Developing and Implementing EMIS Community in NHS Ayrshire and Arran

NHS

Ayrshire

& Arran

Mark Fleming Programme Manager

Workshop Structure

•Overview of Evaluation Process

•Scoping

- Development
- Implementation
- Screenshots

•Discussion

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Overview of Evaluation Process



- 3 Suppliers: EMIS, MiDIS, InterSystems
- Demonstrations:

Suppliers were invited to provide scripted demonstrations of a patient journey - incorporating key high level requirements highlighted in the System Specification

Information gained from the demonstrations along with the written response from suppliers underpinned structured discussions, weighted scoring and the evaluation of each product

Scoring



Following an analysis of previous evaluations of eHealth systems in Scotland, a risk based scoring process was adopted based on the following scoring criteria:

Score	Description	
0	Contractor totally misunderstands question/requirement	
	Does not meet our basic requirement	
	Not Answered	
	Very high risk	
	Very high hold	
1	Contractor shows some understanding	
	Only partially meets our basic requirement	
	High risk	
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3	Contractor shows no misunderstanding and response is in line with basic requirement	
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	Some detail given in response to request for information	
	Medium risk	
5	Contractor demonstrates complete understanding and response goes beyond the basic	
	requirement	
	Low risk	
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Functional:

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Following each demonstration, structured group discussions took place covering each element of the patient journey. Group scores were then applied to the Functional category

	Functional Scoring
1	Security and Access
2	Integration and Interfacing
3	Caseload Management
4	System Admin Functions
5	Client Alerts/Flags /Allergies
6	Referral Management
7	Appointments Management
8	Clinical Assessment Tools and Diagnosis Recording
9	Care Planning/Care Pathways
10	Prescribing & Administration of Medicines
11	Patient discharge
12	Printing
13	Mobile working
14	Diary & Workflow
15	Reporting & Performance Management

Technical:



The Technical category was addressed by examining written technical specification responses from each supplier, along with verbal discussions and participation in the system demonstrations

	Technical Scoring
17.1.1	Interface with systems using HL7
17.1.2	Interface with systems using National Scottish XML
17.1.3 a	How the system supports audit of messages between systems
17.1.3 b	What workflow functions the system supports
17.1.3 c	How the system alerts technical staff of problems
17.2	Integration: International Standards (W3C)
17.2.2	Integration: System native standards
17.3	Hosting and desktop
17.3.1 a	Hardware: Server Requirements
17.3.1 b	Hardware: Storage Requirements
17.3.2 a	Software: Server software and Licensing model
17.3.2 b	Software: Desktop software and Licensing model
17.3.2 c	Software: 3rd party dependencies
17.3.3 a	Desktop
17.3.3 b	Mobile desktop

Strategic:



Strategic scores were determined at a meeting of NHS Directors, δA Managers and key stakeholders.

Strategic discussions included the following key issues:

- Primary Care/Hospital Care perspectives on future care provision.
- Relationship to Clinical Portal
- Role based access to clinical information
- Recording of information in GP systems vs. Nursing and AHP systems
- QOF considerations/issues
- Dependencies e.g. JAC/InterSystems, MIG/EMIS
- Consideration of which system would be best aligned with Community Wards
- Technical and Clinical Implementation
- Information entry and workflows

Financial:



Suppliers were asked to provide written cost implications for the following:

- User/Client costs
- Technical implementation
- Set up/Build/Configuration
- Project Management
- Application Support
- Train the Trainer
- Other miscellaneous costs



Weighting

Weighting of each of the 4 categories was determined in advance, approved by the Programme Board and assigned to each of the 4 categories.

Analysis and weighting of scores was carried out using the following breakdown:

Functional	-	40%
Technical	-	20%
Strategic	-	30%
Financial	_	10%

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Summary

Discussions included deliberations regarding benefits and risks associated with each system.

It was noted that **EMIS**:

- Integrates well with the existing GP systems
- Has in-built prescribing
- Is locally tailored re clinical forms
- Fits closely with NHS Ayrshire & Arran strategic vision

EMIS would provide a high benefit in community based care, therefore this system was deemed to be a **low** risk option

Summary



Whilst MiDIS was considered to be a user friendly option it was felt that gaps existed regarding some clinical functionality and its integration with other national systems

Concern was expressed over the following:

- Availability of 24/7 support
- Delivery of future developments (specifically for NHS Ayrshire and Arran)
- The lack of clinical benefits it would bring

MiDIS was therefore considered to be a high risk

Summary



InterSystems offered similar clinical tailorability and benefits to EMIS, however, concern was raised over the following:

- The shared technical platform with our existing Hospital PMS system
- The potential challenges regarding downtime for patches and super patches etc.
- Financial implications (significantly increased with this option)
- The introduction of the electronic prescribing system (JAC) for community based staff would be a significant dependency & risk as it would not be interfaced with GP prescribing

Therefore, it was decided that InterSystems presented a **higher** risk than EMIS but a **lower** risk than MiDiS.



Recommendations

The evidence in this report illustrates that EMIS offers the best solution in terms of affordability and specification.

EMIS also demonstrates the least risk to NHS Ayrshire and Arran; therefore, approval is sought by the Community eHealth Programme Board that EMIS is declared as the preferred option.

Scoping of Programme



- System to support General community services
- Community Based General AHP's
- General Community Nursing Services
- Community Wards
- Integrated Care and Enablement Services
 - New Developments of
- Health and Social Care Partnerships
- Community Hubs
- Single Point of Access



Development and Implementation



Clinical and Management Leadership



• Essential in each service

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- Change Managers
- Drivers
- Service Improvement
- Using Information to Improve services

Clinical Datasets/Data Standards





- Standardisation
- Data Standards
- Core documentation
- Clinical Governance re record keeping standards
- Audit/Reporting

Project Management/Governance





- Essential to structure projects
- Framework
- Benefits based
- Progress checks
- Engagement aid

Information Governance/Sharing





- IT/Information Security Improvements
- Information governance skills
- Sharing agreements with Practices

Change Management/Training/Support





- Leaders play key roleGood training essential
- Hand holding on site
- PDSA cycles
- Super users
- System admin/Training/Support Role

Process Mapping/Business Analysis





Referral Management



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Name	HUNTER, Martin (Mr) 🚦	Current GP	BURGESS, Neil (Dr)	
Date of Birth Gender CHI Number	26-Aug-1991 (23y) Male Unknown	Current GP Practice	Racecourse Road Medical Group 3 Racecourse Road Ayr South Ayrshire KA7 2DD	
Marital Status	Cohabiting	Telephone No	(01292) 886622	
Ethnicity	British or mixed British - ethnic category 200	Fax No		
Main Language		Email Address		
Alt. Correspondence Format		National Code	RacecourseRoad	
Patient Type	Community Registered			
Contact Details		Additional Notes		
Home Address	21 Manchester Road Laisterdyke New Mill West Yorkshire	Notes		
Home Tel No	(0520) 224 5458			
Work Tel No				
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Clinical Templates



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Clinical Protocols/Pathways

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Clinical Consultations



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Discussion



