NHS Greater Glasgow & Clyde
Community Children’s Services

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(EMIS)
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**
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
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
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%.
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.
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
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

NHS Greater Glasgow & Clyde Children’s Services

- CAMHS
  - 24 Teams
  - 400 Users

- Speech & Language Therapy
  - 21 Teams
  - Approx 250 Users

- Children & Families
  - 33 Teams
  - Approx 750 Users

- Community Paediatrics
  - 7 localities
  - Approx. 300 Users

Total = 1700+
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
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.”
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?

<table>
<thead>
<tr>
<th>Feature</th>
<th>Use</th>
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<tbody>
<tr>
<td>View GP Shared Record</td>
<td>✗</td>
</tr>
<tr>
<td>Patient Administration</td>
<td>✓</td>
</tr>
<tr>
<td>Care Record</td>
<td>✓</td>
</tr>
<tr>
<td>Consultations</td>
<td>✓</td>
</tr>
<tr>
<td>Medication</td>
<td>✓</td>
</tr>
<tr>
<td>Appointments</td>
<td>✓</td>
</tr>
<tr>
<td>Scanning</td>
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</tr>
<tr>
<td>Documents</td>
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</tr>
<tr>
<td>Scanning Documents Templates</td>
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</tr>
<tr>
<td>S &amp; R Local</td>
<td>✓</td>
</tr>
<tr>
<td>Care Plans</td>
<td>✓</td>
</tr>
<tr>
<td>Assessments</td>
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</tr>
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</table>
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.
- Speech and Language therapy (SLT) are using Workflow 3a.
- Children & Families teams will use workflow 1.
### Appointments

<table>
<thead>
<tr>
<th>Time</th>
<th>Description</th>
<th>Patient Name</th>
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<tbody>
<tr>
<td>08:00</td>
<td>Health Visiting</td>
<td>DURIE, Angela (Miss)</td>
</tr>
<tr>
<td>08:30</td>
<td>Health Visiting</td>
<td>JOHNSTON, Anne Marie (Ms)</td>
</tr>
<tr>
<td>09:00</td>
<td>Health Visiting</td>
<td>MCGHEE, Marie (Miss)</td>
</tr>
<tr>
<td>09:30</td>
<td>Health Visiting</td>
<td>MCCLUSKEY, Thomas (Mr)</td>
</tr>
<tr>
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<td>DURIE, Angela (Miss)</td>
</tr>
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<td>10:30</td>
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<td>JOHNSTON, Anne Marie (Ms)</td>
</tr>
<tr>
<td>11:00</td>
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<td>MCGHEE, Marie (Miss)</td>
</tr>
<tr>
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<td>MCCLUSKEY, Thomas (Mr)</td>
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<td>DURIE, Angela (Miss)</td>
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<tr>
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<td>JOHNSTON, Anne Marie (Ms)</td>
</tr>
<tr>
<td>13:00</td>
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<td>MCGHEE, Marie (Miss)</td>
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<td>MCCLUSKEY, Thomas (Mr)</td>
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<td>JOHNSTON, Anne Marie (Ms)</td>
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<td>MCCLUSKEY, Thomas (Mr)</td>
</tr>
<tr>
<td>16:00</td>
<td>Health Visiting</td>
<td>DURIE, Angela (Miss)</td>
</tr>
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</table>

### Session Holder Filters
- MCCLUSKEY, Thomas (Mr)

### Quick Pick
- DURIE, Angela (Miss)
- JOHNSTON, Anne Marie (Ms)
- MCGHEE, Marie (Miss)
- MCCLUSKEY, Thomas (Mr)
- MCFADDEN, Karen (Miss)

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**NHS Greater Glasgow and Clyde**

**Glasgow Children's Services (UAT)**

**emisWeb**
EMIS Web features

Templates & Filters
Psychological Therapies HEAT target - suitability

Please complete the section below to choose the child's SUITABILITY for psychological therapies and ensure the date of suitability is accurately recorded.

Is the child suitable for psychological therapies?

23-Apr-2014

Psychological Therapies HEAT target - therapies list (Children and Young People)

When you are ready to COMMENCE Psychological Therapies, please tick the box below for 'Psychological Therapies Started' and select the date the therapy started. Then select which therapy/therapies from the options below.

- Psychological therapy started
  - 23-Apr-2014

Cognitive and/or Behavioural Therapies

A. Behavioural interventions
B. Cognitive-behaviour therapy
C. Anger management
D. Anxiety management training
E. Guided self help cognitive behavioural therapy
F. Problem solving therapy
G. Relaxation therapy
H. Dialectical behaviour therapy
I. Cognitive rehabilitation therapy
J. Psychoeducation

Family and Systems Based Interventions

No previous entry

Integrative Therapies

No previous entry
Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems difficult. Please give your answers on the basis of the child’s behaviour over the last six months.

Child’s Name: MOUSE, Alexandria (Miss)
Date of Birth: 01-Jan-2001

Male/Female: F

Please double click the sheet below to activate the form. Tick the boxes that apply and the score will be calculated automatically at the bottom.

<table>
<thead>
<tr>
<th></th>
<th>Not True</th>
<th>Somewhat True</th>
<th>Certainly True</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considerate of other people's feelings</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>Restless, overactive, cannot stay still for long</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>Often complains of headaches, stomach-aches or sickness</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>Shares readily with other children (treats, toys, pencils etc.)</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>Often has temper tantrums or hot tempers</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>Rather solitary, tends to play alone</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>Generally obedient, usually does what adults request</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>Many worries, often seems worried</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>Helpul if someone is hurt, upset or feeling ill</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>Constantly fretting or scolding</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>Has at least one good friend</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>Often fights with other children or bullies them</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
</tbody>
</table>
EMIS Web features

Protocols
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
This enables users to reset their own password without the need to log a support call with local administrator.
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.
The new functionality allows clinicians to get a better picture of a child’s family situation and relationships.
- This new module gives us more functionality than using just templates.
- Also gives a really useful print out for sharing with Parents/Carers.
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 NHS GG&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 healthcare professionals involved in your care will access your shared record.

If you have any further questions, please discuss these with your healthcare 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
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 framework 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 delivery of the universal pathway
- Finalise business requirements for Community Paediatrics service in line with re-design
“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