

SPIRE

SCOTTISH PRIMARY CARE INFORMATION RESOURCE

SCIMP 22nd September

Libby Morris, Tony Callaghan, Helen Treacher

SPIRE – Putting it into practice

- Project Progress
- SPIRE local – the system in practice
- Choice – practice and patient
- SPIRE and the QOF calculator
- Reports for your practice
- Implementation Strategy

SPIRE - a new national service

- To provide a secure, flexible, national, Scotland wide, GP data extraction/reporting system:
 - bespoke data extracts (building to a National Dataset)
 - Mechanism for **QOF** data extraction (16/17)
 - Local reports to meet practice needs
- The service will facilitate analysis of GP data to meet the **intelligence** requirements of GP practices, NHS Boards, Research and the Scottish Government
- There will be robust information governance to reassure patients about the safe processing of their information.
- Service to be managed/provided by the Public Health Intelligence Unit within NSS (ISD and HPS)

SPIRE - potential areas of application

Local Enhanced Services

Direct Enhance Services

- Child health
- Vaccinations

Public Health Surveillance

- Vaccine uptake / efficacy

Learning Disability Monitoring

GP Appraisal

GP Workload Analysis

Practice Demographics

HB Audits e.g. COPD & CHD

National PC indicators

Patient Safety Programme

Risk Stratification

Polypharmacy

Repeat Prescribing

KIS and palliative care coding

HIS Quality markers

Multimorbidity

Locality Planning (Health &
Social Care Integration)

Progress update

IT

- Design of infrastructure - complete
- User Acceptance Testing- Phase 1 complete, Phase 2 underway
- IT Roll-out plan being refined following extensive HB engagement

Service development

- First batch of reports – defined/in progress

Training

- Staff training strategy tailored to HB – in development
- System ‘walk-throughs’

Progress update

Communications and Public engagement

- High- level engagement meetings taken place with all HBs
- 2 Pathfinder Comms workshops – resources, website, toolkit
- Patient research – resources well received and patients reassured
- Campaign resources – well developed
- Practice toolkit- contents agreed with Pathfinders
- SPIRE website/FAQ's - updated in July
- HP and stakeholder engagement plan defined
- First eBulletin issued – 9th September

SPIRE Local



SPIRE Local





Ms
My Schedules



Ar
Audit Reporting



QoF
QoF Scorecard



Pc
Patient Consent



Qv
Query Viewer



Dq
Data Quality



Rd
Reports Display

News & Updates

Welcome to SPIRE
A NEW Influenza
Dashboard is
available

Support

01992 452 335

spiresupport@merck.com

Practice Choice

Settings

QOF Extract: ☒ Opt-in ☐ Opt-out
Bespoke Extract Service: ☒ Opt-in ☐ Opt-out

Non-Patient Identifiable Bespoke Extracts

Automatically accept every query ☒
Positive consent for every query ☐

New Extract Alert Email:

OK

Cancel

**Practice
Control**

Flexible

Transparent

Ms

My Schedules



Practice Choice

Ms My Schedules

Exit to Dashboard x

New Schedules

Query	Type	Start Date	End Date	Schedule	Details
Flu Surveillance	Bespoke	01/09/2014	01/09/2014	One-off	...

View Rationale

Opt-in

Opt-out

Run History

Service Settings

**Practice
Control**

Flexible

Transparent

Acknowledged Schedules

Query	Type	Start Date	End Date	Schedule	Details	Opted In
DM diagnosis with review las	Bespoke	01/09/2014	01/09/2014	One-off	...	✓
QOF 27	QOF	01/05/2014	01/04/2015	Monthly (day 1)	...	✓
Patients with CHD over17 ye	Bespoke	01/09/2014	01/09/2015	Monthly (day 1)	...	✓
National Database Extract	National	01/04/2014	01/04/2015	Monthly (day 1)	...	✓
Biopsy admin	National	17/09/2014	17/10/2014	Monthly (day 17)	...	✓
	National	01/09/2014	28/11/2014	Weekly (Monday)	...	✓
	System	01/05/2014	31/12/9999	Daily	...	

Ms

My Schedules

1

Patient Choice

9NuD. Dissent from secondary use of general practitioner patient identifiable data for Scottish Primary Care Information Resource

9NuF. Dissent withdrawn for secondary use of general practitioner patient identifiable data for Scottish Primary Care Information Resource

**Practice
Control**

Flexible

Transparent

Pc

Patient Consent

Your Practice Information



Quality & Outcomes Framework

The general practitioners performance management and payment system.

[Exit to Dashboard](#) x

All Indicator Categories Points ▼

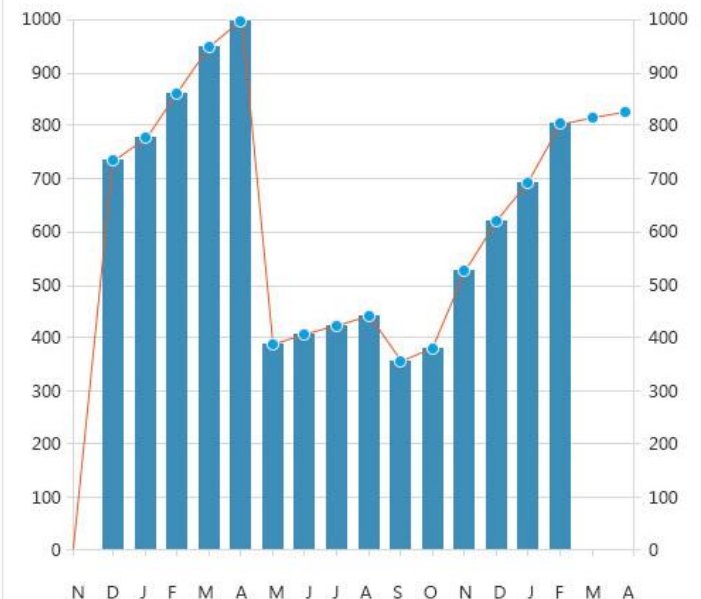
Choose Financial Year 2013 - 2014 ▼

Audit Based Date 01-Feb-2014 ▼

Clinical	+
Additional Services	-
Cervical Screening	20.69 / 22.00
Child Health Surveillance	6.00 / 6.00
Maternity Services	6.00 / 6.00
Contraceptive Services	9.63 / 10.00
Total	42.32 / 44.00
Quality & Productivity	+
Patient Experience	+
Quality Improvement	+
Medicines Management	+
Public Health	+
Overall Total	804.11 / 923.00

Total Points against Time for:-
All Indicator Categories
Current Point = 804.11, Practice Code 000

Key:
Points ■
Projections —●—



QoF
QoF Scorecard

[P/B Manager](#) [Zoom In](#) [Zoom Out](#) [Logout](#)

Your Practice Information



Query Viewer

[Exit to Dashboard x](#)
[National Query](#)
[Bespoke Query](#)
[Local GP Query](#)

Query:



01-Mar-2014



3843 Patients Analysed:

- Fracture Risk and Osteoporosis
 - Fracture Risk (3843 Patients)
 - Patients aged 40-74 (707 Patients)
 - Patients with 1 or more Fracture Risk events (109 Patients)
 - Fragility Fractures or History of Fragility Fractures
 - NOT had a DEXA Scan
 - Patients with Crohn's Disease (1 Patient)
 - NOT had a DEXA Scan (1 Patient)
 - Patients with Ankylosing Spondylitis
 - NOT had a DEXA Scan
 - Patients with Premature Menopause (1 Patient)
 - NOT had a DEXA Scan (1 Patient)

with Rheumatoid Arthritis (3 Patients)

had a DEXA Scan (3 Patients)

Alcohol Abuse (37 Patients)

had a DEXA Scan (36 Patient)

2 (73 Patients)

had a DEXA Scan (72 Patients)

[Patients List](#)
[Demographics](#)
[Patient Changes](#)
[Historic Trends](#)

Patients aged 40 - 74

Name	Gender	Age	DOB	GP
ABBOTT, Christopher (Mr)	M	42	22-Feb-1971	CF2508
ABBOTT, Ellis (Mr)	M	50	09-Aug-1963	PO8114
ABBOTT, Kelly (Mrs)	F	46	02-Feb-1968	DF7865
ACKERMANN, Frazer (Mr)	M	53	18-Feb-1961	KF6553
ACKERMANN, Ruth (Mrs)	F	55	16-May-1958	HP7670
ACKERMANN, Shelia (Miss)	F	57	23-Jul-1956	AE4134
ACKERMANN, Sheridan (Mr)	M	51	05-Feb-1963	CF2508
ALBANY, Charlene (Mrs)	F	47	03-Nov-1966	PO8114
ALBANY, Charlotte (Miss)	F	41	02-Oct-1972	DF7865
ALBANY, Hugh (Mr)	M	58	09-Feb-1958	KF6553
ALBANY, Lewis (Mr)	M	44	16-May-1947	HP7670
ALBANY, Neville (Mr)	M	53	19-04-April-1965	AE4134
ANDERSON, Blaine (Mr)	M	73	06-Jan-1973	CF2508
ANDERSON, Lucas (Mr)	M	46	31-Jan-1956	PO8114
ANDERSON, Max (Mr)	M	54	12-Mar-1969	DF7865
ANDERSON, Melvyn (Mr)	M	43	040-Jul-1960	KF6553

Qv

Query Viewer

Your Practice Information

Query: Fracture Risk and Osteoporosis



01-Mar-2014



3843 Patients Analysed:

- Fracture Risk and Osteoporosis
 - Fracture Risk (3843 Patients)
 - Patients aged 40-74 (707 Patients)
 - Patients with 1 or more Fracture Risk events (109 Patients)
 - Fragility Fractures or History of Fragility Fractures
 - NOT had a DEXA Scan
 - Patients with Crohn's Disease (1 Patient)
 - NOT had a DEXA Scan (1 Patient)
 - Patients with Ankylosing Spondylitis
 - NOT had a DEXA Scan
 - Patients with Premature Menopause (1 Patient)
 - NOT had a DEXA Scan (1 Patient)
 - Patients with Rheumatoid Arthritis (3 Patients)
 - NOT had a DEXA Scan (3 Patients)
 - Alcohol Abuse (37 Patients)
 - NOT had a DEXA Scan (36 Patient)
 - 73 Patients)
 - NOT had a DEXA Scan (72 Patients)

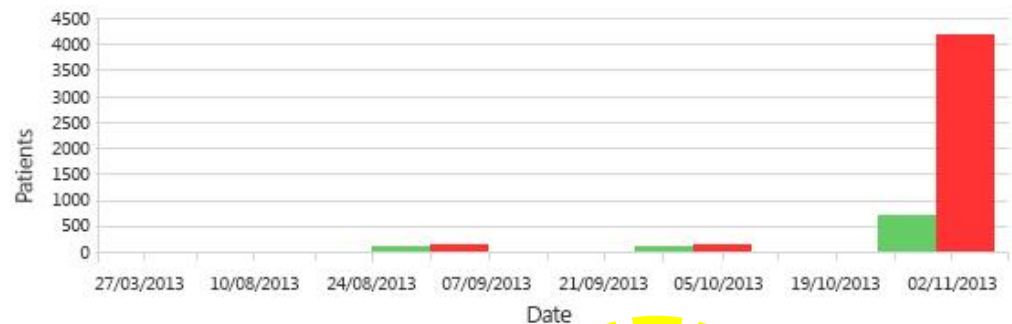
Patient List

Demographics

Patient Changes

Historic Trends

Patients aged 40 - 74



Date	01-Aug-2013	01-Sep-2013	01-Oct-2013	01-Nov-2013
Total	4151	4145	4141	704
Added		16	16	704
Removed		22	20	4141

Name	Gender	Age	DOB	GP
ABBOTT, Christopher (Mr)	M	42	22-Feb-1971	CF2508
ALBANY, Charlene (Mrs)	F	41	02-Oct-1972	PO8114
ALBANY, Neville (Mr)	M	41	06-Jan-1973	DF7865
ANDERSON, Lucas (Mr)	M	44	12-Mar-1969	KF6553

Qv
Query Viewer

Your Practice Information

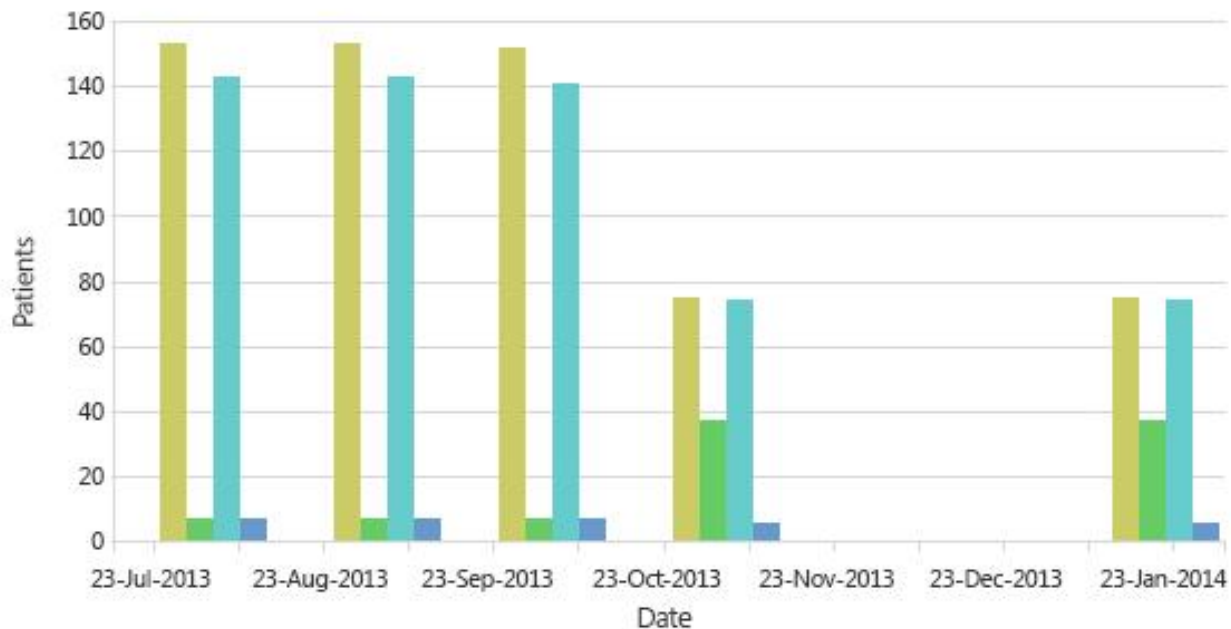
Patient List

Demographics

Patient Changes

Historic Trends

Query	01-Aug-2013	01-Sep-2013	01-Oct-2013	01-Nov-2013	01-Dec-2013
BMI < 22	152	151	150	73	73
Patients with Ankylosing Spondylitis	6	6	6	37	37
NOT had a DEXA Scan	142	141	141	72	73
Chronic Alcohol Abuse	6	6	6	4	4

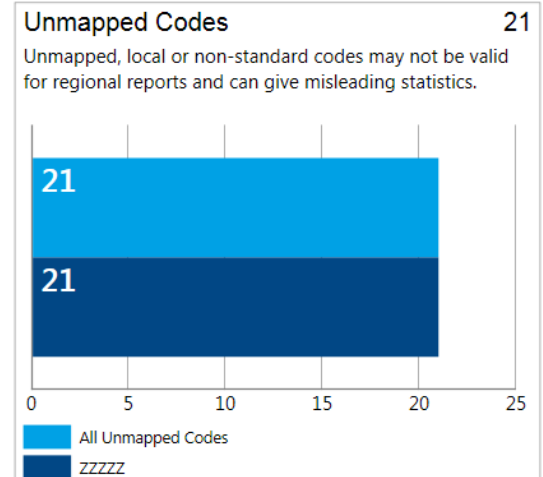
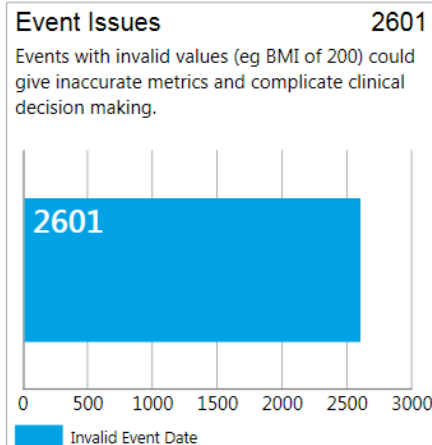
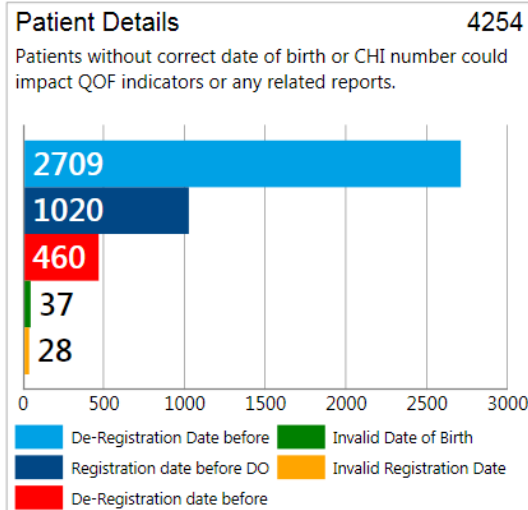


Supporting Data Quality

Summary Patient Details Event Issues Unmapped Codes Read Code Exclusions

Data quality or consistency errors

The information below has been extracted from your clinical system with potential inconsistencies or errors. Please review this information and check the relevant patients' notes on your clinical system.



SPIRE QOF Extracts

- QOF extracts complicated
- Replicating the extracts would be a good test of SPIRE capabilities
- Year End QOF results available for all practices
- SPIRE extracts can be run retrospectively
- SPIRE Year End extracts
- Checked against year end payment calculations

Testing QOF v30 SPIRE Extracts

- SPIRE QOF v30 extracts deployed to 7 test sites
- Achievement results compared to year end
- Payment accuracy 99%
- Differences down to non standard Read Codes used by suppliers in extracts, inconsistencies in applying business rules, double counting, errors in extracts developed.
- Review results with GP and Board representatives

Analysis examples

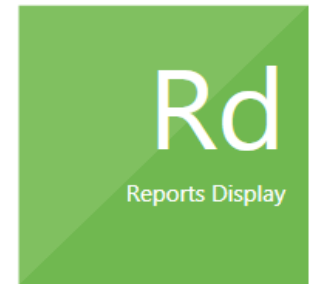
- Episode Types (supporting report)
- Read Code field contains term code? E.g. “H33-1”
- BMI & BP, picking up zero values
- Obesity, BMI values
 - E.g. practice had over 600 patients with BMI > 200,000
 - SPIRE rejecting due to validation EMIS picking up as > 30
- Previously registered “Long Stay” Patients not being extracted from EMIS?
- EMIS using “EMIS” codes to record Cancer codes in some cases.
- EMIS including events with “unkown” date.
- HYP006 – Business Rule states 12 months for BP, BP Exceptions, HYP Exception and
Maximal BP Thereapy Exception - EMIS appear to use 15 months.

Where next for QOF?

- Increase number and spread of test sites
- Assess performance or connectivity levels with practices
- When SPIRE rolled out, auto generate Year End report for practice
- Compare year end results to identify any areas of concern
- Refine data extracts over next 12 months
- Update QOF to v32 Business Rules
- Payment contingency for 2016/17

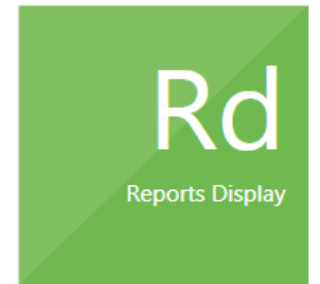
SPIRE Reports

- Developed by NSS Analytical Team
- Collaboration with stakeholders:
 - GPs and Practice Managers
 - Other Clinicians
 - Health Protection
 - Practitioner Services
 - Health Boards
 - Relevant groups, e.g. patient safety



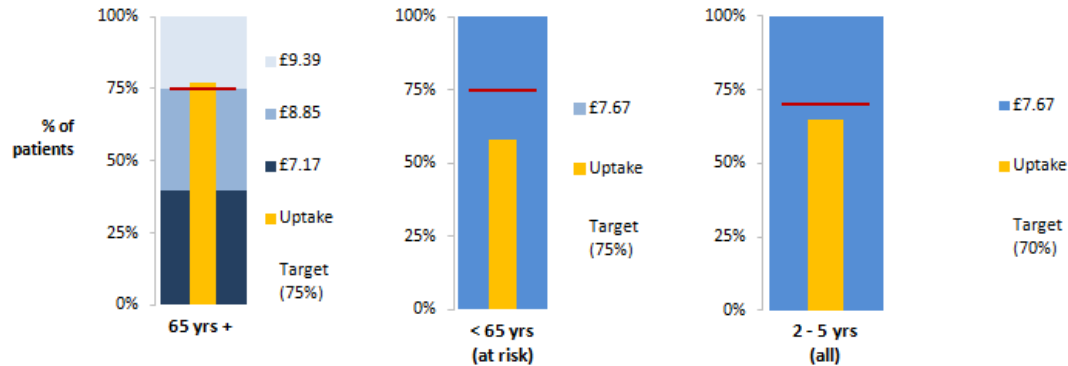
SPIRE Reports

- Developed by NSS Analytical Team
- Collaboration with stakeholders:
 - GPs and Practice Managers
 - Other Clinicians
 - Health Protection
 - Practitioner Services
 - Health Boards
 - Relevant groups, e.g. patient safety

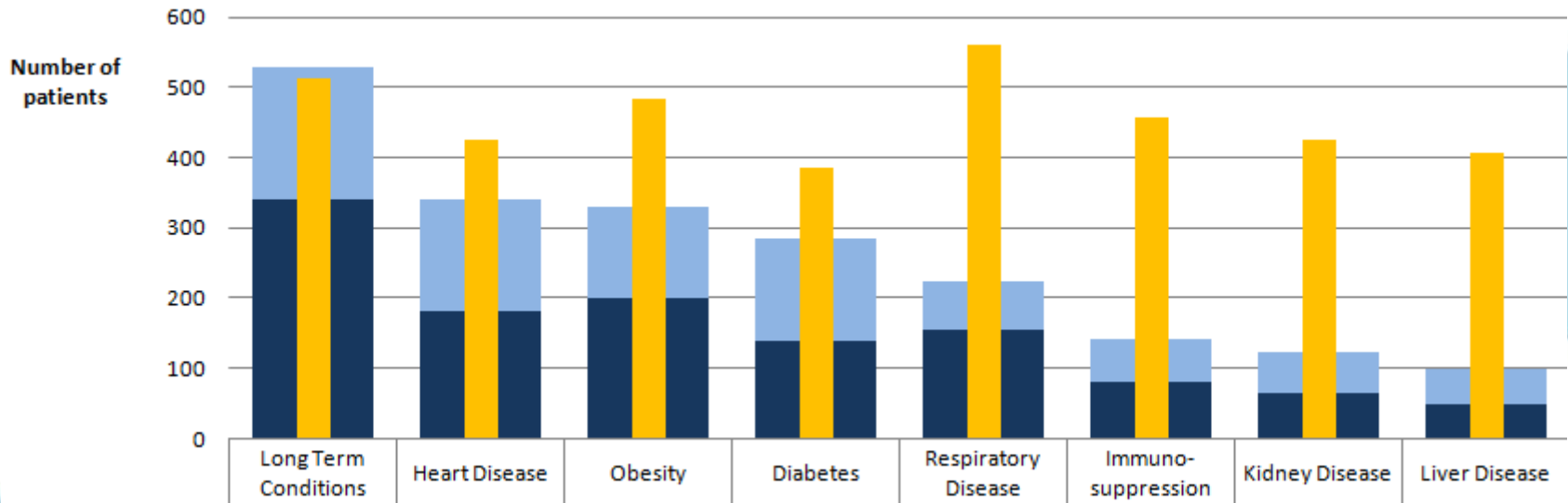


SPIRE Reports


(A) Influenza vaccine uptake: DES target vs. Uptake (with payment rates)



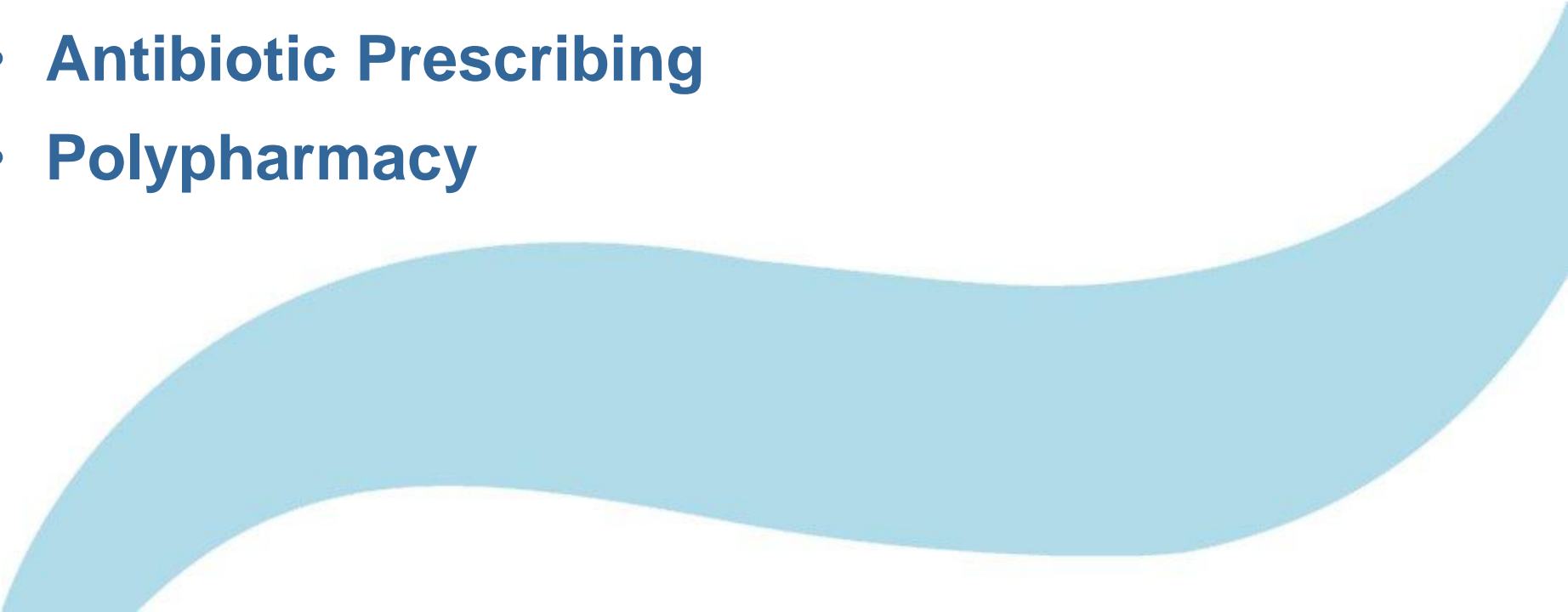
Tailored made
dashboards



Initial reports

- First set of reports will be for the benefit of GPs
 - Local use, no data sent to NSS
 - List of 10 selected, following feedback from workshops
 - Planned to be completed for go-live date
 - Tested with pathfinders
- 

10 Initial reports

- **Uptake of Influenza Vaccine**
 - **Uptake of Shingles Vaccine**
 - **Attendance patterns**
 - **Minor Surgery**
 - **Antibiotic Prescribing**
 - **Polypharmacy**
- 

10 Initial reports

- **Collaboration with Patient Safety Group**

1. Patients on DMARDs (Methotrexate and Azathioprine) who have not had a FBC done in the last 16 weeks.
2. Patients prescribed Metformin where the most recent eGFR is ≤ 30 ml/min
3. Prescription of Warfarin to a patient without a record of INR having been measured within the previous 16 weeks.
4. Patients who have been prescribed Oral non-steroidal anti-inflammatory drug (NSAID) and who are aged 65 years and over and currently prescribed a diuretic and an ACE inhibitor or Angiotensin Receptor Blocker (the 'triple whammy').

Further report development

- Set up a governance body to oversee development
- Reports that return data to NSS after the public awareness campaign and opt-out period
- Continue collaboration with pathfinders and stakeholders in report development
- Potential for facilitating payment of DES and LES being explored
- National data set

Implementation and next steps

- IT progressing – but it has taken longer than expected
- Further development of IT infrastructure and testing still to take place
- ‘Getting it right’ – absolutely critical before roll-out
- Vital that system output (reports) - beneficial to practices
- Need to raise awareness of SPIRE with stakeholders over coming months

Implementation and next steps

- Continuous engagement with IT facilitators to ensure coordinated roll-out in HB region
- Need to allow a period of 'bedding in' of IT in practices to build confidence
- Practice need to experience system and reports to see value
- Confidence + value = increased opt-in
- Public information campaign – benefits to patients, reassurance, choice
- Patient Identifiable data extraction can begin

SPIRE – Putting it into practice

Thank you
Any questions?

