

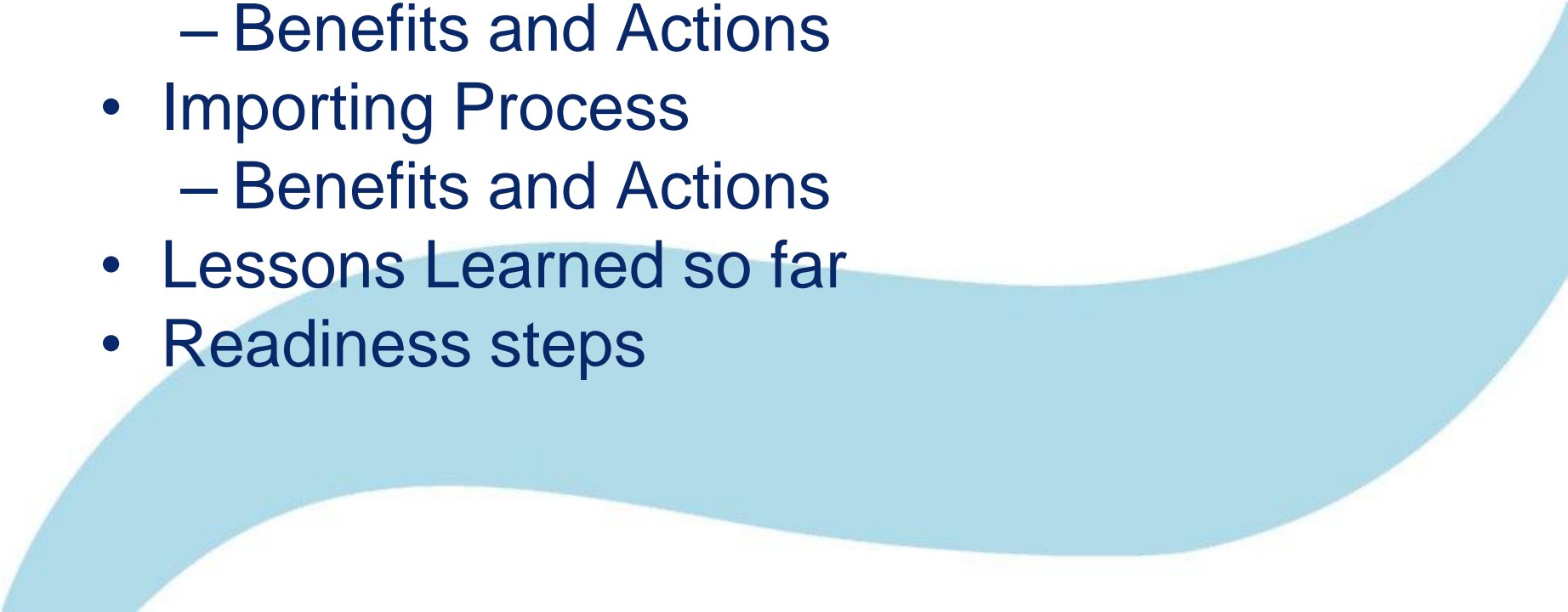
GP2GP – Patient records transfer - The next Generation

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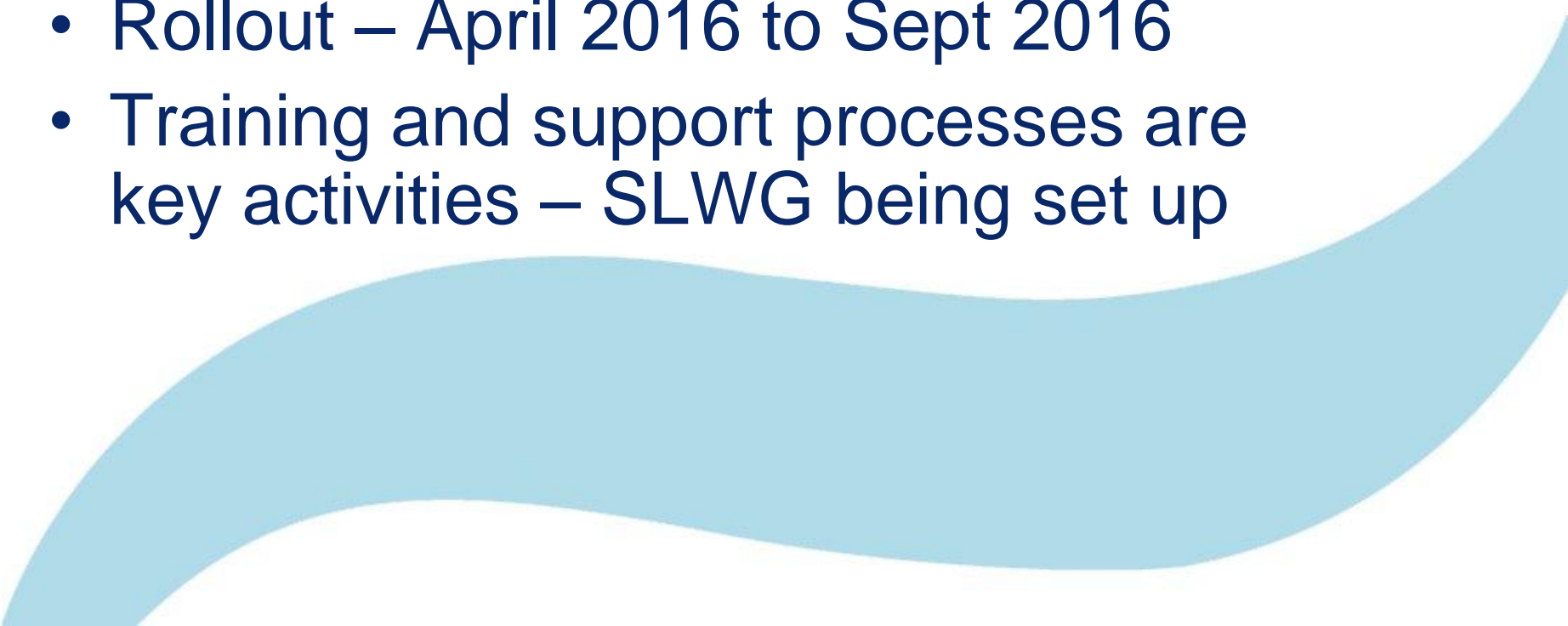
Agenda

- Approach
 - GP2GP Roadmap Update
 - Process overview
 - Deduction Process
 - Benefits and Actions
 - Importing Process
 - Benefits and Actions
 - Lessons Learned so far
 - Readiness steps
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Approach to GP2GP – Phase 1

- Minimising risk
- Transitional approach and no big infrastructure change
- Safety net, retain as much of current process as possible – e.g. Docman and eLinks
- Rollout in line with practice and board readiness coupled with training
- Gain benefits from GP2GP without adversely disrupting GP Practices

Original Timescales

- Development – until Sept 2015
 - Testing – Sept 2015 to Dec 2015
 - Pilot – Jan 2016 to March 2016
 - Rollout – April 2016 to Sept 2016
 - Training and support processes are key activities – SLWG being set up
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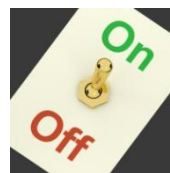
Current Timescales

- Development – Complete
- Testing – In Progress
 - Docman & eLinks - Complete
 - PCS – UAT of Release E
 - InPS - Progressing well
- PCS to PCS pilot - Oct to Dec 16
- Vision to Vision pilot – In planning
- Rollout – January 2017 – December 2017

Why so long in the making?

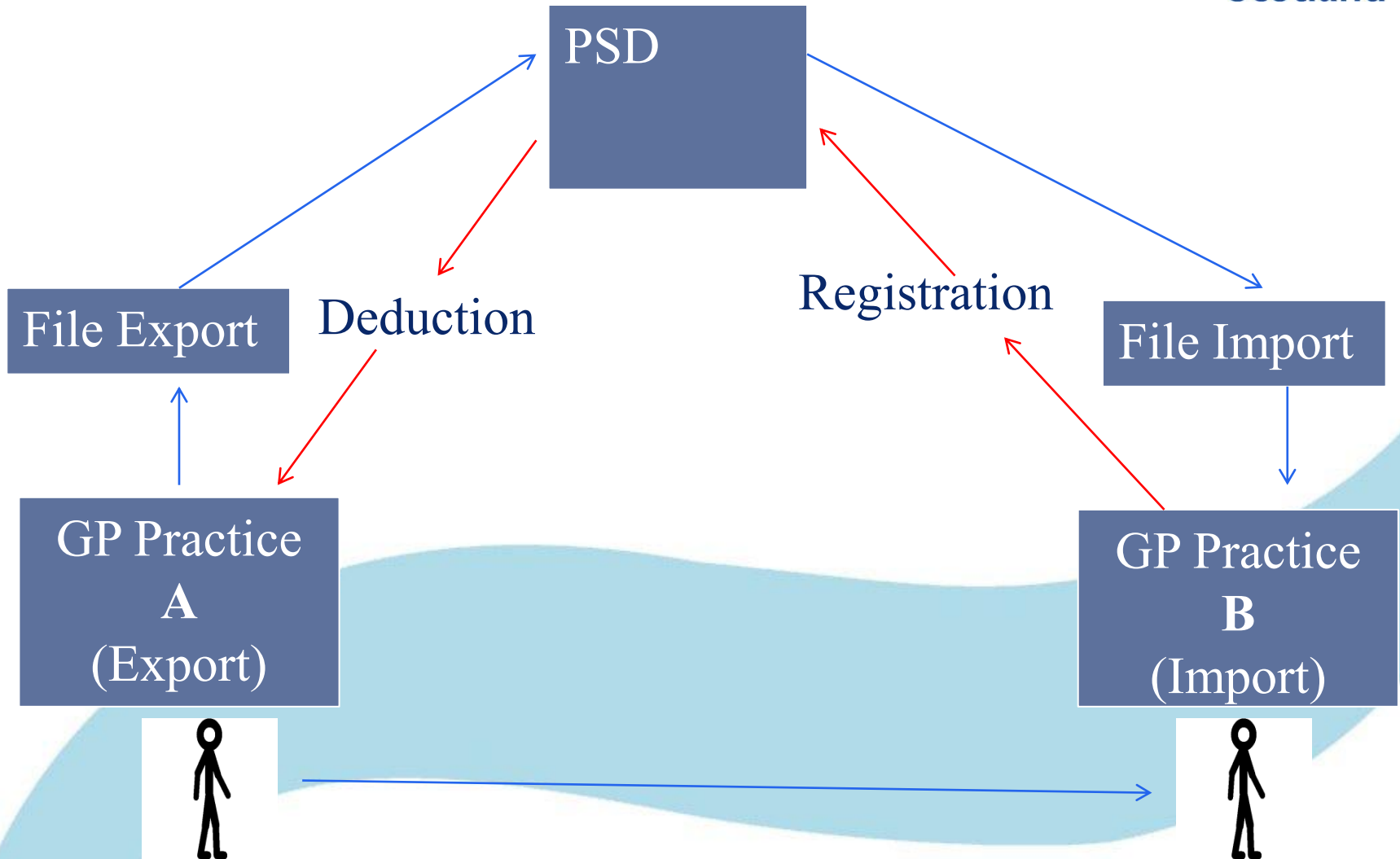
- 4 system suppliers
 - INPS
 - EMIS
 - Microtech/PCTI
 - NSS (eLinks)
- Version 17 of specification document
- Different updates/releases all needed retesting
- Test environment availability
- Training SLWG – longer than envisaged!
- Pilot Planning

Process



E-LINKS

Process Overview



Deductions

- Patient registers at new practice
- Registration sent electronically to partners
- Partners sends electronic deduction notification to current registered practice
- Current Practice notes deduction coming through registration links

Deductions

Administration staff:

1. Sends off any paper notes
2. Completes any outstanding workflow
3. Select patient in DOCMAN
4. Starts export

Clinical System extract, full printable patient summary and all DOCMAN images sent to new practice.

All medication inactivated including CMS

Deduction processed in clinical system.



Benefits

- Don't need to deduct patient via registration links in clinical system
- Don't need to create and file a full patient summary into DOCMAN
- Don't need to cancel any CMS prescriptions



Actions



- ✓ Do need to ensure all workflows for patient have been filed
- ✓ Do need to select patient in DOCMAN and start the export process
- ✓ Do need to send on paper record

Import Process

- Check eLinks folder for any files awaiting import
- Open DOCMAN
- Select IMPORT
- Open workflow manager in clinical system
- Import/action GP2GP messages
- Review new record and integrate into existing practice clinical system

Benefits



- No need to recreate the electronic patient record
- Allergies, prescribed medications, medical history including all consultations and values available as soon as imported




Actions

- ✓ Do need to review allergies before prescribing possible
- ✓ Do need to reactive medications
- ✓ Do need to review/recreate KIS/APCA , ePCS and recalls
- ✓ Do need to review/re-organise entries in line with own practice protocol

Lessons learned so far...

- Big changes for IT systems – however small process changes in DOCMAN transfer procedures
- Most of change in Practice will focus on user systems
- Practice will have hybrid systems for a period
 - Part GP2GP
 - Part docman only
 - Part paper records only
 - or a mixture off these

Readiness recommendations - Import

- Has summarisers guidance been agreed within the practice? Including coding, status of entries (problem/priority etc.)
- Have you mapped/reviewed your current process for new patients? (from registration to summarised medical record)
-  • Have you mapped/reviewed a communication flow with possible timescales and processing of specific tasks?

Readiness recommendations – Import / Export

- Have appropriate system permissions/access been given to individuals who will be processing information?
 - and checked that they work?
- Do you have anything filed directly into your clinical system e.g. ECGs that need to be moved
 - or do you have a process for doing this when needed if a patient is being deducted?
- If you have written guidelines for these processes, identify what will need updated.

Support

- GP2GP Key Activities document
 - Overview of process
- GP2GP Readiness Questionnaire
 - Two version summary and detailed
- SCIMP Good Practice Summarising Guidelines
 - <http://www.scimp.scot.nhs.uk/guidance/summarising-medical-records/>
- Resource pack
 - (aid for practice discussion on summarising/coding)
- PSD Support

Docman Export

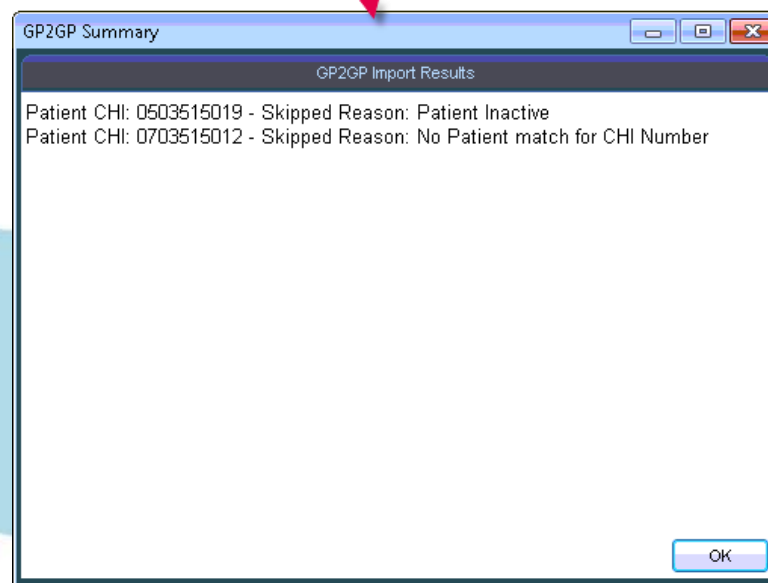
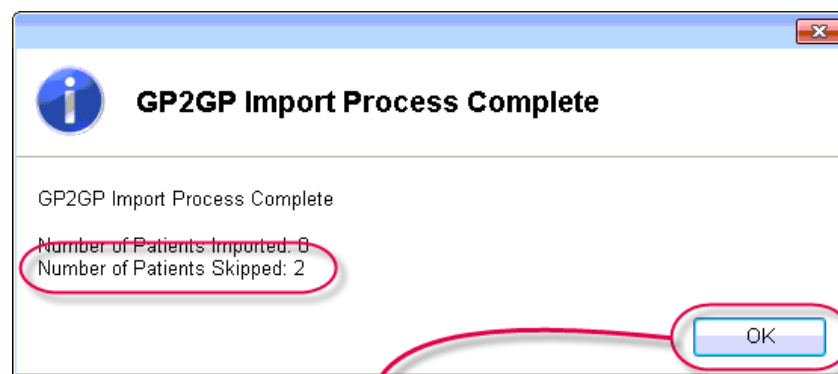
Patient Search

Patient Search

Search for: using All Searchable fields in Patient section.

Ref	Title	Forename	Surname	DOB	House
					<div>Preview</div>

Docman Import



EMIS PCS workflow

The screenshot shows the EMIS PCS Workflow application window. The title bar reads "Emis PCS Workflow". The interface includes a "Workflow Manager" tab, a toolbar with icons for "Close Workflow", "Medical Record", "Prescribing", "Consultations", "Add Notes", "View", "Refresh", "Find Patient Requests", and "Remove Filter", and a menu bar with "Exit", "Patient Information", "Notes", "Task Actions", and "Task Filters".

Below the menu bar, patient information is displayed: "Mr. Rob Elliott", Born: 14-Mar-1978 (37), Gender: Male, Patient ID: 10261, NHS: [blank], Usual GP: Mr Rob Elliott, Regular [checked].

The main area is divided into a left-hand navigation pane and a right-hand content area. The navigation pane shows a "Global View" with a list of records: "GP2GP", "Records Received", "Unfiled (1)", "Degraded Drug Allergy (0)", "Medication Reauthorise (6)", "Degraded Event (0)", "Degraded Diary (0)", "Completed", "Rejected (2)", "Attachment Filed (1)", "Record Integrated (9)", "Error", "Export Error (0)", "Import Error (5)", "Filing Failed (0)", "Export", "Export In Progress (3)", and "Export Completed (0)". The "GP2GP" record is selected.

The right-hand content area displays details for the selected "GP2GP" record. It shows a table with columns "Created Date", "Patient ID", "Patient Name", and "Date of Birth". The table contains one row: "01-Oct-2015", "10261", "Mr Rob Elliott", "14-Mar-1978". Below the table, it shows "Unfiled" status for "Mr Rob Elliott" created on "01/10/2015". A "Task History (for Task Id 4):" section follows, listing three tasks:

- 01-Oct-2015 13:31 - MR Mazir Hanif - Task created in Unfiled
- 01-Oct-2015 13:32 - MR Mazir Hanif - User confirmed match and enabled Filing Options
User informed of patient demographics mismatch and disabled filing functionality
Received - Alan Johnston, CHI :2703402333, DOB : 27/03/1940
Matched - Robert Elliott, CHI :1403784132, DOB : 14/03/1978
- 01-Oct-2015 14:15 - MR Mazir Hanif - User confirmed match and enabled Filing Options
User informed of patient demographics mismatch and disabled filing functionality
Received - Alan Johnston, CHI :2703402333, DOB : 27/03/1940
Matched - Robert Elliott, CHI :1403784132, DOB : 14/03/1978

The bottom of the content area shows a fourth task:

- 01-Oct-2015 15:18 - MR Mazir Hanif - User confirmed match and enabled Filing Options
User informed of patient demographics mismatch and disabled filing functionality
Received - Alan Johnston, CHI :2703402333, DOB : 27/03/1940
Matched - Robert Elliott, CHI :1403784132, DOB : 14/03/1978

The bottom of the window shows a "Medicine Management" section with a "GP2GP" record selected.

INPS Vision Mail Manager

GP2GP Patient Notes

Patients		No current Patient	Status		Type
Staff	Actions				
1 month. All Mail			<input type="checkbox"/>	Filed	Record Transfer
			<input type="checkbox"/>	Filed	Record Transfer
			<input type="checkbox"/>	Filed	Record Transfer
			<input type="checkbox"/>	Filed	Record Transfer

Mail Categories

- Administrative Mail
- Community and Out of Hours
- GP Summary
- GP2GP

Medications

Problems | Consultations | Journal | Tests | Filtered | Therapy | Management

New Problem ☒ Show All Problems ☐ Hide Repeat Issues

- ☒ Anxiety with depression
- ☒ Asthma
- ☒ Previously Active Medications imported via GP2GP
- ☒ Imported Immunisations

EMIS PCS - Enterprise Edition (44.128.166.155)

File Help

Modules Internet NHS NPfIT Message Organiser Tasks 00 00 WFTasks 00 Protocols Patient emisWeb EmisWeb

No. 10308, Mr Hlvii Import (Regular), Male Aged 32, 18 Long Street Long Village Long Town Long County LT43 4SA

V - Current View E - Audit Trail K - Allergy 1 - MR Summary 2 - Consultations 3 - Problems 4 - Dispensing 6 - Find Medication


Prescribing has been disabled because a degraded drug allergy exists in the patients record. Please review with workflow manager.

Prescribing - Past

Acutes - 4 Items Last Issued ^

[DEGRADE Aspirin Dispersible tablets 300 mg]
16 TABLET - AS DIRECTED 18/02/2016N

Remember

- There will be training
 - There will be user support manuals from the suppliers.
 - This involves everyone !
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Questions?

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