

Welcome to the first ECS, ePCS and KIS Newsletter of **January 2012**

There was a great deal of development for the Emergency Care Summary throughout 2011 and many activities are planned for 2012, so we will be providing regular updates on progress in the coming months. As always, if there are any questions please don't hesitate to get in touch – all contact details are at the end of this newsletter.

Currently

The Emergency Care Summary (ECS) is installed in all practices in Scotland. Patients are asked for consent to view their ECS record and the majority of calls answered by NHS24 use ECS records routinely. 220,000 ECS records are viewed every month, all of them with the consent of the patient at the time of the consultation, and all monitored, recorded and audited in line with the original ECS access protocol. All of the information in ECS comes from GP practice systems.

Information in ECS

- Acute medications for previous 30 days and repeat medication prescribed in the previous year
- Adverse reactions to medications
- Demographics including phone numbers

ECS is AVAILABLE as 'read only' to all clinicians in:

NHS24, Scottish Ambulance Service, Accident and & Emergency Departments, Out of Hours Organisations, Acute Receiving Units, Hospices and Hospital Pharmacy.

ECS Service Board

The ECS is now 'business as usual' so a new governing body has been created to run the system and ensure quality control. This new body will be called the ECS Service Board and will be chaired by Dr Ian Thompson, a GP in Lothian. The Service Board will include representatives from all clinical user groups as well as patient representatives. Any questions or queries relating to quality and performance can be directed to the service desk or sent via your local IT helpdesk. A new section of the ECS website has been created to hold all of the updates and minutes of meetings so that users can access all information that they require. FAQs are also on the website and any queries and answers will be recorded on the action log.

Future Plans - Consultation on Extending Access to ECS

The Scottish Patient Safety Alliance recommended that access to ECS should be extended to non emergency admissions to assist with medicines reconciliation, and a pilot in Lanarkshire was carried out in 2011 to look at this in more detail. The pilot concluded that ECS can benefit patient care and improve the quality of medicines reconciliation, and also reported that all of the clinicians who used ECS during the pilot found it helpful, despite the limitation of only containing prescribing information from General Practice electronic records and not always including hospital prescribing or self medications. A comparison between the ECS record and information on the original referral letter showed significant numbers of discrepancies in medication details. The full report is available on

the ECS website: <http://www.ecs.scot.nhs.uk/wp-content/uploads/NHS-Lanarkshire-Medicines-Reconciliation-2011.pdf>.

Following the pilot, a consultation with clinical groups and patients to ask their views on extending access to scheduled care clinicians found that the majority of replies were in favour and in December 2011, CMO Sir Harry Burns wrote to the NHS in Scotland to set out conditions for ensuring that any extended access is secure and assured. In particular, he clarified that

- only those who have a direct role in care of the patient can have access to ECS
- audit trails will remain in place to identify all individuals who access information
- training will be available for clinicians using ECS to ensure they understand the limitations of ECS

Using ECS for Medicines Reconciliation in Hospital

In order to extend access to ECS in a controlled and secure way, pilots in 5 Health Board areas are looking at how ECS can be used for scheduled care. Many services would like to use ECS for medicines reconciliation, but they must first demonstrate that they have secure role based access to electronic records and can comply with audit requirements. The Health Improvement Scotland project '180 days' has organised 5 pilots in Highland, Forth Valley, Glasgow, Ayrshire and Arran and Lothian Health Boards, which will look into using ECS for medicines reconciliation in more detail. Results will be presented at a workshop in Clydebank on 22nd March 2012. For more details, please see the ECS website (<http://www.ecs.scot.nhs.uk/>) or email the NISG Service Management mailbox (Nss.nisgserVICEmanagement@nhs.net) for more details.

Next steps

Any services wishing to access ECS should contact their own Health Board IT help desk in the first instance.

System Migration

Migration to a new system causes disruption of data while the practice adjusts and re-authorises repeat medications. It can take several months for the prescribing data to be refreshed in the new system and users may find inaccuracies during this period.

Electronic Palliative Care Summary (ePCS)

The ePCS adds to the information already on ECS for patients who might need extra care when their GP practice is closed. ePalliative Care Summaries are available to all the users who have access to ECS. It is now in use in every Health Board in Scotland and over 7,000 ePCS records have been created.

An ePCS record is only sent from the practice with consent of each patient.

It is up to Clinicians to choose which information to send and this can include Past Medical History, carer details, Patient wishes and DNACPR information. The numbers of practices using ePCS is steadily increasing and from April 2011 practices will be able to use ePCS

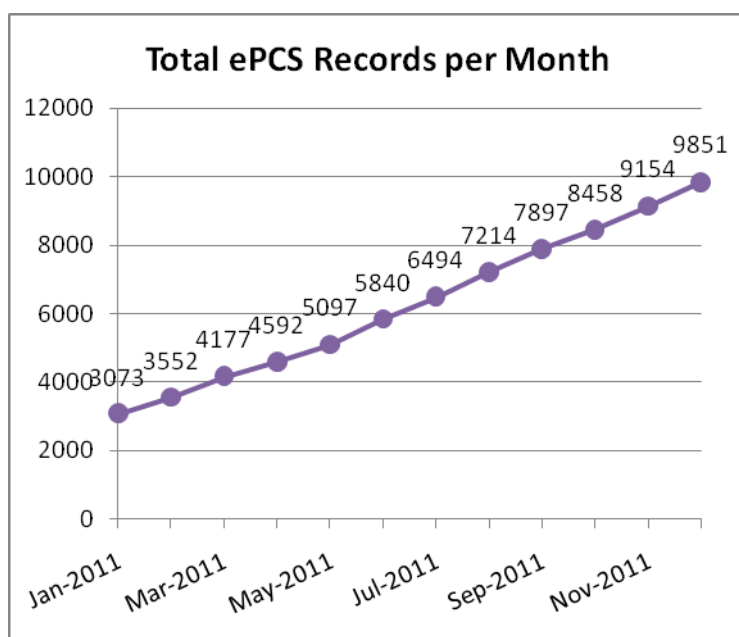
as their palliative register and the basis for payment for the palliative care DES if they wish.

Information in ePCS (with consent from each patient)

The ePCS record for a patient includes:

- All the medications already on ECS
- Past medical history
- Carer details, other agencies involved and access details
- Drugs available at home
- Patient wishes
- DNACPR information and special instructions for emergency care and treatment

Total ePCS records created up to December 2011



The number of ePCS records created in 2011 has continued to steadily grow and further records will be added during 2012 as the rollout progresses.

KEY INFORMATION SUMMARY (KIS)

KIS Background

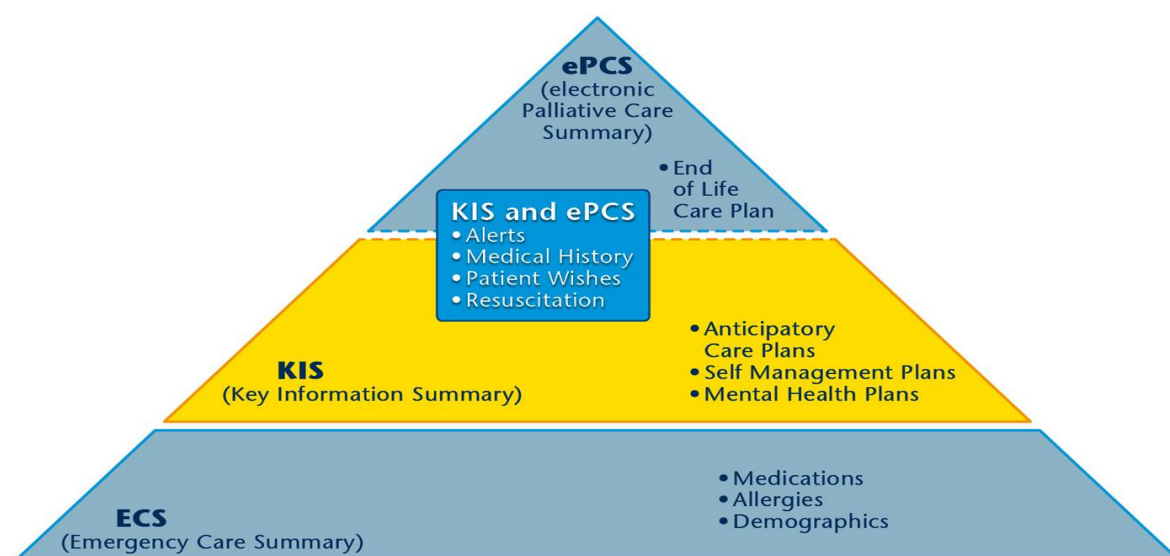
Development is underway to adapt the Emergency Care Summary (ECS) and the electronic Palliative Care Summary (ePCS) into a more generic Key Information Summary to help patients with Long Term Conditions who have complex plans and are most at risk of needing Out of Hours Care. It can be used for patients of any age and with any condition and can be set to expire after a certain time (as in traditional 'special notes' for Out of Hours), used for annual reviews or be enduring (e.g. patients with unusual conditions and special circumstances). KIS will include the same options of past medical history and carer details but with a new extensive free text box for 'special notes' to enable information about individual patients to be sent with their consent. The information will be available to all clinicians who currently have access to ECS.

Main features of KIS

The aim of KIS is to improve the sharing of key information for patients who have

- Long Term Conditions
- Complex Care Needs
- Mental Health Issues

The following diagram shows how KIS will 'fill in' the information gap between ECS and ePCS, and also highlights that several fields are shared between ePCS and KIS.



Information in KIS (with consent from each patient)

- Includes all the medications already on ECS
- Plus all the information already in ePCS such as
 - Past medical history
 - Carer details, other agencies involved and patient wishes
 - DNACPR information and special instructions for emergency care and treatment

In addition, KIS will have a large 'free text box' for any additional information to be added as required.

ePCS and KIS are both **AVAILABLE** to all clinicians in NHS24, AMBULANCE, Accident and & Emergency, Out of Hours Organisations and Acute Receiving Units as 'read only'.

Improvements to ePCS

Some practices are still having difficulty using ePCS, particularly after migrating to a new system. Help and hints are available on the website

<http://www.scimp.scot.nhs.uk/ePCS.html>. Facilitators and system suppliers can give training, and MDTs are promoting the use of ePCS by adapting discharge summaries and

getting consent from patients. The Key Information Summary will improve some of the issues reported by practices, for example the truncation limits will be removed and a much larger free text area will be available. Other features of KIS will include:

- Ability to view summary of full KIS for each patient
- Automatic notification of whether KIS has been sent
- Easier ways to edit information and display different sections on the same screen
- Warnings if information is incomplete and therefore not sent

Practice Extracts

Once the consent button has been set for a patient, any subsequent changes on the practice system will automatically be extracted twice every day. Process times for the information to leave the practice and enter ECS vary and can take several hours at busy times. However, ways to increase the frequency of upload or prioritise ePCS and KIS in the future are being investigated.

Progress and Latest News for KIS

Good progress is being made with the development of KIS and plans are in place to start piloting in the following Boards over the next 2 months:

- NHS Grampian
- NHS Highland
- NHS Greater Glasgow and Clyde
- NHS Forth Valley

Focus on KIS Development

KIS has been developed for use on a number of systems that currently use ECS and ePCS.

A quick update on each development is as follows:

<p>Central ECS Store (ATOS)</p> <p>The KIS development for central ECS was implemented on the 1st November 2011.</p> <p>All test patients based on clinical scenarios have been implemented into the Test Environment. These scenarios will support wider testing of KIS.</p> <p>Further changes to ECS are planned for March 2012 as part of ECS release for medicines management.</p>	<p>InPS Vision</p> <p>Testing process, including clinical safety testing for Vision Phase 1, is currently underway.</p> <p>Following a user demonstration of KIS, Vision will be piloted in NHS Highland and Grampian practices for Phase 1.</p> <p>Phase 2 will be delivered in June 2012 with a much improved user interface. This release will be piloted in NHS Tayside, Highland and Grampian prior to national release.</p>
<p>Adastra (OOH)</p> <p>It is expected that development will be complete in February 2012.</p>	<p>EMIS</p> <p>Development is underway for Phase 2 of KIS which will be the main release used in pilots in</p>

<p>User Acceptance Testing will be carried out as part of the KIS pilots.</p>	<p>Forth Valley and GG+C. Screenshots and user workflow have been demonstrated to users in the KIS pilot Boards.</p> <p>Changes to ePCS will be part of Phase 3 which will be the release available to all Boards.</p>
<p>NHS24</p> <p>NHS24 are working on arrangements for viewing KIS as part of patient calls, and tests are already underway to support this development.</p>	<p>A+E (TrakCare)</p> <p>Contact has been made and an agreement reached on proceeding with development of KIS.</p> <p>Workshop expected in 2012 but no dates are fixed yet for this.</p> <p>InterSystems are also delivering changes to Ensemble to support the use of ECS and KIS Web Services in 2012.</p>
<p>SAS (Scottish Ambulance Service)</p> <p>SAS have ECS available to paramedics in Emergency vehicles and hope to increase the use of ePCS nationally.</p> <p>SAS will also pilot KIS once it is available and may configure their screens to show DNACPR or special notes as a priority.</p>	<p>Clinical Portal</p> <p>Glasgow Clinical Portal (Orion) development is completed and ready to go for KIS pilot.</p> <p>Tayside Portal is in development and will be focusing on potential future options for integration with systems such as MIDIS.</p> <p>Southern consortium (Lothian Carefx) portal is to be developed during 2012 once initial pilot has gone live with ECS / ePCS web services.</p>

KIS Timescales

The pilots for KIS will start in February / March and will run for 4 months to allow for feedback on all aspects of KIS.

New releases of software for EMIS and Vision will be rolled out to practices from July 2012. All Boards will be able to start local rollout of KIS from July 2012 subject to successful testing and completion of the pilots.

Future Plans and Next Steps for KIS

Communication and clinical guidance from the Project Leads are key activities in the short term. February 2012 remains a critical month for the pilot to commence, with the main focus on the pilot Health Board areas.

Full implementation of KIS within Scottish Ambulance Service is expected to occur during the summer of 2012. Follow-up engagement with User Groups and key stakeholders will happen throughout 2012 and KIS will be rolled out to all Health Boards in Scotland during

2012 / 2013 in line with the eHealth Strategy. All patients, where appropriate to do so, will be offered a KIS by 2014.

FAQs

An FAQs document for KIS will be published and distributed shortly. The FAQs are also available from the ECS website from the following link: <http://www.ecs.scot.nhs.uk/wp-content/uploads/2012-01-12-KIS-FAQs-v1.02.pdf>. The FAQs will provide detail on KIS Consent, KIS Audit, how KIS shares information with ECS and ePCS, and important points on patient communication.

Contacts for Further Information

Please contact the NISG Service Management with any queries regarding ECS or ePCS at Nss.nisgservicemanagement@nhs.net.

Information on KIS is available from:

Dr Libby Morris, Chair of KIS Project Board, eHealth Lead for Primary Care, SGHD, GP in Lothian: libby.morris@nhs.net

Jonathan Cameron, Programme Manager of KIS Project, National Information Systems Group (NISG): jcameron2@nhs.net

The KIS webpage is at: www.ecs.scot.nhs.uk/kis (N3 access only)

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