Glasgow and Clyde Back Scanning Project

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Background

➢ The design of the new Hub developments has excluded storage space for medical records on the basis of the future provision of electronic records and the back scanning of paper records which require retention.

➢ There are historical paper records that relate to patients in each of the hub development areas which require to be retained for legal reasons.

➢ There is an opportunity to gain economy of scale by developing a tender across all five hub projects to maximize value for money.

Phase 1

➤ Capital funding for new "hubs" included back scanning costs

➤ 5 New Builds

  ✓ Shields Centre – 2 practices – 5382 records
  ✓ Maryhill Health & Care Centre – 3 practices - 26300 records
  ✓ Woodside Health & Care Centre – 6 practices - 31215 records
  ✓ New Gorbals Health Centre – 5 practices - 30190 records
  ✓ Eastwood Health and Care Centre – 4 practices - 28250 records

Phase 2

➤ Premises refurbishment – Primary Care Funding – Pilot Project

➤ 6 practices -30687 records

- ✓ Pilot exercise for independent GP Practices for the back scanning of patient paper medical records and their safe destruction agreed
- ✓ Met the minimum standards on Practice premises requirements as per their GMS Contract
- ✓ Have real space constraints, meaning they would ideally need to extend or relocate
- ✓ Could demonstrate increased clinical space by the removal of their patient paper medical records
- ✓ Would provide evaluation on the back scanning procedure

Procurement

➢ Overseen by Commodity Manager in Procurement – key steps:-

✓ Advertise the requirement on Public Contracts Scotland Website
✓ Advertised in the Official Journal of the European Union
✓ Restricted Process a PQQ required to identify suitable suppliers to take through to tender
✓ Tenders are evaluated
✓ Successful supplier is identified
✓ Regret letters and 10 day standstill period letters are sent out
✓ Once awarded implementation plan agreed

Governance

➢ Establishment of Monthly Steering Group meetings – Chaired by South Planning Manager

➢ Including representation from GP Practices, HSCPs, Finance, Contracts and Suppliers

➢ Operational Project Team –Planning Manager, NHS Project Manager, Contractor Services Manager, Northgate Project Manager and Microtech Project Manager

➢ Weekly conference calls

➢ Service Description Document - Northgate

Project Initiation

➤ Workshop with Suppliers and Practices

➤ Explanation of End to End Process

➤ Practices self selecting commencement dates

➤ Collation of FAQ's

➤ Support Arrangements – appointment of PM

➤ Practice Processes Guidance Document- e.g.

  ✓ Packing of records

  ✓ Scan on demand

  ✓ PSD deducted patients process

Project Initiation cont

➤ Financial Support (on application):

- Practice list of 3,000 and above would be given an incentive payment of £225.00

- Practice list of 5,000 payment of £375.00

- Practice list of 10,000 payment of £750.00

- Practice list of 15,000 payment of £1,125.00

➤ Pilot Practices selected

➤ Visit to pilot practices

➤ Visit to Northgate premises

Getting Started!

➢ Assessment of records requiring scanning

Pilot Practice A – 2270

Pilot Practice B – 3112

➢ Delivery of boxes and labels

➢ Assessment of practice servers – IT Team

➢ Inventory – patient list created from EMIS/Vision into Excel format – GP IT Mentoring Team

➢ Practice cross check paper records to inventory and update accordingly with box number

➢ Recording of multiple volume notes

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SAMPLE INVENTORY

Surname	Forename(s)	Date Of Birth	CHI Number	Paper Record Y/N	Comment	Box No
Duck	Donald	01/01/1901	0101016040	Y	2 volumes	1
Mouse	Mickey	02/02/1902	0202026308	Y	3 volumes	2
Mouse	Minnie	03/03/1993	0303933256	y		2
Smith	John	04/04/2004	04040426205	N	Previous surname Jones	3
Smith	Mary	05/05/2015	0505156077	N		3
Smith	James	06/06/2006	0606060000	N		4
Smith	Samuel	07/07/1977	0707770707	Y		4

Letting Go!

➢ Uplift of boxes by Northgate
➢ Cross checking practice inventory with paper records in boxes – exceptions highlighted to practice:
  ✓ No CHI recorded ; Duplicate patients; Incorrect surname
➢ "Clean Environment"
➢ Records preparation activities include:
  ✓ Photocopy of record cover
  ✓ Removal of all binding, staples etc
  ✓ Notes prepared in order found
  ✓ Unsuitable to be scanned –photocopied
  ✓ Blank pages not scanned
  ✓ Attention paid to sticky pages e.g. lab results
  ✓ Separation sheets – contain metadata via barcodes allowing accurate indexing to digital images
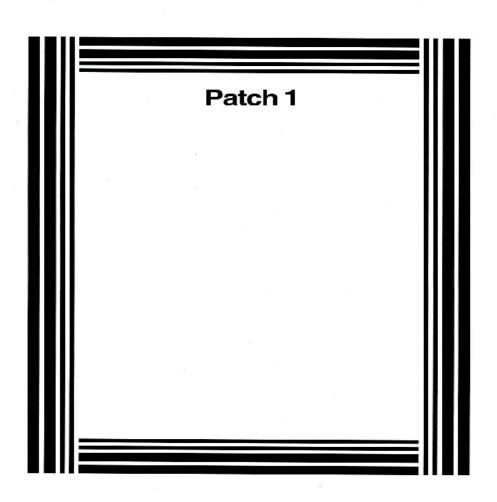
New Image!

- ➢ Scanning
  - ✓ 200dpi; tiff image; patch sheet poor quality process
  - ✓ Rigorous quality assurance to ensure high quality image
  - ✓ Individual allocation of scanning batches until completion
- ➢ Document Type Summary into 4 folder sections

No	Document types	Additional information
1	Administration	General practice administrative paperwork,
2	Clinical	Scanned clinical GP & Nursing notes e.g. pink handwritten sheets, grey sheets, clinical summaries from previous practice
3	Historical	Letters received from hospitals, discharge summaries, prescription requests, out of hours reports including handwritten, referral letters to hospital from GP
4	Labs	Lab results, X-Rays ,ECGs etc

Sample Patch Sheet

Patch 1

Is it really me??

➢ Quality Assurance NPS 6 stage process

- o Inventory validation
- o Preparation error logs
- o Scanning image checks
- o Indexing validation
- o Error scripts
- o Random sampling

➢ Quality Assurance Practice Process

- o Initial 4 full electronic patient records (inc multiple volumes)
- o Random sample of 1% (10% of these multi volume) of hard copy to electronic image
- o Adhoc scan on demand records

Moving On!

➢ Technical Process tested and signed off

➢ Transfer of scanned images to secure FTP site by Northgate

➢ Transfer of images to Microtech dedicated server

➢ Transmission of images using EDT scheduler to practice server in batches, incremental increase nightly until completion

➢ Exception management
  ✓ Failure to transfer documents
  ✓ Failure to auto file documents to patient record

My New Home

- ➢ Practice ensures necessary Q&A completed
- ➢ Interim storage of returned records
- ➢ Tape verification arranged
- ➢ Practice and HSCP agree sign off as per GGC records destruction policy
- ➢ Notification to Project Manager and NPS
- ➢ Destruction of paper records arranged by NPS supplier
- ➢ Certificate of disposal provided to GGC & practice
- ➢ Secure destruction of electronic copies by NPS

Financials

➢ Indicative estimate of £5 per patient record

➢ The funding for the scanning of the records in the Health Centres was provided through the HUB initiative and some non-recurring funding for the pilot project in the owned premises.

➢ Know your Budget

➢ Be- aware of fluctuations in actual count of records (as opposed to estimated file numbers)

➢ Multiple volumes of records for 1 patient could result in extra costs – if not already agreed within the contract.

What have we learned??

- ➤ Inventory creation & errors- Practice
- ➤ Delivery of boxes & labels - Supplier
- ➤ Packing & labelling of boxes - Practice
- ➤ Capacity to store boxes - Practice
- ➤ Records not ready for collection – Practice
- ➤ Poor quality images – Supplier
- ➤ Scan on demand issues of filed documents
- ➤ Multiple versions of Docman across practices
- ➤ Single page printing from tiff image
- ➤ Technical process test – issue with auto file – Supplier /Practice
- ➤ Display of multiple volumes within Docman viewer

What have we learned??

➢ Individual practice variances captured

➢ Issues log compiled

➢ Additional costs will be incurred for files being stored longer than the agreed quality assurance check periods. Therefore make sure you have good co-ordination in place.

➢ Co-ordinate uplifts to ensure vans are filled – extra trips will result in extra costs.

➢ If practices need to utilise extra staff to meet packing or QA deadlines, need to bear this in mind

➢ Project evaluation - NHSGGC will produce a guide to assist GP Practices/HSCPs embarking on the back scanning process

Any Questions ?