



NHS Greater Glasgow & Clyde Community Children's Services

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Presentation Contents

- **Project Overview**
 - Introduction to Greater Glasgow & Clyde
 - Our Children
 - Why are we doing this Programme of work?
- **Aim of the Programme**
 - What we want to achieve
 - One Organisation - Single Shared Record for Children
- **Who is involved?**
- **Why EMIS Web?**
 - Modules we use
 - Configurability and Developments
 - Sharing Data
- **Progress to date**

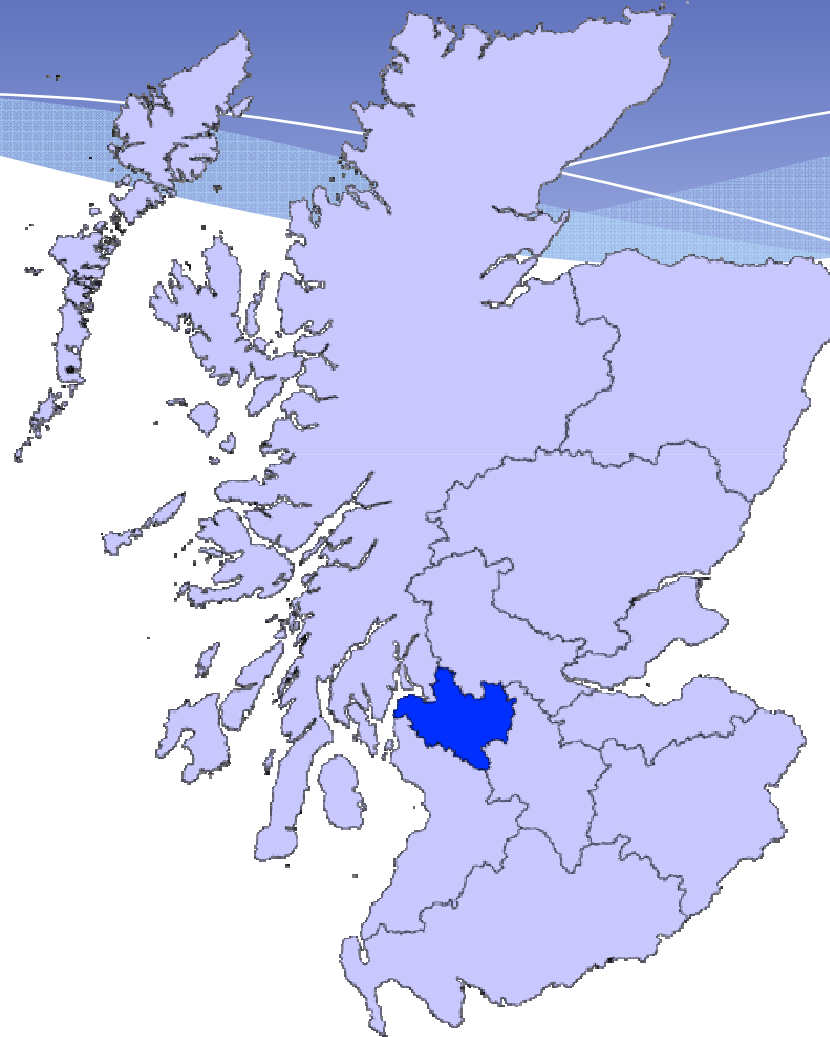
Introduction to Glasgow

Quick Facts

- Greater Glasgow & Clyde Health Board are the largest health board in Scotland
- GG&C are responsible for the care of: **1.2 Million Patients**
- Employ over **40,000** staff.
- **264** GP practices (*approx. 85% EMIS PCS*)
- 35 Hospitals
- Over 50 Health Centres & Clinics

Geographical Area

- Glasgow is a small geographical area versus it's population.
- Ethnically diverse (approx. 8.6% of population comes from an ethnic background)
- There is a large mix affluent and deprived areas.
- comparatively the city has one of the poorest health profiles of any Scottish or UK city
- Life expectancy for men is 4 years less than the Scottish national average



Our Children

- The good news is that in many ways the children and young people of Glasgow are healthier than in the past
- The bad news is that Glasgow's children are not all benefitting
- Children in Glasgow are twice as likely to have a hospital admission due to an unintentional injury in the home (under 15s)
- Glasgow's child protection statistics are equivalent to a rate of 3 per 1000 of the population
- This is just above the Scottish average of 2.8
- 7,249 children & young people were referred to the Scottish Children's Reporters Administration in 2010/11; for Glasgow the rate of children referred was 1.75 times the Scottish average
- Glasgow has the highest volume of looked after children, more than double the national average of 1.4%

Context

- The overarching objectives of children's services are to improve the health and well being of children living in NHSGGC and to reduce health inequalities. Children's Services in NHSGG&C contribute to the following national outcomes:
- **National Outcome 4:** All children and young people in Scotland will be confident individuals, effective contributors, successful learners and responsible citizens.
- **National Outcome 5:** Our children have the best start in life and are ready to succeed.
- **National Outcome 8** We have improved the life chances for children, young people and families at risk.

Context

- GIRFEC – Key policy driver and National approach for improving outcomes for children: Changes to culture, systems and practice
- Children and Young People (Scotland) Act - key elements of GIRFEC are enshrined in the Act
- Placing Child at the centre
- Shared understanding within and across agencies
- Legislation to integrate health and care services to support children
- Public Bodies (Joint Working) (Scotland) Bill
- Putting children & young people at heart of planning and services, ensuring their rights are respected.

Aim of the Programme

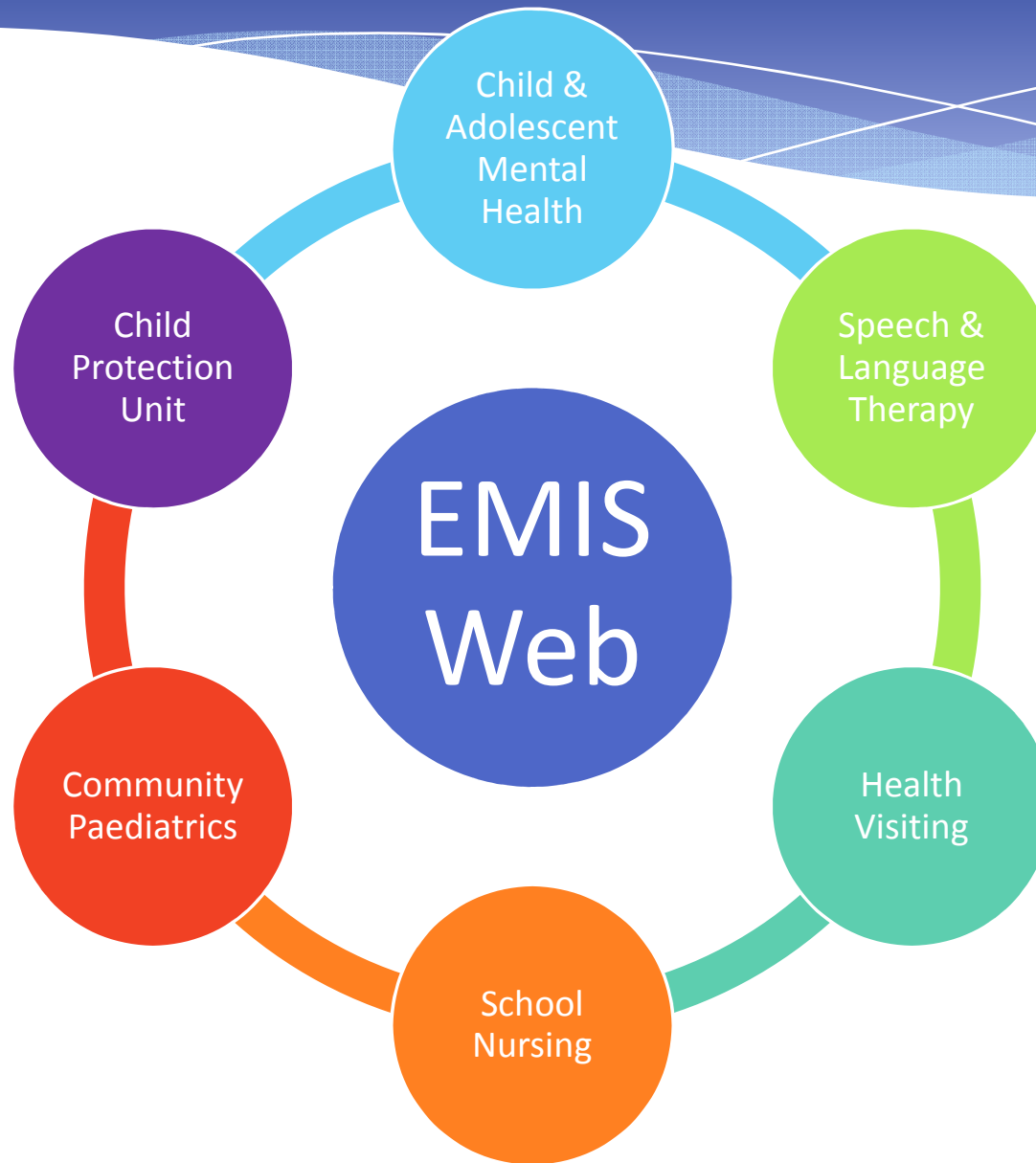
Children's Services Vision

Glasgow's Vision

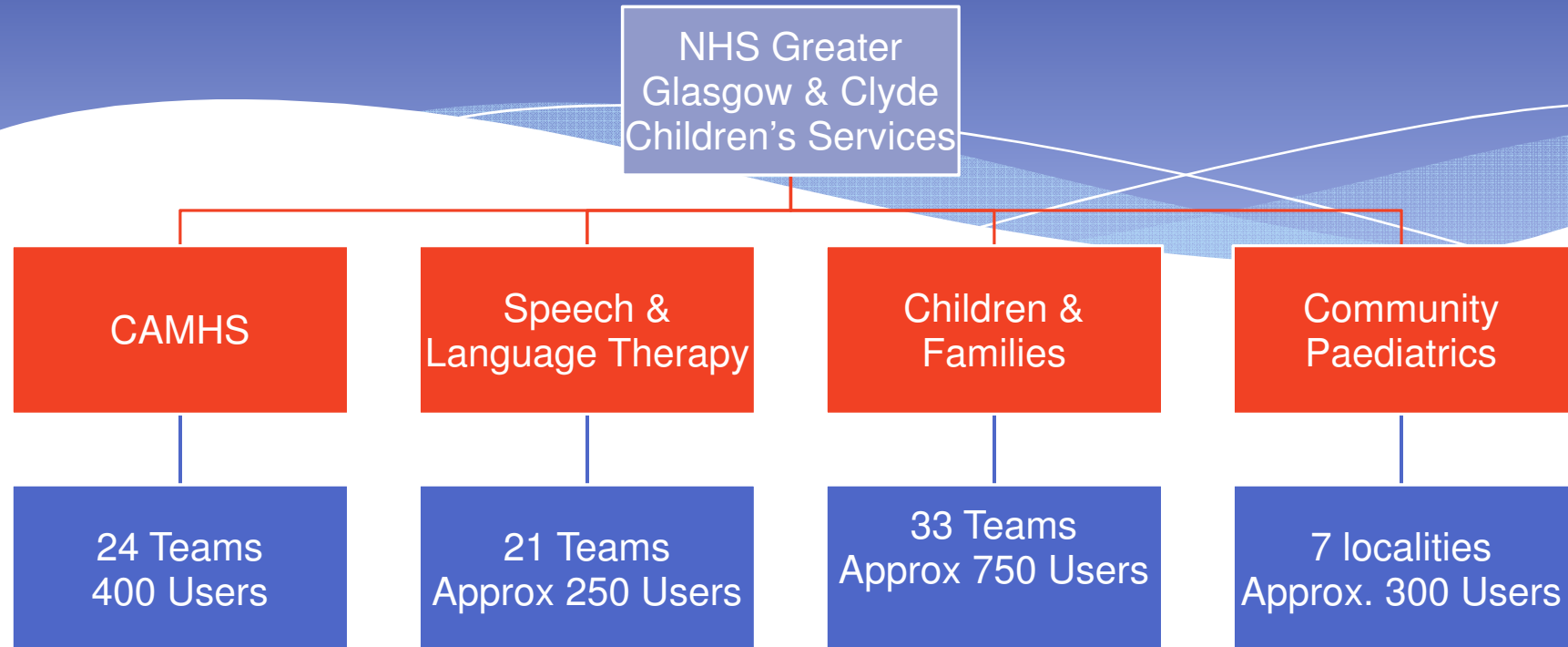
*“The vision for NHS Greater Glasgow and Clyde’s Childrens services is to provide children and young people with **high quality, safe, effective care** delivered through the use of bespoke technology available at the point of care delivery so that **decisions are made and care delivered** that is **fully informed, recorded and shared**, with all relevant clinicians and partners to **improve outcomes for children.**”*

Goals

- 'Single shared record' for community based children's services
- Support seamless transitions between and within services
(Health Visitor to School Nurse, Paediatrician to Physio, CAMHS Community case manager to Psychiatric Inpatient case manager)
- Improve current communication difficulties between disciplines
- Streamline data entry so that information is only asked for, and entered once and provide improved statistics
- Cease creation of paper records
- Support access to care record at site of delivery through the implementation of agile working on 3g/4g laptops and tablets.
- Support improving co ordination of services and service user satisfaction and most importantly improved clinical outcomes
- Improve communication to Primary Care



User Numbers



Total = 1700+

Why?

- To improve the way Community Childrens Services in NHS GG&C work to support children and families:
- Improve efficiency
- Reduce duplication
- Improve assessment and care planning
- Reduce waiting times through improved business reporting
- Reduce administrative burden on clinical time

Single Shared Record Benefits

- All community children's services information can be found in one place
- Clinicians are able to instantly update and share data
- Improve communication & coordination between disciplines
- Easier to identify vulnerability
- Multi-disciplinary significant event chronology
- Single record of non-attendance
- Organisation wide alerts and warnings
- Single care planning structure

Real Benefits

Record sharing had been 'transformational' in allowing clinicians to make informed decisions more quickly. It has enabled clinicians to conduct risk assessments based on a patient's previous mental health history and direct treatment accordingly.

Real-time information shared via EMIS Web has speeded up care planning for patients by enabling instant and efficient communication between colleagues within different geographic and specialist teams.

A CAMHS Clinician had recently shared an excellent example of how EMIS was supporting decision making

- "One such case involved a vulnerable young person with suicidal thoughts who was taken to A&E following an incident of self-harm. The psychiatrist assessing the patient called on a member of the CAMHS inpatient team, who was able to access the notes from EMIS Web.
- "The psychiatrist was able to ascertain that her risk of suicide was low but her risk of self-harm was very high. They were able to ensure that she was discharged to a suitable environment to ensure her safety."

Resources

Programme/Project Management

- Karen McFadden – Programme Lead
- Graham Tytler – HI&T Project Manager
- Thomas McCluskey – EMIS Programme Manager
- Alastair Robertson – Applications Manager

Technical, Infrastructure & Remote Access

- 1 x Band 7 - 2 x Band 6

Training & Support

- 6 x Band 5

Records Creation

- 1 x Band 4 - 3 x Band 3 (3 x Band 2 being recruited)

Why EMIS Web?

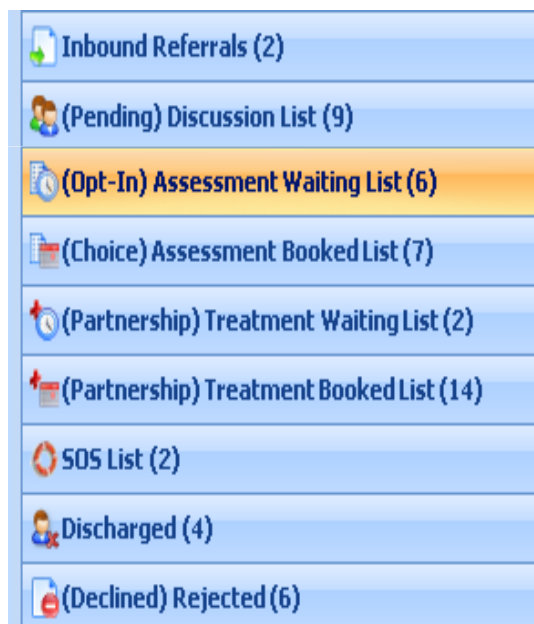
EMIS Web functionality










- Complete Electronic Patient Record
- Patient Administration module for Community services to manage and process referrals
- Scanning / Documents module to store and produce letters and documents
- Workflow Manager for task allocation to support team working
- Patient Diary for review scheduling
- Population reporting – providing data on service delivery and performance
- Appointment Book for recording attendance
- Clinical templates to improve data recording and standardisation

What parts of EMIS Web will they use?

View GP Shared Record	X
Patient Administration	✓
Care Record	✓
Consultations	✓
Medication	✓
Appointments	✓
Scanning	✓
Documents	✓
Templates	✓
S & R Local	✓
Care Plans	✓
Assessments	✓

Patient Administration & Referrals



	Inbound Referrals (2)
	(Pending) Discussion List (9)
	(Opt-In) Assessment Waiting List (6)
	(Choice) Assessment Booked List (7)
	(Partnership) Treatment Waiting List (2)
	(Partnership) Treatment Booked List (14)
	SOS List (2)
	Discharged (4)
	(Declined) Rejected (6)

- The CAMHS teams are using Patient Admin Workflow 3a.
- They have amended the workflow list titles to match the CAPA model of CAMHS care (*Choice and Partnership Approach*) which is used throughout the UK in many CAMHS teams.

Patient Administration & Referrals

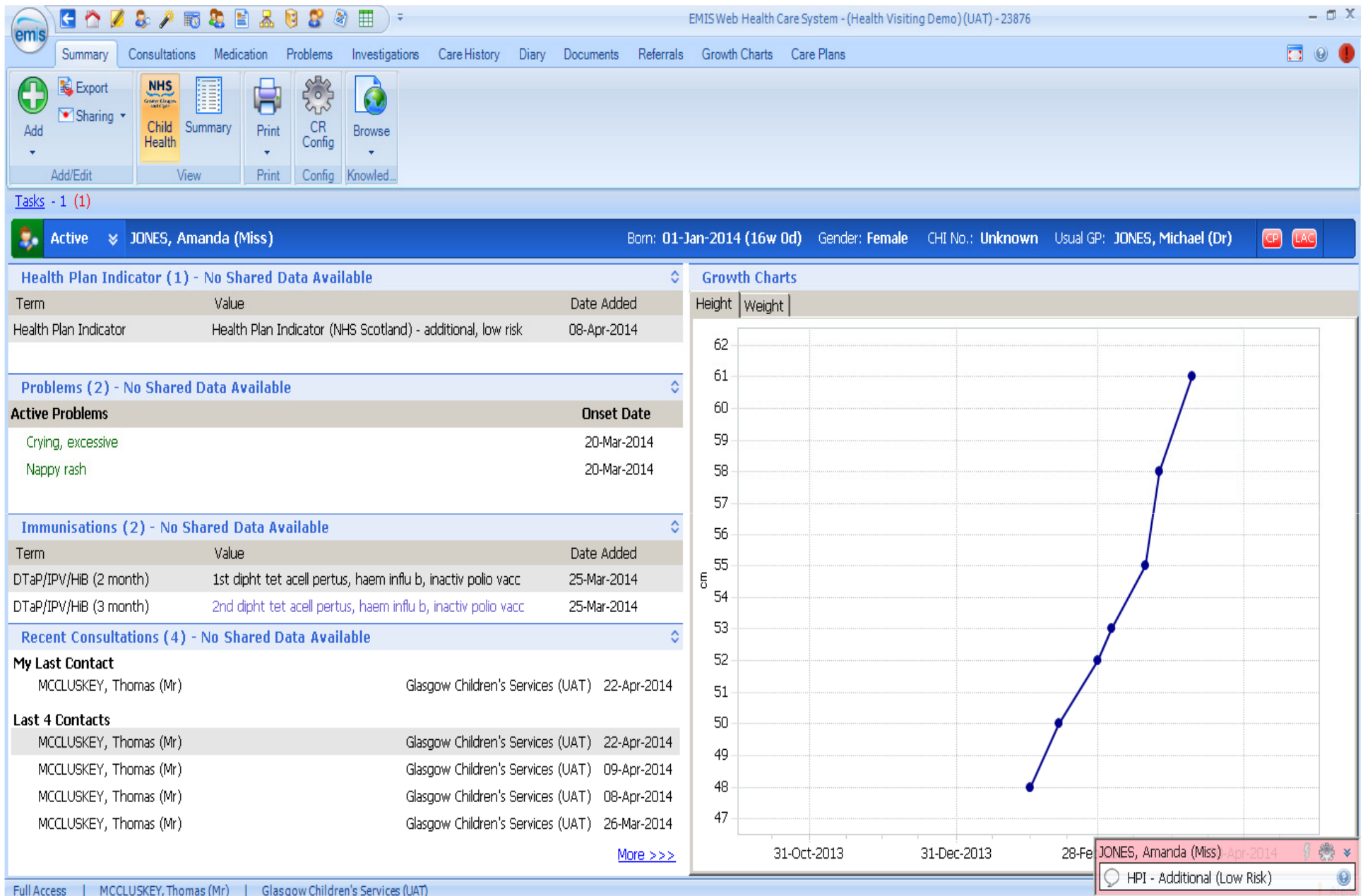
- Speech and Language therapy (SLT) are using Work flow 3a
- Children & Families teams will use workflow 1

 Inbound Referrals (1)
 Discussion List (1)
 Assessment Waiting List (0)
 Assessment Booked (1)
 Treatment Waiting (1)
 Treatment Booked (1)
 SOS List (1)
 Discharged (0)
 Rejected (0)
>>

 Inbound Referrals (1)
 Discussion List (0)
 Caseload List (0)
 SOS List (0)
 Discharged (0)
 Rejected (0)

EMIS Web features

Care Record Summary



EMIS Web features

Appointment Book

EMIS Web Health Care System - (Health Visiting Demo)(UAT) - 23876

Appointment Book Week Templates Planner Holidays and Closures Appointment Reporting

Find Slot Book Cancel Appt Session Properties Slot Properties Patient Appointments Create Session Day View Week View All day AM Only PM Only Privacy Realloc. List Show Holidays Refresh Assign. List Location Filters Search Book Print Appts Config

Tasks - 1 (1)

Active JONES, Amanda (Miss) Born: 01-Jan-2014 (16w 0d) Gender: Female CHI No.: Unknown Usual GP: JONES, Michael (Dr) CP LAC

Appointments

Wednesday 23-Apr-2014

April 2014

Mo	Tu	We	Th	Fr	Sa	Su
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11

Today

Session Holder Filters

MCCLUSKEY, Thomas (Mr)

Quick Pick...

South Health Visiting

- ☒ DURIE, Angela (Miss)
- ☒ JOHNSTON, Anne Marie (...)
- ☒ MCGHEE, Marie (Miss)
- ☒ MCCLUSKEY, Thomas (Mr)
- ☒ MCFADDEN, Karen (Mrs)

Time	Description / Patient Name
08:00	
08:30	
09:00	Visits
09:30	Visits
10:00	Visits
10:30	Visits
11:00	Visits
11:30	Visits
12:00	
12:30	
13:00	Clinic
13:30	Clinic
14:00	Clinic
14:30	Clinic
15:00	Clinic
15:30	Visits
16:00	Visits

Time	Description / Patient Name
08:00	
08:30	
09:00	Visits
09:30	Visits
10:00	Visits
10:30	Visits
11:00	Visits
11:30	Visits
12:00	
12:30	
13:00	Clinic
13:30	Clinic
14:00	Clinic
14:30	Clinic
15:00	Clinic
15:30	Visits
16:00	Visits

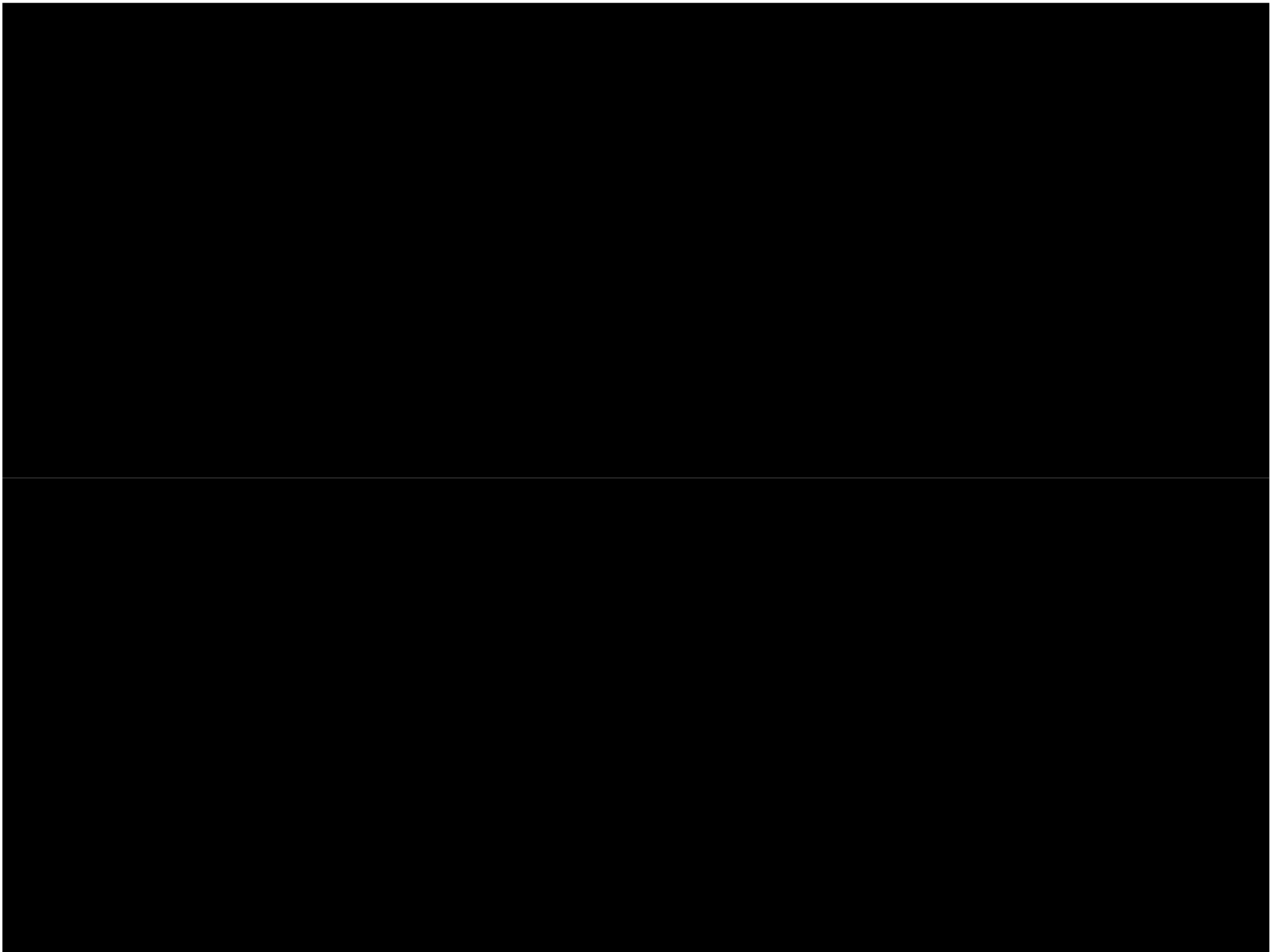
Time	Description / Patient Name
08:00	
08:30	
09:00	Visits
09:30	Visits
10:00	Visits
10:30	Visits
11:00	Visits
11:30	Visits
12:00	
12:30	
13:00	Clinic
13:30	Clinic
14:00	Clinic
14:30	Clinic
15:00	Clinic
15:30	Visits
16:00	Visits

Time	Description / Patient Name
08:00	
08:30	
09:00	Visits
09:30	Visits
10:00	Visits
10:30	Visits
11:00	Visits
11:30	Visits
12:00	
12:30	
13:00	Clinic
13:30	Clinic
14:00	Clinic
14:30	Clinic
15:00	Clinic
15:30	Visits
16:00	Visits

Full Access | MCCLUSKEY, Thomas (Mr) | Glasgow Children's Services (UAT)

EMIS Web features

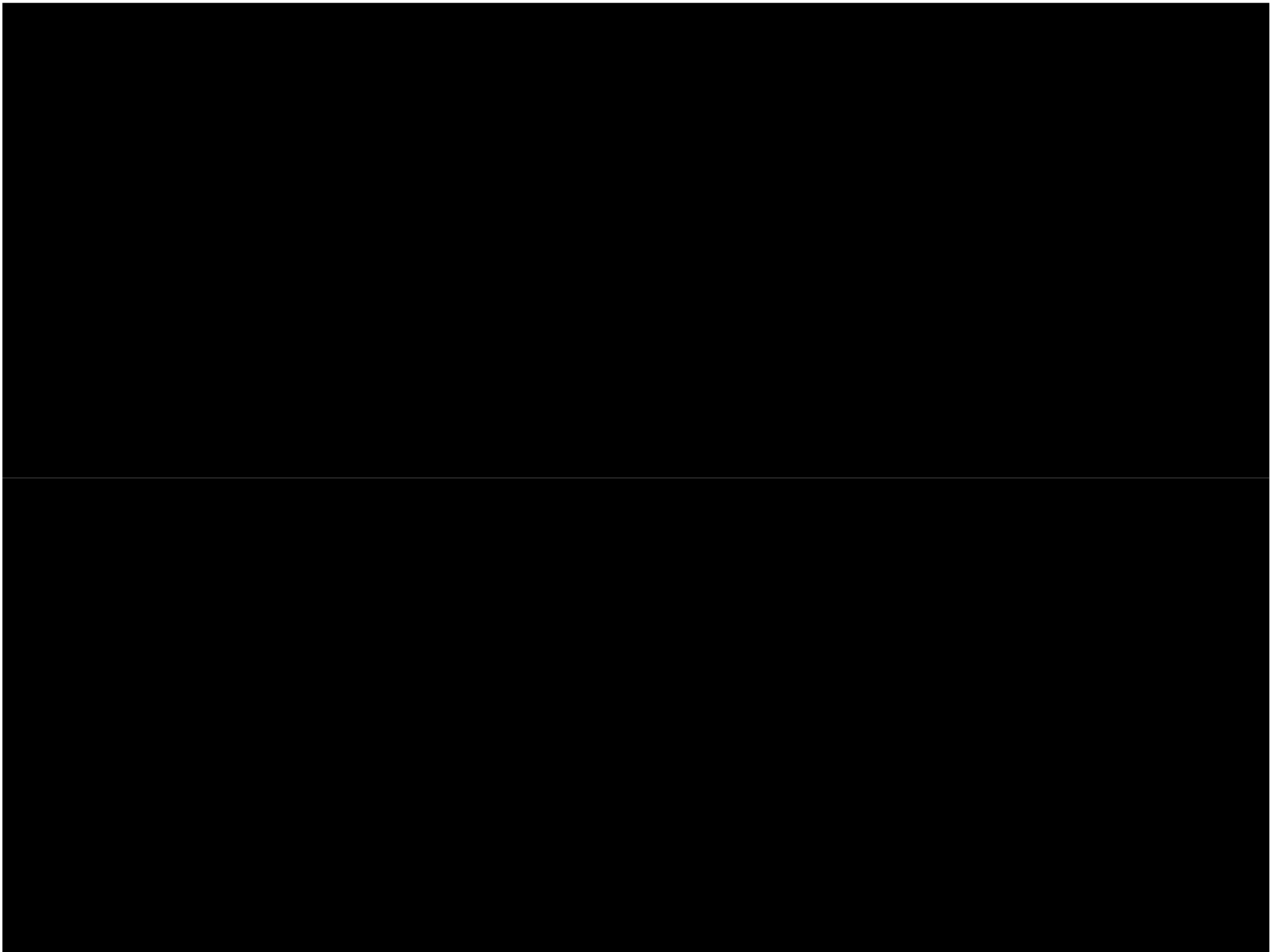
Templates & Filters



Summary

EMIS Web features

Protocols



EMIS Web features

Automatic Warnings

EMISWeb Health Care System

Summary Consultations Medication Problems Investigations Care History Diary Documents Referrals Growth Charts

Export Add Sharing Summary Child Health Print CR Config Browse

Referrals - 4 (4) Tasks - 9 (5)

FERGUSON, Florence (Miss) Born: 27-Oct-2006 (7y 0m) Gender: Female CHI No.: Unknown Usual GP: ADAMS, Michael (Dr) CP LAC Active Patient

Record Sharing

There are no other organisations contributing to the Shared Record.

Data entered by this organisation

Implied record sharing consent operational for this patient

Summary Care Record

Problems (4) - Shared Data Available

Active Problems

- Child on protection register
- Looked after child - Children (Scotland) Act 1995
- [X]Attention deficit hyperactivity disorder
- Behavioural problem

Medication (0) - Shared Data Available

Allergies (1) - Shared Data Available

- [V]Personal history of penicillin allergy

Diary (2) - Shared Data Available

Overdue Tasks

Task	Due Date
Patient Task	28-May-2013
	26-Sep-2013

Patient Warnings

FERGUSON, Florence (Miss) Born: 27-Oct-2006 (7y 0m)

- LAC Looked after child - Children (Scotland) Act 1995
- CP Child on protection register

Manage Close

View -> My Record (1 sharing agreement.)

Health Status (4) - Shared Data Available

Measurement	Value	Date
Body mass index	23.68 kg/m2	11-Oct-2013
O/E - blood pressure reading	110/75 mmHg	11-Oct-2013
O/E - height	60 cm	28-Oct-2013
O/E - weight	30 kg	28-Oct-2013

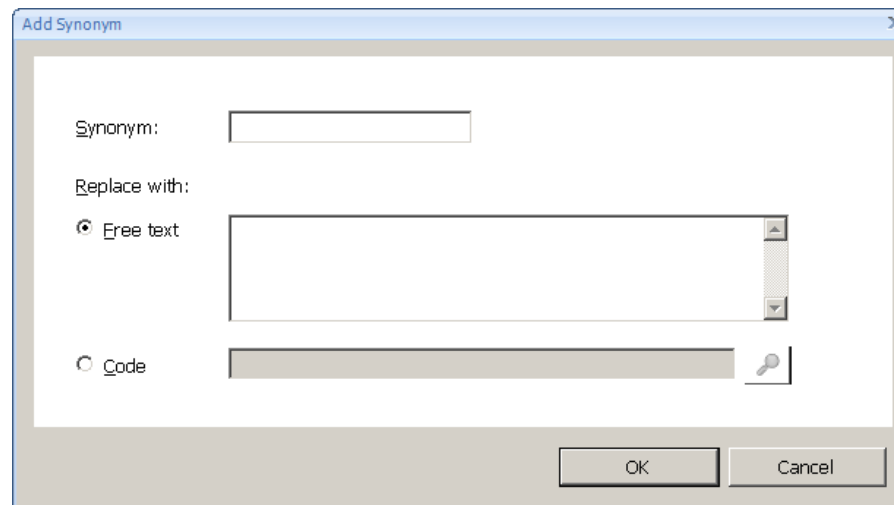
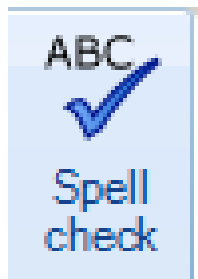
More >>>

System Developments

- Complete:
 - SCI MPI
 - Orion Clinical Portal Launch
- Delivered:
 - Spell Check & Synonyms
 - Self Service Password Resets
 - Family Links
 - Care Planning
 - Assessments
 - Patient Administration Multi Workflows
 - EMIS Mobile App
- Coming:
 - Growth Charts to 18 years (*currently 0 – 5 yrs*)
 - SCI Gateway (*receive and send referrals*)
 - Electronic Document Transfer via 'Ensemble'
- Long Term:
 - Integration with Scottish National Children's Systems

Spell Check & Synonyms


- Especially useful for clinicians in CAMHS who type large consultations into EMIS Web

A screenshot of a software dialog box titled 'Add Synonym'. It has a light blue title bar with a close button (X) in the top right corner. The main area is white and contains the following elements: a label 'Synonym:' followed by a single-line text input field; a label 'Replace with:' followed by two radio button options. The first option is 'Free text', which is selected (indicated by a filled radio button), and is followed by a multi-line text area with up and down arrow buttons on the right. The second option is 'Code', which is unselected (indicated by an empty radio button), and is followed by a single-line text input field with a search icon (magnifying glass) on the right. At the bottom right of the dialog box are two buttons: 'OK' and 'Cancel'.

Self Service Password Resets

- This enables users to reset their own password without the need to log a support call with local administrator.

Enter Security Details

 Please enter your security details.
We only use the mobile number to send you a verification code, so that you can log in if you have forgotten your password or need reminding of your user name. We encrypt this number and all other security details and will never share any security details with any other organisation or person.


Step 1 - Confirm existing information

Forenames

Surname

Step 2 - Complete identity verification information

Mobile Telephone

Date of Birth 

Step 3 - Choose security question

Security Question

Answer

Care Planning

The screenshot displays the EMIS Web Health Care System interface. The top navigation bar includes tabs for Summary, Consultations, Medication, Problems, Investigations, Care History, Diary, Documents, Referrals, Growth Charts, and Care Plans. The patient's name, ANDREWS, Amanda (Miss), is shown at the top, along with their birth date (06-Feb-2012), age (1y 11m), gender (Female), and CHI No. (Unknown). The main section is titled 'GIRFEC Care Plan' and includes a summary of the vision for Scotland's children: 'Successful Learners, Confident Individuals, Effective Contributors, Responsible Citizens'. It also shows the start date (08-Jan-2014), review date (08-Mar-2014), and the owning service (Ms Gemma Ward). A section for 'Goals' is visible, with a table for 'Child's View' and 'Goal Outcome'. The bottom status bar indicates 'EMIS Development | USER, Emis (Ms) | Health Visiting (WF3)'.

Summary Consultations Medication Problems Investigations Care History Diary Documents Referrals Growth Charts Care Plans

Save Cancel Clinician's Notes Search

Active ANDREWS, Amanda (Miss) Born: 06-Feb-2012 (1y 11m) Gender: Female CHI No.: Unknown

GIRFEC Care Plan

NHS Greater Glasgow and Clyde

Summary

THE VISION FOR SCOTLAND'S CHILDREN IS THAT THEY ARE:

Successful Learners
Confident Individuals
Effective Contributors
Responsible Citizens

Start date 08-Jan-2014
Review date 08-Mar-2014

Owning Service Ms Gemma Ward

Does the patient agree with the Care Plan? Yes

End Care Plan

Goals

Add... Edit... Delete

Child's View Safe Healthy Achieving Nurtured Active Respected Responsible Included

Children's views should be sought listened to and acted on

Goal Outcome Add Outcome and Close Goal

Does the patient agree with the goal? Yes

EMIS Development | USER, Emis (Ms) | Health Visiting (WF3)

This new module in EMIS Web allows clinicians to personalise a care plan for their patients. The care plan consists of:

- Goals
- Targets
- Actions
- Outcomes

A great tool for community services.

Family & Relationship Links

- The new functionality allows clinicians to get a better picture of a child's family situation and relationships.

EMIS Web Health Care System

Registration Carers

Registration Family / Relationship Links

Active SMITH, John (Master) Born: 01-Jan-2010 (4y 0m) Gender: Male CHI No.: Unknown Usual GP: JOHNSTON, Andrew (D)

1. Patient Details 2. Additional 3. Family / Relationship Links 4. Status History 5. Audit History

	Name	Relationship to Patient	Born	Gender	CHI No.
MC	SMITH, Angela (Mrs)	Mother	25-Aug-1981 (32y)	Female	Unkn
C	SMITH, Gary (Mr)	Father	16-Sep-1980 (33y)	Male	Unkn
	SMITH, Malcolm (Master)	Brother	08-Apr-2003 (10y 9m)	Male	Unkn
	MCDONALD, Allison (Miss)	Aunt	Not Known	Female	Unkn

Detailed View

SMITH, Angela (Mrs) MC

Born	25-Aug-1981 (32y)	Relationship To Patient	Mother	Home Tel No	(Not recorded)	1/1	(No notes recorded)
Gender	Female	Next Of Kin	Yes	Work Tel No	(Not recorded)	100 Bank Street	
CHI No.	Unknown	Emergency Contact	Yes	Mobile Tel No	(Not recorded)	Tollcross	
		Discuss Record	Yes			Glasgow	
						South Lanarkshire	
						G72 7SE	

Assessments

EMIS Web Health Care System - (Health Visiting Demo) (UAT) - 23876

JONES, Amanda (Miss)

CHS - 27- 30 Month Review (Ready to Learn Review)

Save View Edit Close

Tasks - 3 (2)

Active JONES, Amanda (Miss) Born 01-Jan-2014 (42w 3d) Gender Female CHI No. Unknown Usual GP JONES, Michael (Dr)

CHS - 27- 30 Month Review (Ready to Learn Review) Initial Assessment: 18-Sep-2014

Assessment date: 18-Sep-2014 - 15:25 Last coded entry

Where a statement applies check the box to confirm

Items marked with * are not required if date shown in last coded entry column

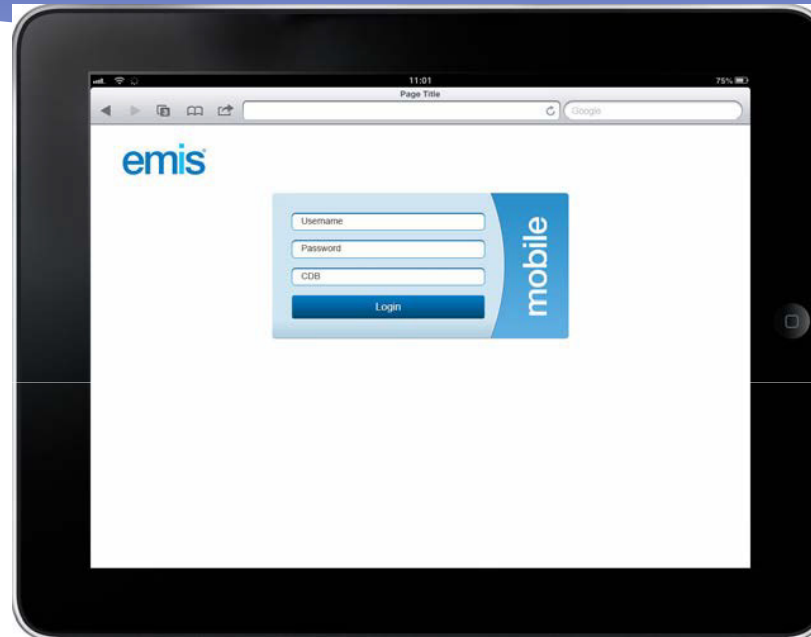
Primary carer present at review	<input checked="" type="checkbox"/>	
Additional carer present at review	<input checked="" type="checkbox"/>	
Other carer present at review	<input type="checkbox"/>	
Current LAC Status?	Looked after child - at home	29-Sep-2014
*Ethnicity	IA Scottish	
Is English first language at home?	Yes	
*Bilingual/Multilingual?	Not bilingual/multilingual	18-Sep-2014
*Previous Risk of TB identified		17-Jun-2014
*Tuberculosis (BCG) vaccination	<input checked="" type="checkbox"/>	18-Sep-2014

Full Access MCCLUSKEY, Thomas (Dr) Glasgow Children's Services (UAT)

JONES, Amanda (Miss) HPI - UNKNOWN

- This new module gives us more functionality than using just templates.
- Also gives a really useful print out for sharing with Parents/Carers

EMIS Mobile App



- The mobile app will enable the agile workers to access patient records, even when no 3G/4G signal is available.
- Data captured can then be synchronised when connectivity returns

Sharing Information

- All community children's service share data by being part of the single organisation
- EMIS Web gives future potential to share information with GP's (85% of Glasgow's GP's use EMIS)
- Sharing information via Orion Clinical portal which will allow access for EMIS Web users to information held relating to hospital based activity and also provide a view of information from EMIS Web to acute care providers
- Developing a proposal to allow local authority partners specific relevant access to the Orion clinical portal to support child protection assessment and decision making

Sensitive information

Sensitive mental health information that you do not want shared with all healthcare professionals involved in your care can be 'locked' to the mental health team.

Should other health professionals involved in your care need to know this information it can be unlocked for one of 3 reasons:

1. The patient/carer has given permission
2. There is a legal order
3. The other health care professional has a child protection concern.

All access to sensitive information will be fully audited and health professionals will always try to speak to the mental health team first. This will be fully audited.

Sometimes the law allows the NHS to share personal health information without your permission, for example, to investigate a serious crime or to protect a child from harm.

We will always seek your consent to share health information about you with people outside NHSGG&C who may need it so they can give you care and support, for example, a teacher or social worker.

Is the information secure?

Every care is taken to protect your confidentiality and all information is stored using the most secure technology. Only health care professionals involved in your care will access your shared record.

If you have any further questions, please discuss these with your health care clinician.

Notes

Children's Services

Confidentiality and the Electronic Shared Record for all Children



Information for Young People

NHS Greater Glasgow and Clyde (NHSGG&C) Community Children's Services are implementing a programme to move away from paper health care records to an electronic shared record for all children and young people.



Our services currently use separate, single service, paper records which may cause communication difficulties and difficulty in co-ordinating your care. In future your information and treatment will be stored on a computer system as one shared record.

How will this benefit me?

The shared record will ensure NHSGG&C health care professionals treating you have the most up to date and accurate information. It will allow health care staff to deliver better advice and provide safer and more effective care.

Having one electronic record will ensure your health care professional has all the information they need to make decisions about your care and will reduce the need for you to provide different health care staff with the same information.

Who can access the record?

Only NHSGG&C staff directly involved in your care will access your record.

The record may be accessed by other health professionals, for example, at the request of your current health care provider to assist in accessing further support for you. This would be discussed with you first to ensure you are in agreement.

Can I stop information being put into my shared record?

Health care staff are required to make accurate and relevant records of the care they provide. You can discuss what is recorded, and how it is expressed, but you cannot prevent a health care professional from making an entry in your electronic record.

Which health services can access my shared record?

All children from birth to age 18 will have an electronic shared record that is created and governed by NHSGG&C.

This record will be used by community health staff but some hospital based staff will also utilise the shared record. These services include:

- Health Visiting and School Nursing
- Speech and Language Therapy
- Specialist Community Paediatric Services

- Child and Adolescent Mental Health Services.

You will be asked for your permission should you require support from these services, who will then also access the shared record to add their assessment and treatment.

Your GP may have access to some information within the shared record but the shared record is not your GP medical record.

Accessing the shared record

Accessing the shared record

All staff that access the shared record will receive appropriate training and must follow strict confidentiality guidelines and comply with the Data Protection Act 1998.

All attempts to access the electronic record are recorded and are monitored for irregularity.

In the unlikely event that your record is accessed inappropriately, it will be investigated and disciplinary action taken if appropriate.



Progress to date

- Configured EMIS Web to suit CAMHS service and migrated teams across GG&C and supported the re-design of Tier 4 services to simplify the patient journey.
 - Patient Administration configured to CAPA model
 - CORC Templates & Outcome measures
 - RTT reporting
- Child Protection Unit now using EMIS Web for information collation and medical assessment arrangement.
- Configured EMIS Web to suit SLT Service and completed roll out to SLT teams
- All SLT clinical users provided with full system access via 4G laptop
- SLT Local Authority Education reports created through business objects using data extract

Next Steps

- Reporting frame work for Children and Families Teams created
- Children & Families roll out to begin November 2014
- Children & Families clinicians to access EMIS Web via 3/4G Tablets
- Completion of electronic versions Child Health Surveillance forms and assessment templates
- Activate Protocol alert for Health Plan Indicator
- Configured care planning module to meet the GIRFEC requirements and support t delivery of the universal pathway
- Finalise business requirements for Community Paediatrics service in line with re-design

Feedback Quotes

“It has improved communication as I can call up patients records and access consultation notes quickly” - Nursing

“I'm not running around to find files anymore” - Admin

“Very good to be able to quickly access client information when needed, increases efficiency” - Psychology



Thank you