SNUG/SCIMP Conference 2016

Shona Wares



Challenge or opportunity?

- This session is about:
 - Impact of NHS Strategy on Health and Social Care
 - How IT can address these challenges, and at the same time, save you time and make your working lives easier



The NHS must change



- Ageing population
- Widespread preventable illness
- NHS will not cope
- £30 billion a year deficit

The Scottish Government's 2020 Vision

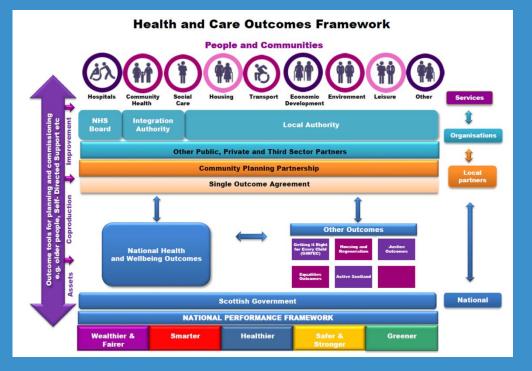
By 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- Integrated Health and Social Care
- Prevention, anticipation and supported self-management
- Day case treatment will be the norm
- Highest standards of quality and safety, with the person at the centre of all decisions
- Patient's get back into their home as soon as appropriate, with minimal risk of re-admission



Integrated Health and Social Care National Health and Wellbeing Outcomes Framework

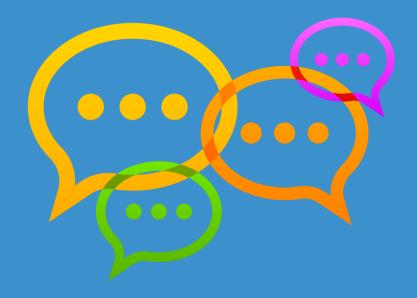
2. VISION



| 1 | People are able to look after and improve their own health and wellbeing and live in good health for longer. |
|---|--|
| 2 | People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. |
| 3 | People who use health and social care services have positive experiences of those services, and have their dignity respected. |
| 4 | Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. |
| 5 | Health and social care services contribute to reducing health inequalities. |
| 6 | People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being. |
| 7 | People who use health and social care services are safe from harm. |
| 8 | People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. |
| 9 | Resources are used effectively and efficiently in the provision of health and social care services. |

What does this mean for you?

- Communication and collaboration with:
 - Community health services
 - Hospital specialists
 - A&E departments
 - GP out-of-hours services
 - Urgent care centres
 - NHS 111
 - Ambulance services
 - Social care
 - Mental health services





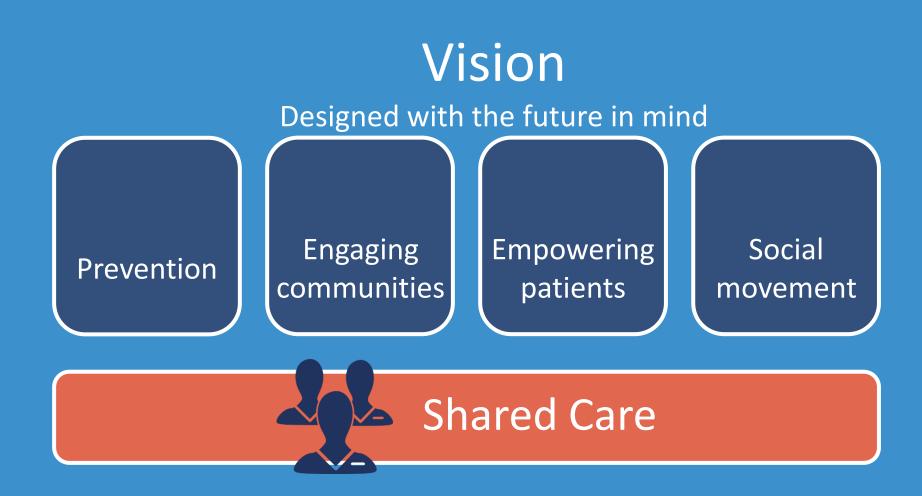
What does this *really* mean?

- Understanding your patients needs
- More people seeing, and adding to, the same patient records
- Accessing medical records at any time, anywhere
- Producing outcomes
- Genuine team working



How can we help achieve this?



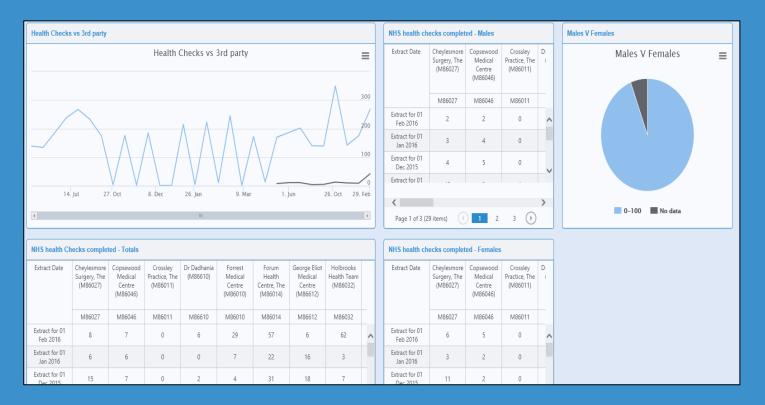


Prevention providing quality & continuity of care

| MRS ABBOTT, SHARON | | | | |
|--|---------------------|---|--|---|
| 🖪 🖨 🔳 | | | | |
| Personalised Care Plan Manage Lacks Capacity to be Involved in | Fatient Summary | / | | |
| Carer Has Consent for Involvem | Care Reminders > | € | Care Reminders | |
| | Total Reminders (2) | | | |
| | Blood pressure (1) | _ | All QOF Reminders (2) | |
| | Smoking (1) | | Blood pressure not recorded | ~ |
| | | | No offer of support and treat $+$ Add blood pressure | |
| | | | ▼ Record an exception | |



Prevention collect, analyse, understand, deliver



4. VISION

Prevention

Vision providing a clearer picture

| 🤌 Switch Organisation 🙀 Client Machines Logged in as : Dale Smith 🗂 Logout 🎄 Profile 💼 Change Password | | | | | | | | | |
|--|--------------------------------|---------------------|-------------------|------------------------|----------------|----------------|-------------------|-------------------|----------------------------------|
| Rules 🔇 | Filter: Enter your search term | here | Distribution | Status: All D | istribution St | atuses 🔻 | Version St | atus: All Versio | n Statuses 👻 Clear Filters |
| Rule Summary Admissions Risk Stratification and Regis | Rule Name | No. of Practices | No. Downloaded | Distribution Status | Up To Date | Out Of Date | Latest Version | Version Status | Distribution Status \equiv |
| - 🖿 Atrial Fibrillation Screening (Birmingham | Admissions Risk Stratific | 88 | 71 | 1 | 71 | 0 | 23 | > | |
| 📄 Basic Values 📄 Blood-glucose-lowering therapy (TW Fina | Atrial Fibrillation Screenin | 12 | 9 | | 9 | 0 | 2 | P | |
| 🔛 Carer Registers | Basic Values | 146 | 7 | | 2 | 5 | 4 | P | |
| Child Immunisations | Blood-glucose-lowering th | 0 | 0 | 1 | 0 | 0 | 1 | N | |
| Child Protection CKD Manager | Carer Registers | 146 | 45 | pu | 44 | 1 | 5 | P | Failed |
| 🖿 Combined Prostate Cancer Care (Birming | Child Immunisations | 146 | 18 | | 18 | 0 | 4 | P | Auto Distribution Off Successful |
| Dementia Patient Review | Child Protection | 146 | 42 | p | 42 | 0 | 3 | P | Successful |
| Drug Misuser | CKD Manager | 2 | 2 | 1 | 2 | 0 | 65 | P | |
| 📄 ePCS (electronic Palliative Care Summar | Combined Prostate Canc | 90 | 23 | 100 | 23 | 0 | 2 | P | Version Status \equiv |
| Ethnicity DES Housebound Patients | Dementia Patient Review | 146 | 28 | 100 | 28 | 0 | 1 | P | |
| - Lab Results Summary | District Nurse Attending | 146 | 33 | pm - | 33 | 0 | 2 | P | |
| Maternity Record | Drug Misuser | 146 | 29 | piu - | 29 | 0 | 4 | | |
| Mental Health Review New QOF Registers 2012 | ePCS (electronic Palliativ | 146 | 22 | 1966 | 22 | 0 | 2 | P | |
| - Steoporosis DES | Ethnicity DES | 146 | 20 | | 20 | 0 | 18 | P | |
| Personalised Care Plan Manager | Housebound Patients | 146 | 36 | | 36 | 0 | 3 | N | Out of Date |
| Pneumococcal vaccination Practice Only Prostate Care (Birmingham) | Lab Results Summary | 146 | 8 | | 1 | 7 | 4 | پ 🔫 | Up to Date |
| Prescription 4 Exercise (Birmingham Cro | 巛 🕻 Page 1 o | f1 🔪 🚿 | Group by Rule | Type Show m | y Rules | Displa | aying rules 1 | 1 - 31 of 31 | |

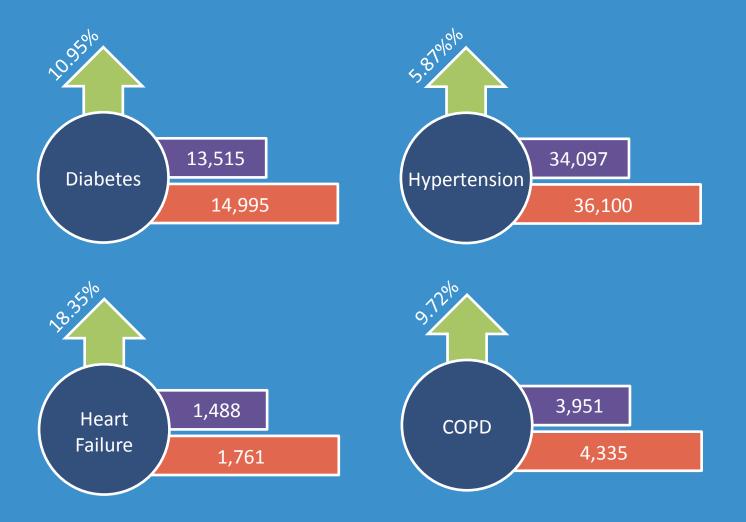


Proof it works - Greenwich CCG



- Chronic disease case finding
- Data entry templates at practices
- Vision & EMIS
- Yearly comparative analysis
- Feedback from CCG and federation to practices





Engaging in the Community Record sharing

- Between GPs
- With other clinicians
- With social carers
- Interoperable systems





Engaging in the community All your patients together

| Vision Anywh DR | ere Windows 7 CHRIS CHESHIRE V | Leeds and Dundee Federated Service - Dr Chris Cheshire | × |
|--|--|---|---|
| \bigotimes | Search | (iiii) mclean | ٩ |
| | Patients with family names sta | rting with "MCLEAN" (6) | |
| | MCLEAN, Catherine Born 13-Oct-1969 (46y), Gender Female NHS 231 027 2232 | MCLEAN, Hugh Born 30-Apr-1995 (21y), Gender Male NHS 411 119 2297 | |
| | EMIS Practice - Permanent | Dundee - Permanent | |
| | MCLEAN, Hubert Born 28-May-1972 (44y), Gender Male NHS 411 123 6863 | MCLEAN, Steven Born 08-Feb-1924 (92y), Gender Male NHS 159 670 0053 | |
| | Dundee - Permanent | EMIS Practice - Permanent | |
| | MCLEAN, Hugh Born 01-Jan-1939 (77y), Gender Male NHS 712 028 2816 | | |
| | Ayr - Permanent | | |
| | MCLEAN, Hugh Born 24-Aug-1985 (31y), Gender Male | | |
| | NHS 411 122 2137 | | |

Engaging in the Community

Access records any time, anywhere



Engaging in the Community Sharing made easy



- This is Vision Anywhere, our app that allows records to be accessed at any time, anywhere
- Apps for all major smartphones and tablets
- Record sharing built-in



Engaging in the Community Transforming teamwork

| | RRIS AR: Hillbank Health Centre | | Tasks | | ((1)) | |
|------------------------------------|------------------------------------|-----------------|-------|--|--|---|
| 💽 Vision Tasks Sara Drake 🛛 🗸 🗸 | To do (29) 🕒 Q | ¢ | Ŧ | Make Appointment | | : |
| 1 To do | Make Appointment David Farly | 4 hours overdue | ÷ | MCLEAN, Jim (Mr) 13-Apr-1941 (75y) - 111 111 2222 | Haematology MCLEAN, Jim (13-Apr-1941) | |
| Done | General Task David Farly | 16-Nov-2015 | | Description ASAP please | | |
| Sent | Make Appointment David Farly | 16-Nov-2015 | : | ASAF please | | |
| Active | Review Document Carly Foster | 16-Nov-2015 | 1 | | | |
| Complete | Check Stocks Paul Greg | 16-Nov-2015 | | | | |
| | Phone Patient Craig Lawrence | 16-Nov-2015 | : | | | |
| Tracked | Reauthorise prescriptions | 16-Nov-2015 | | | | |
| Archived Drafts (3) | Print prescriptions David Burt | 16-Nov-2015 | : | | | |

Empowering Patients Self management





Empowering Patients Patients decide who sees their record



Patient Consent

Confirm that the patient has given permission to access their record by selecting the most appropriate option from this list

General practice registration

Expressed patient consent to access

Self-claimed relationship

External access

Patient has given consent

Emergency Consent

Open

(+) Record a consultation without consent



Empowering Patients Patient's accessing their record

| ≡ ♥ | My Account 🏼 🏟 Sign Out 🕞 |
|---------------------------------------|------------------------------|
| My Medical Record | 💄 Paul Kane |
| Medication | |
| Diagnosis | |
| Event History | |
| Examination Findings | |
| Problems | |
| Risks And Warnings | |
| Procedures | |
| Investigations | |
| Current Diagnosis | |
| Problem / Detail + Furuncle - boil | |
| Past Diagnosis | |
| | |

| ≡ ♥ | My Account 🔅 Sign Out 🕞 |
|-------------------------------|----------------------------|
| My Medical Record | 💄 Paul Kane |
| Medication | |
| Diagnosis | |
| Event History | |
| Examination Findings | |
| Problems | |
| Risks And Warnings | |
| Procedures | |
| Investigations | |
| Examinations | |
| Date | |
| 01-Aug-2014 | |
| Examination ✦ O/E - weight | |
| Result 83.5 kgs | |

| ≡ ♥ | My Account 🔅 Sign Out 🕞 |
|--|----------------------------|
| My Medical Record | 💄 Paul Kane |
| Medication | |
| Diagnosis | |
| Event History | |
| Examination Findings | |
| Problems | |
| Risks And Warnings | |
| Procedures | |
| Investigations | |
| There are no Current Problems records | s in the patient's record |
| Past Problems | |
| Onset There are no Past Problems records in | the patient's record |
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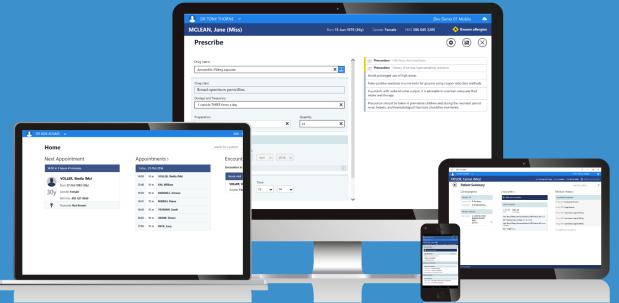
Clinician review

 GP review required for each patient

 Categories can be blocked

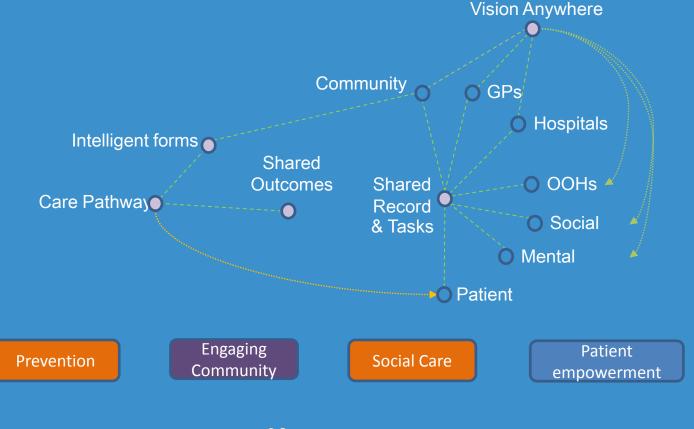
Social Movement Interoperability is key

- Vision
- Clinical portals
- Patient Portal
- Patient Signposting



Conclusion

Improved quality of care, Saves time, makes life easier



SION VISION

Vision Shared care



SION VISION

Questions

