

ECS, ePCS and KIS Newsletter – March 2012

Work continues to develop the Emergency Care Summary to extend access for medicines reconciliation in hospitals. Improvements to the GP interface of ePCS will be part of the Key Information Summary development, and pilots should be underway soon.

Please don't hesitate to get in touch if you require clarification on any points – all contact details are at the end of this newsletter.

Emergency Care Summary – Outline

The Emergency Care Summary (ECS) is installed in all practices in Scotland. Over 220,000 ECS records are viewed every month, all 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 the 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 Service Board is chaired by Dr Ian Thompson, a GP in Lothian. Dr Thompson oversees the governance of the ECS, and the Service Board met for the first time on 22nd February. This new group includes 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. Further details will be available on the ECS website.

Using ECS for Medicines Reconciliation in Hospital

Following the CMO letter sent in December 2011, which clarified conditions for extended access to ECS, pilots in 5 Health Board areas are looking at how ECS can be used for medicines reconciliation in 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, one in each of the following Health Boards: Lanarkshire, Highland, Forth Valley, Tayside, and Lothian. The pilots will examine the implementation of ECS for medicines reconciliation in planned care 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.nisg servicemanagement@nhs.net).

electronic Palliative Care Summary

electronic Palliative Care Summaries (ePCS) are available to all users who have access to ECS.

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

The ePCS record for a patient includes all the medications already on ECS; Clinicians can choose further information, including

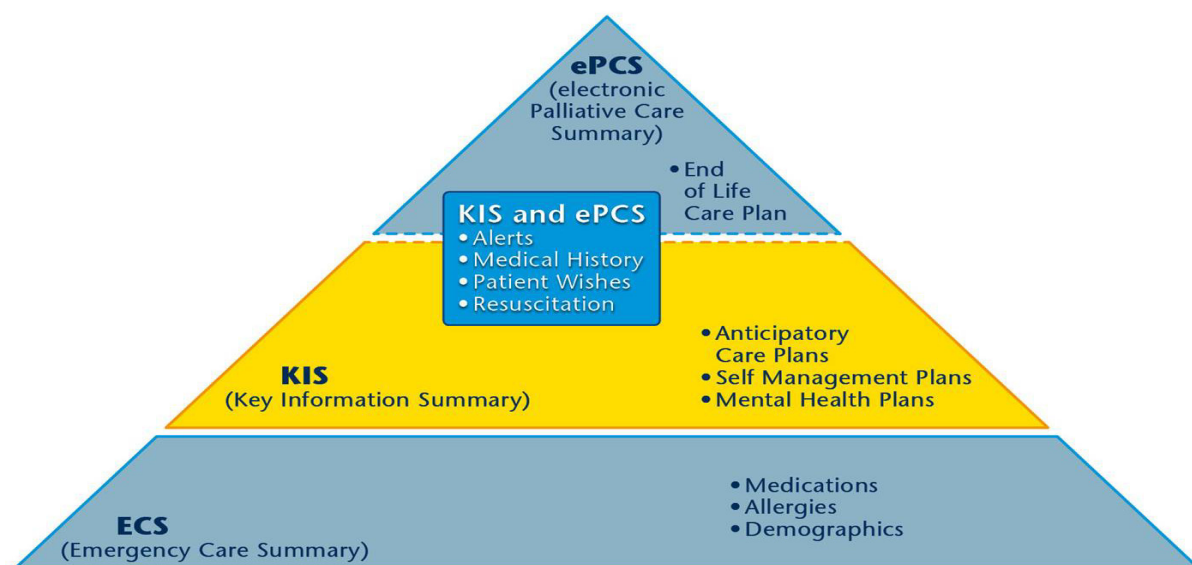
- Past medical history
- Carer details, other agencies involved and access details
- Drugs available at home
- Patient Wishes (place of care)
- DNACPR information and special instructions for emergency care and treatment

The Key Information Summary development will improve the GP system user interface for ePCS.

Hints and Tips for Using ePCS

are available on the SCIMP website at <http://www.scimp.scot.nhs.uk/ePCS.html>.

Facilitators and system suppliers can give training, and palliative care specialists are promoting the use of ePCS by adapting discharge summaries and getting consent from patients.



KEY INFORMATION SUMMARY (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 new generic Key Information Summary (KIS) will contain a free text field for 'special notes' for Out of Hours, and will include dates of expiry and notes on consent to improve the governance of the special notes process.

KIS will include the past medical history and carer details already in ePCS, and the enlarged free text box for 'special notes' will 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.

Updates to KIS information will be automatic once a KIS has been created, and will be an alternative to the thousands of special notes already on file in OOHs organisations and NHS24, which have been faxed or emailed from practices.

The following diagram shows how KIS will 'fill in' the information gap between ECS and ePCS, and also highlights the fact 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

AND a large 'free text box' for any additional information to be added as required.

ePCS and KIS will be **available** to all clinicians in:

NHS24, AMBULANCE, Accident and & Emergency, Out of Hours Organisations and Acute Receiving Units as 'read only'.

Improvements to ePCS in KIS phase 3 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
- Removal of truncation of messages
- Much larger free text message fields available

Practice Extracts

Once the consent button has been set for a patient, all future changes to the KIS information that have been selected by the user 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, an increased frequency of upload or a priority for ePCS and KIS traffic is being investigated.

<p>Central ECS Store (ATOS)</p> <p>The KIS development for central ECS was completed on the 1st November 2011.</p> <p>A new Medicines Reconciliation print out report will be available as part of the next ECS release in April 2012.</p>	<p>InPS Vision</p> <p>Initial testing has been completed, and upgrades to pilot practices are underway.</p> <p>Vision will be piloted first in NHS Highland and NHS Grampian, prior to national release. Phase 2 will be finished by June 2012 and will include a much improved user interface.</p>
<p>Adastra (OOH)</p> <p>The Adastra development has been completed and board rollouts are underway.</p> <p>User Testing will be carried out as part of the KIS pilots.</p>	<p>EMIS</p> <p>Development and testing continue on Phase 2 of KIS, which will be the main release used in pilots in Forth Valley and GG+C.</p> <p>Improvements to ePCS will be part of Phase 3, which will be the release available to all practices. Phase 3 is now planned for June 2012.</p>
<p>NHS24</p> <p>NHS24 are currently testing processes for viewing KIS as part of any patient call, and developments are underway.</p>	<p>A+E (TrakCare)</p> <p>Agreement has been reached on proceeding with the development of KIS, but no dates are fixed yet for this.</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 for KIS pilot.</p> <p>Tayside Portal is being developed and will be focusing on integration with systems such as MIDIS.</p> <p>Southern Consortium Portal is to be developed during 2012.</p>

KIS Screenshots for Vision and EMIS

The following screenshots for KIS on EMIS and Vision show how KIS information will be entered and edited on the GP System, although further developments and changes may be made following feedback from users in the pilot sites.

EMIS

The following screenshots show how the sending of KIS information will be displayed along with tabs for each section of the KIS form.

EMIS PCS - LAN Edition (Scotland)

File Help

Modules Internet NHS NPfIT Message Organiser Tasks 00 00 Protocols Patient emisWeb EmisWeb

10254 Mr Barry Barry Jones 4 12/01/2008 Regular Male 40
Maritime Street Edinburgh Midlothian EH6 6SA Back To File
Miss Jane Beever Dr Rachel Andrew

0 - All 1 - Demographics 2 - Current Situation 3 - Care and Support 4 - Resuscitation M - Medicines A - Allergies C - Consultations
E - Edit S - Summary R - Report View I - Message History G - Registration V - Values H - Full History

Key Information Summary. KIS Upload Decision : No Review Date : 16/06/2013 Last Updated : 12/01/2012

Consent
Patient Consent

12/01/2012	ECS Consent	Yes
12/01/2012	Dissent for key information summary upload	Patient refuses to allow upload
12/01/2012	Do not send key information summary (KIS) upload	
12/01/2012	Dissent for KIS upload overridden, patient unaware	Patient not told
12/01/2012	Dissent for KIS upload overridden, vulnerable person	Patient is vulnerable
12/01/2012	Dissent for KIS upload overridden, risk to self	Patient prone to self harm

Special Note
Does Not Expire

12/01/2012	Key information summary, special note added	This is some free text that can be upto 2k.This is some free text that can be upto 2k.This is some free text that can be upto 2k.This is some free text that can be upto 2k.This is some free text that can be upto 2k.This is some free text that can be upto 2k.This is some free text that can be upto 2k.This is some free text that can be upto 2k.This is some free text that can be upto 2k.This is some free text that can be upto 2k.
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Demographic/Contact
Personal Details Address Details

Sex M Address 40 Maritime Street

KIS Data Entry

0 - Consent | 1 - Demographics | 2 - Current Situation | 3 - Care & Support | 4 - Resuscitation & Preferred Place Of Care | ePCS

Medical History

Main Diagnosis
26/08/2011 Specialist palliative care treatment - daycare

Self Management Plan

[] 12/01/2012 []

Patient has a written asthma personal action plan 12/01/2012 []

Mental health personal health plan 12/01/2012 []

Anticipatory Care Plan

Has anticipatory care plan 12/01/2012 Free Text

Single Shared Assessment (SSA)

[] 12/01/2012 []

Oxygen

[] 12/01/2012 []

Additional drugs available at home (shared with ePCS Screen)

Patient has anticipatory medication at home 12/01/2012 []

Catheter and Continence Equipment at home (shared with ePCS Screen)

Continence/catheter care equipment at home 12/01/2012 []

OK Cancel

Vision

The following screenshot shows the proposed data entry screen for KIS.

The screenshot shows the 'Key Information Summary' window for a patient named LABRAM, Norah (Mrs). The patient's details include: Born 16-Jul-1959 (53y), Gender Female, CHI No. 160 759 0085, Address 6 BRIDGEMARY GROVE, LEEDS, Z99 9ZZ, and Phone and Email Unknown. The status is 'No summaries sent'. There are three dropdown menus for 'ECS Consent' (None expressed), 'KIS Consent' (None expressed), and 'Send KIS?' (Don't send). There are 'Update' and 'Reset' buttons. A 'Special Note' section shows 'Expires: 25 November 2011' and 'Review Due: 25 November 2011'. The 'Relevant Medical History' section lists: 24/10/2002 Type 2 diabetes mellitus, 24/01/2011 Malignant neoplasm of female breast, 24/01/2011 Partial sight, and 25/11/2011 For resuscitation. There are 'Maintain...' and 'Details...' buttons. The 'Other Agencies Involved' section is empty with an 'Add...' button. The 'Access Information' section is empty with an 'Add...' button. Below these are fields for 'DNACPR' (25/11/2011 Resuscitation status), 'Anticipatory Care Plan', 'Preferred Place of Care' (08/11/2011 Preferred place of care - residen), and 'Preferred Place of Final Care' (08/11/2011 Preferred place of death: commu). There are 'Details...' buttons for each of these fields. At the bottom, there are 'OK' and 'Cancel' buttons.

KIS Timescales

Pilots for KIS will start in March 2012, and will run for 4 months to allow for testing and feedback on all aspects of KIS.

New releases of software for EMIS and Vision will be available to practices from July 2012, subject to successful testing and completion of the pilots.

Progress and Latest News for KIS Development

Testing has taken place for both EMIS and Vision, and final KIS software versions have been prepared for pilots, which start in March and April 2012 in a small number of practices in:

- NHS Grampian (Vision)
- NHS Highland (Vision)
- NHS Greater Glasgow and Clyde (EMIS)
- NHS Forth Valley (EMIS)

FAQs

Frequently asked questions (FAQs) are on the ECS website at the following link: <http://www.ecs.scot.nhs.uk/wp-content/uploads/2012-02-09-KIS-FAQs-v2.1.pdf>. The FAQs include detail on KIS Consent, KIS Audit, overlap with ECS and ePCS, and important points on patient communication.

Contacts for Further Information

ECS

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

KIS

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: <http://www.ecs.scot.nhs.uk/kis> (N3 access only)

March 2012