally find ePAQ and the Virtual Clinic easy to access and rewarding to use. Most women given the choice of Virtual Clinic or hospital clinic attendance choose Virtual Clinics for follow up care. Women have reported finding virtual consultations less stressful and less embarrassing than attending the outpatient department as they are aware that pelvic examination will not be performed. For some women, long journeys and time off work are avoided, for others personal commitments such as childcare mean that Virtual Clinics are ideal.

Stephen Radley said: “The system substantially changes the way care is delivered, by enhancing communication and understanding of intimate issues. ePAQ provides us with tremendous insight into patients’ conditions.” He added: “The service is proving extremely popular with patients and data from ePAQ is already being used to measure clinical effectiveness in women’s health services. Evaluations involving surveys of patients’ views and experiences have been extremely encouraging in Sheffield as well as different NHS centres in the UK now using ePAQ.”

e-PAQ has been validated and clinically tested in both primary and secondary care. It may be completed by patients from home via the internet, as well in NHS clinics via the N3 Network. It can also be installed on local hospital or clinic networks. The questionnaire is interactive and designed to be user-friendly and uses a one-item-per-page format. Completion times vary, but are usually between 15 – 20 minutes, following which a report is available providing a single page summary of pelvic floor symptoms, with additional pages detailing each of ePAQ’s 4 salient pelvic floor dimensions: urinary, bowel, vaginal and sexual.

For a copy of the full case study contact: camilla.cross@yorksandhumber.nhs.uk.