

Remote access to GP Desktops

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Clinical Web BMJ

















outlook 2010 NHS Mail









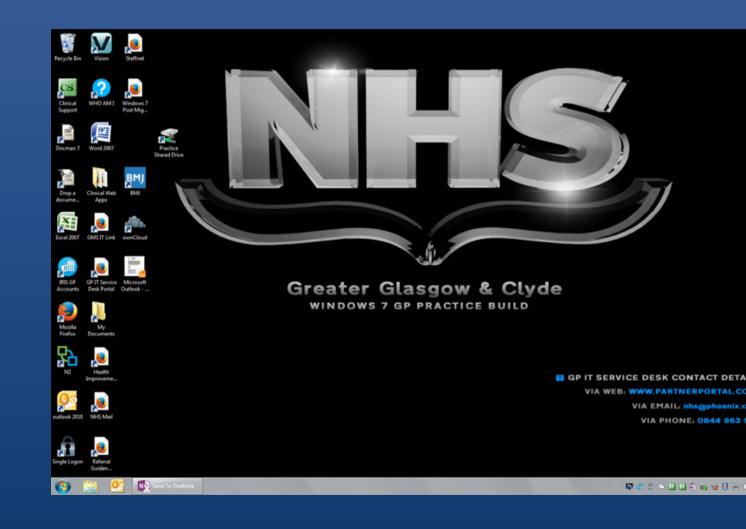
Greater Glasgow & Clyde WINDOWS 7 GP PRACTICE BUILD

17 GP IT SERVICE DESK CONTACT DETAILS. VIA WEB: WWW.PARTNERPORTAL.CO.UK VIA EMAIL: nhs@phoenix.co.uk

VIA PHONE: 0844 863 1244

Remote Access

- Access to desktop
 - Applications
 - Files
 - E-mail
 - Web
- From
 - Home
 - Nursing Homes
 - Patients' homes
 - Anywhere



Desktop Applications

- Clinical System
 - EMIS
 - Vision
- Document Management
 - Docman
- Applications
 - Primary Care Product Landscape

Docman	14
Labeltrace	14
SCI Gateway	14
SCI Store	13
Bluebay/ Bluebay CT/ Vison +	12
Single Sign-on	11
EMIS Web (Searches & Reports)	10
InPS Vision	10
Scriptswitch	10
Adobe/ Adobe Acrobat	9
Internet Explorer	9
Office 2003	9
Little Green Button	8
Office 2007	8
Contract Plus	7
DXS	7
McAfee anti virus	6
Bluebay Warfarin Module	5
INRStar (Warfairn dosing)	5
Lab Imports	5
MS Access	5
Sunquest Ice	5
Bluebay Enhanced Services Templates	4
Cisco Jabber	4
Clinical Portal	4
Front Desk	4
RAT/ INR Star	4
Sophos Anti-Virus	4
Vision	4
Wiggly Amps – Little Green Button Panic Button	4
Bluebay Keep Well Templates & Extracts	3
DAWN AC (Warfarin dosing)	3
VisionTalk	3

Main (clinically useful) Desktop Applications

- EMIS PCS / Vision
- Docman
- BlueBay / Contract Plus
- SCI Gateway
- Single Sign on
- LabelTrace
- MSIE
- Office







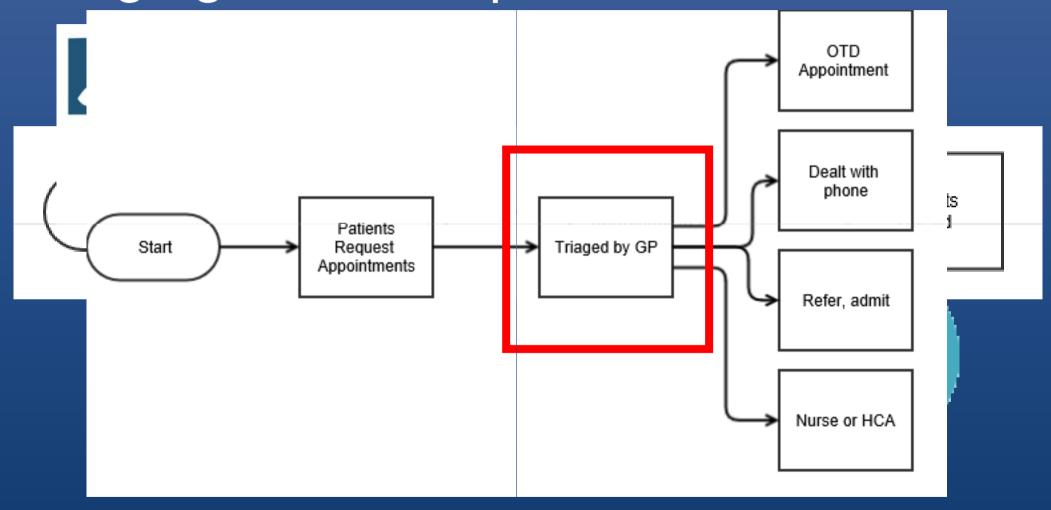


Business Case?

- Changing business processes
 - New ways of working
 - Health and Social Care
 - Telehealth and Telecare
 - Cloud storage and apps
- Changing workforce
- Care at home
 - (or homely setting)

- Improve efficiency
 - Paper Practices vs Paperless
- Make it easier for people to work!
- Improve safety

Changing business processes



Where is the doctor?



Changing Workforce

- Women GPs increase 62% since 2002
- 46% of the workforce is male and 54% female.
- 50% increase in the number of consultants working part time (from 12% to 18%).
- 38% of female consultants and 6% of male consultants working part time.
- There has been a steady increase in the headcount of GPs ... At least part of the increase in headcount will be due to an increase in the number of GPs working part-time.
- Glasgow GP Dr Margaret McCartney will argue that if GPs want to maintain their "personal resilience", and avoid the stress-induced mental and physical exhaustion which can lead to burnout, they will have to cut down on their working hours.

Nursing Homes





site as good cognition, adv he gets POA, swd and res team numbers given for support as he is often away. Dr Karen Rotchford

Medical History (Priority 1)

06/11/2013 Acute confusional state

18/11/2012 Pain in joint - arthralgia Mrs Lynne Barr

25/11/2008 Atrial fibrillation with fast ventricular rate Mrs Lynne Barr

06/01/2007 [M]Naevus NOS right choroidal naevus Mrs Linda Redman

03/04/2006 Chronic kidney disease stage 3 CKD Stage averaged over 3 recent eGFRs within 15% - average eGFR: 43.2 Mr S System Supervisor

25/09/2003 Hypothyroidism date entered=01/07/2004 Dr Staff Unknown Member Of Staff

01/01/2003 Retinal vascular occlusion right central artery Mrs Linda Redman

26/04/2002 Essential hypertension Dr Staff Unknown Member Of Staff

26/04/2002 Paroxysmal atrial fibrillation clinical diagnosis only: 193/76 - for HCA recheck, Note digoxin started after visual loss, on a HV by Dr J Histop:

pulse was noted as 130 AF - is now 76 reg and strong. Adv. cont dig. : date_entered=10/05/2006 Dr Colin Brown

22/02/2000 Raynaud's syndrome date_entered=01/07/2004 Dr Staff Unknown Member Of Staff

01/01/2000 Osteoporosis date entered=17/12/2004 Dr Staff Unknown Member Of Staff

31/01/1995 Irritable bowel syndrome date_entered=01/07/2004 Dr Staff Unknown Member Of Staff

08/06/1993 Cervical spondylosis date entered=01/07/2004 Dr Staff Unknown Member Of Staff 08/04/1993 Arthritis date_entered=01/07/2004 Dr Staff Unknown Member Of Staff

23/08/1988 Tinnitus date entered=01/07/2004 Dr Staff Unknown Member Of Staff

08/06/1956 Subtotal abdominal hysterect left salingo-oophorectomy: date entered=01/07/2004 Dr Staff Unknown Member Of Staff

Current Repeats

Repeat Bisoprolol 2.5mg tablets Last issued: 25/09/2014 Issued: 4 maximum 13 allowed Supply: (28) tablet 1 IN THE MORNING [FOR HEART

Repeat Levothyroxine sodium 25microgram tablets Last issued: 25/09/2014 Issued: 4 maximum 13 allowed Supply: (28) tablet 1 TAB DAILY [FOR

Instalments: dispense weekly Dr Paul Miller

Repeat Digoxin 62.5microgram tablets Until: 04/07/2015 Last

ITO REGULATE HEARTI

Instalments: dispense weekly Dr Paul Miller

Repeat Amlodipine 5mg tablets Until: 04/07/2015 Last issued: 25/09/2014 Issued: 4 maximum 13 allowed Supply: Instalments: dispense weekly Dr Paul Miller

Repeat Aspirin 75mg dispersible tablets Until: 04/07/2015 Last issued: 25/09/2014 Issued: 4 maximum 13 allowed MORNING [TO THIN BLOOD]

Instalments: dispense weekly Dr Paul Miller

Repeat Adcal-D3 Lemon chewable tablets (ProStrakan Ltd) Until: 04/07/2015 Last issued: 25/09/2014 Issued: 4 ms tablet 1 TWICE A DAY [FOR BONES]

Instalments: dispense weekly Dr Paul Miller

Acute and Repeat Therapy Issues Last 6 months

25/09/2014 issue 4 Adcal-D3 Lemon chewable tablets (ProStrakan Ltd) Supply: (56) tablet 1 TWICE A DAY (FOR B Instalments: dispense weekly Dr Paul Miller

25/09/2014 issue 4 Aspirin 75mg dispersible tablets Supply: (28) tablet 1 IN THE MORNING [TO THIN BLOOD] Instalments: dispense weekly Dr Paul Miller

25/09/2014 issue 4 Amlodipine 5mg tablets Supply: (28) tablet 1 DAILY [FOR BP]

Instalments: dispense weekly Dr Paul Miller

25/09/2014 issue 4 Digoxin 62.5microgram tablets Supply: (28) tablet 1 TAB DAILY [TO REGULATE HEART]

Instalments: dispense weekly Dr Paul Miller

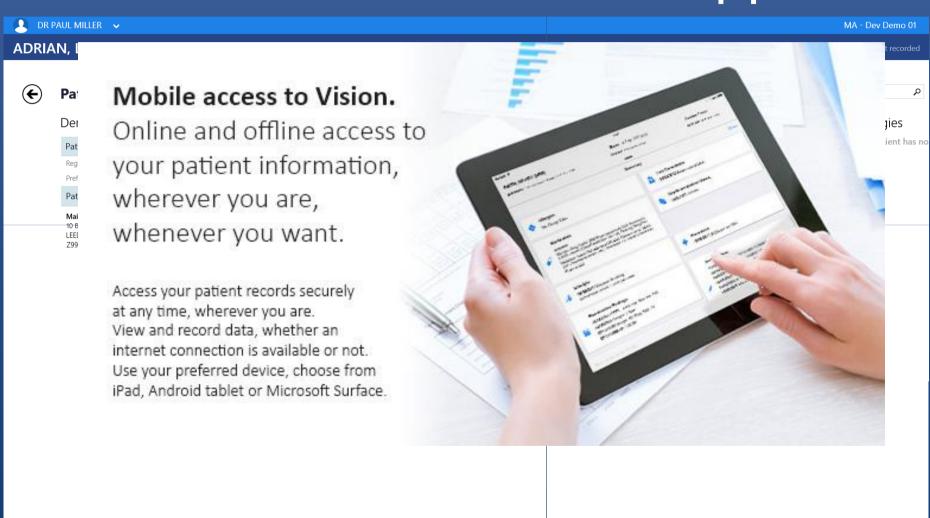
25/09/2014 issue 4 Levothyroxine sodium 25microgram tablets Supply: (28) tablet 1 TAB DAILY [FOR THYROID] Instalments: dispense weekly Dr Paul Miller

25/09/2014 issue 4 Bisoprolol 2.5mg tablets Supply: (28) tablet 1 IN THE MORNING [FOR HEART RATE]

Instalments: dispense weekly Dr Paul Miller

28/08/2014 issue 3 Adcal-D3 Lemon chewable tablets (ProStrakan Ltd) Supply: (56) tablet 1 TWICE A DAY IFOR B

Remote access to clinical apps



Can GPs work from home?

- Telephone triage
 - Skype??!!
- Prescription management
- Document management
- QOF and Contract work
- Referrals and SCI Gateway



Ayrshire & Arran

- No universal solution
- Practices can opt to buy a token?
- Investigating board wide solution LMC Priority
- Hardware VPN tokens
- NHS Laptop
- Moving to any device, anyplace
- Demand
- Laptop plus hardware token
- BT approved hardware token
- RDC to surgery PC
- New solution needed

Borders

- Laptop plus hardware token
- BT approved hardware token
- RDC to surgery PC
- New solution needed

Dumfries & Galloway

- "Nothing happening here so far"
- Two sites
- Laptops
- Hardware token to N3/ VPN
- EMIS Pocket

Fife

- Juniper
- Hardware, software, licensing and software security token
- Everything bar printing prescriptions
- Juniper client audits state of client PC

Forth Valley

- No solution
- Is demand
 - "a number of GPs in FV have requested as being potentially useful "

Grampian

- Available solution
- Limited numbers but practice can pay for more
- Login to 'thin client' then practice server
- Access all desktop functions
- Specified client machine only

Greater Glasgow & Clyde

- Cisco VPN and hardware token
 - Random number generator
- Microsoft RDC to surgery PC
- Must be on!
- Terminal Server solution
 - Which applications?
- 2 per practice can buy more
- No official support

Highland

- 'Officially not allowed'
- Away From My Desk in use by some

Please "log off" this computer only. Do "NOT" shut down.

Lanarkshire

- No widely available solution
- Firepass
- Maybe iPad Vision
- Document access
- 'Actively being looked into'

Lothian

- Firepass now defunct
- Using Oracle secure global
- TS to HB then back to PC in surgery
- PC must be on
- Is widely available
- Many users from any web browser

Orkney

- RSA SecureID Token
- Branch surgery use
- Would work from home
- ? Bespoke solution per practice
- [England AFMD]

Shetland

- Tokens for accessing 'shared drives' only files
- Non-doctor isles RDC for desktop access
- Mandating an NHS PC as client

Tayside

- Hardware token to VPN
- Microsoft RDC to TS
- Not to desktop machine?

Western Isles

- 2 doctors have it!
- USB token, ID logon details, password, memorable information, secret information
- "Mountains of paperwork"
- AFMD in use

User Requirements for Remote Access

- Real time access to all applications, not just the clinical system
- A easy to use system with good available support out of hours
- The ability to access the system from any computer or internet connected device
- Low cost solution
- Must be available and delivered in a timely fashion

AFMD - Technical requirements for remote access

- Connections must remain with the UK in order to allow Data Protection legislation to apply
- A secure point to point connection using AES 256bit encryption
- All connections logged in escrow ensuring a complete audit trail for NHS Protect/Clinical Negligence purposes.
- The ability to control a pc desktop ensuring all clinical and business applications are available remotely
- Randomly generated passwords to prevent duplication of passwords already used with the NHS Organisation
- A physical token to be used in conjunction with the randomly generated passwords. (This can be a biometric stick, text message or a random number generator token)
- Connection tuning to allow access over slow links such as GPRS or 3G
- Internet Browser based solution so the system can be platform agnostic

Facts about Away From My Desk

- In use daily by over 5000 Health Care professional across the United Kingdom
- Independently Assessed by 20 NHS Organisations past and present
- Support available to customers 8am 8pm 7 days a week
- We meet and exceed the technical and user requirements set out in the previous slides.

What next?

- Transforming care
- Enabling change and innovation
- Must be 'easy'
- Any reasonable device
- Risks to be As Low As Reasonably Possible
- But not so high as to make usage impossible!

Discussion

- Your experience?
- Is it a reasonable requirement?
- Can we agree NHS Scotland specification?
- Who pays?
- Who supports?



Management In Practice