



Scottish Clinical Information
Management in Practice

1-2 November 2011
Crieff Hydro Hotel
Perthshire

A blue stethoscope is positioned in the upper left, and a blue Ethernet cable with frayed ends is in the lower right. The background is white.

eHealth in Primary Care

The Next Generation

SCIMP Conference 2011



ICT in Northern Ireland

Dr Jimmy Courtney
NIGPC

Introduction

- Partner in Holywood c 15000 patients on two sites
- Vision User – previously Vamp from c 1990
- Chairman of NIGPC IT sub-committee
- Member NI ICT Programme Board
- Member of JGPITC
- Member NI HSC Privacy Advisory Committee

Agenda

- ICT Strategy
- The progress of ICT in Practice in NI
- Current challenges
- Information sharing
- Where do we go from here?
- Questions?

Northern Ireland ICT Strategy

- Northern Ireland HPSS ICT Strategy published in 2005
- The ICT strategy has two main themes
 - Electronic care records
 - Electronic care communications
- Good progress has been made since 2005 but progress has been impacted by major organisational change
- Strategic objectives remain valid but review is necessary to take into account organisational changes

Political Change

- Devolved administration restored in 2007



New relationships?



A bird in the hand.....



Political Change

- Political and Organisational changes since ICT strategy was published in 2005
 - Appleby report in August 2005 recommends a much stronger focus on performance management
 - New local Health Minister, Edwin Poots, takes control of Health Service
 - Review of Public Administration recommendations for reform of Health Service organisation and management implemented

Review of Public Administration recommendations - two phases

- Phase 1 - April 2007
 - 19 Trusts merged into 5 new much larger Trusts
 - New N. Ireland Ambulance Trust
 - New Trusts all responsible for delivery of both Health and Social Services
 - Belfast Trust now largest healthcare delivery organisation in Europe
- Phase 2 - April 2009
 - 4 Regional Health Boards merged into a single Health Board
 - New Public Health Agency established
 - New N. Ireland Business Services Organisation established
 - New single Patient Client Council established

Change is here to stay

- These changes have had a significant impact on the implementation of the ICT Strategy.
- Old management teams have gone
- New management teams in place running much larger organisations with new challenges and priorities
- Responsibility for ICT strategy and development in HSC passed from Department of Health to new regional Health and Care Board
- Strategy recently concluded

Changes since 2005

- All GP practices provided with broadband links to Health Service network
- Health + Care Number infrastructure implemented - all major systems linked to H&C Number index and use the H&C Number as a patient identifier
- New regional data centres established
- N. Ireland wide Theatre Management system in place
- Major PAS technology refresh project underway
- Programme to modernise Trust ICT infrastructure
- Regional data warehouse established to support performance management

Changes since 2005 (2)

- Procurement of a N.Ireland wide Picture Archiving System (NIPACS)
- Pilot of Electronic referrals using SCI Gateway
- Roll out of ECS
- New technology partner contract established with HP
- Introduction of EPES
- Establishment of an Electronic Care Record Proof of Concept Project - N.I version of a clinical portal

Projects planned in next 2 years

- Electronic Care Record
- Electronic Document Management
- Community Information System covering Community Health, Mental Health and Social Services
- Single N. Ireland wide GP Out-of-hours system
- New Medicines Management System
- New Pathology system
- Firm plans to implement Scottish SCI Gateway electronic referrals - business case in approval process with funding available

Desirable GP developments

- Electronic record Transfer
- Enterprise solutions?
- Changes to OOH ICT
- Better communication between Primary and Secondary Care
- GPSOC/ contract replacement

Rationale to

- Improve the care experience for service users;
- Support and empower care professionals and others involved in care;
- Improve the efficiency of current service delivery;
- Facilitate service innovation and development in terms of practice, process and location;
- Facilitate multi-professional and cross-sector co-operation in care;
- Support clinical and social care governance and risk management; and
- Support research in HPSS and wider academia.

NI Health Information Technology - Investment

Year	Capital	Revenue
2006/2007	£7.96m	£6.28m
2007/2008	£9.0m	£6.29m
2008/2009	£12.44m	£22.39m
2009/2010	£16.70m	£17.48m
2010/2011	£20.80m	£17.52m
2012 onwards	£20.0m	??

For comparison with other countries - N I. Ireland population is approx 1.8m

- 60% of population of Wales
- 35% of population of Scotland
- 3.5% of population of England

- Above figures exclude staff costs and capital and revenue invested by Trusts

Information Sharing – new challenges?

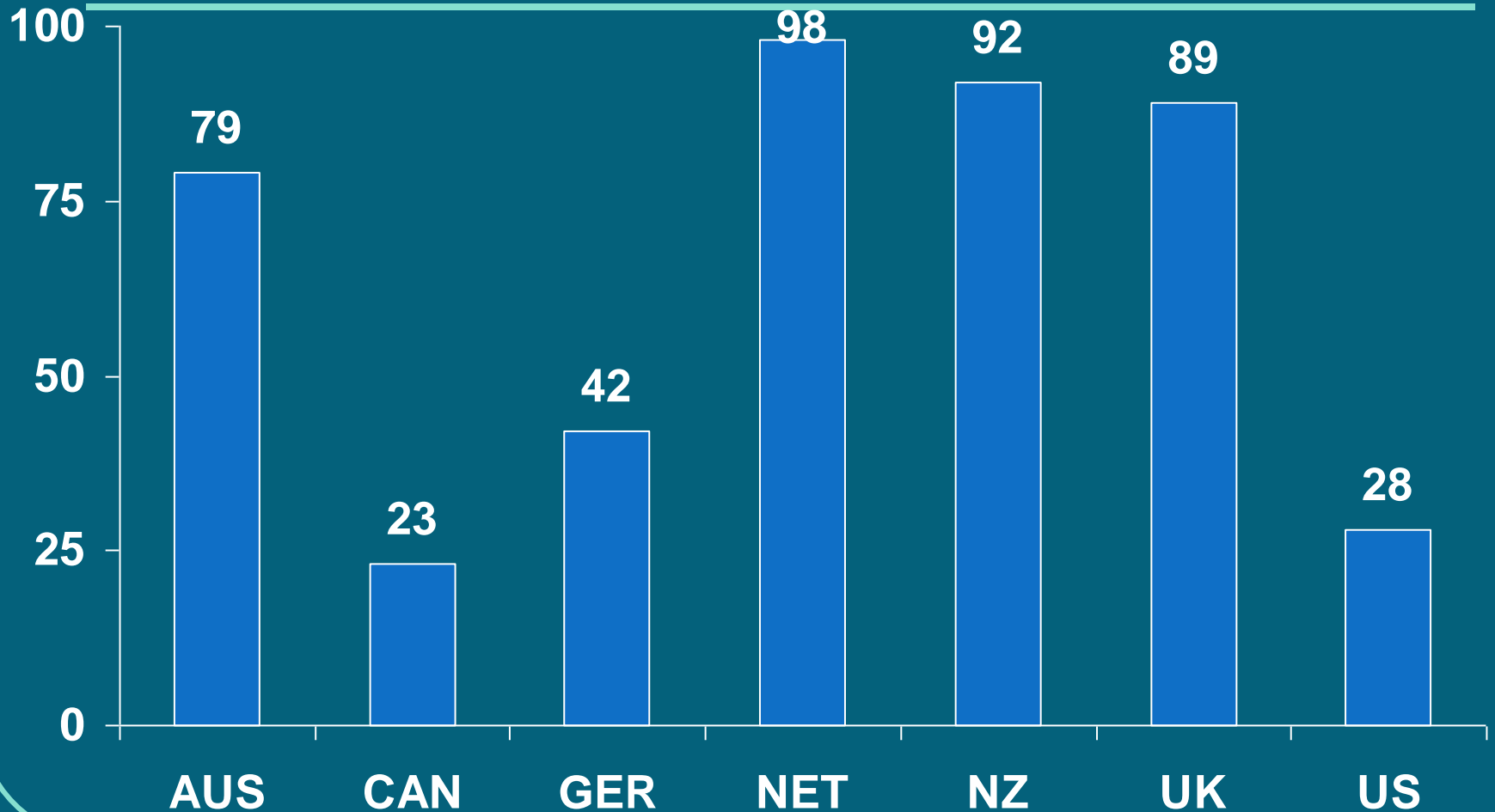
Information for Better Care

History of GP computing in NI

- Initially home grown systems
- Boost with “free” systems Vamp and Meditel
- Market now more “mature”
- NI has 6 systems and 4 suppliers
- Vision
- Emis LV and PCS
- iSoft Premier and Synergy
- Merlok (a reseller and partner of Advanced H&C)
- Probably too many for our size of 1.8m

Primary Care Doctors Use of Electronic Medical Records, 2006

Percent



GP practice changes

- Introduction to practice in late 1980's
- Repeat prescriptions
- Appointments
- Structured record of consultation
- Lab links
- Downloads of xray results OOH reports etc
- Scanned correspondence
- Now paper increasingly redundant

External information

- Laboratory Links
- Radiology Links
- Other pathology messaging
- Scanning of letters
- Electronic referrals / discharges
- Linkages to other databases ECS, ECR

Hospital system changes

- Laboratory results
- X-rays
- Patient administration
- Emergency Departments
- Documents – wordprocessing
- Specialist systems eg Hicom diabetes, cardiology Tomcat
- Isolated systems with fragmented record

Where to now?

- 2005 HSC ICT strategy
 - a new Health & Care Number is being introduced, compatible with the New NHS Number in GB;
 - this will support reliable identification of data relating to service users wherever the source of that data may be within the HPSS;
 - it will promote secure and reliable electronic communication of data.
 - ICT systems across the HPSS are being brought together, making it possible to consolidate data that is currently locked in systems within individual organisations:
 - **; this is the foundation for an HPSS-wide Electronic Care Record**

What's wrong with paper?

- Bulky – difficult to store
- No Records available in 10 % o/p attendances
- Easier to read letters – but harder to sort results
- Retrieval of data laborious
- Often not secure
- No audit trail
- Incomplete

Advantages of electronic systems?

- Availability
- Speed of retrieval
- Currently fragmented record – but integration possible
- Requires familiarity with the technology
- Audit and planning easier
- Data security
- What about consent?

What will this mean

- Improved electronic flows
- Electronic referrals – SCI gateway – Autumn 2011
- Electronic discharge letters
- Remote access
- More records now electronic at source
- NIPACS – digital xrays
- Towards an Electronic Care Record

National eHealth “Strategies”

- **Australia**
 - NEHTA - *Privacy Blueprint for the Individual Electronic Health Record* - 2008
- **Canada**
 - CANADA HEALTH INFOWAY – *EHR 2015: Advancing Canada’s next generation of health care* - 2007
- **Denmark**
 - DIGITAL HEALTH - *National Strategy for Digitalisation of the Danish Healthcare Service 2008 – 2012*
- **New Zealand**
 - Ministry of Health - *Health Information Strategy for New Zealand* - 2005
- **Singapore**
 - IDA SINGAPORE - *Intelligent Nation 2015 (iN2015)* - 2005
- **Sweden**
 - Ministry of Health and Social Affairs - *National Strategy for eHealth* – 2008
- **The Netherlands**
 - Ministry of Health, Welfare and Sport - *The Dutch Approach; Status quo on nationwide EHR* – 2007
- **Etc.**

What's happening elsewhere?

- Different concepts – what is an ECR?
- England – SCR – single multi-contrib record
- Scotland ECS, ePCS, KIS
- Clinical portal – used in other locations – New Zealand, Canada, trial in Glasgow
- Use of a “Portal” such as Concerto - NIECR

Concerns regarding consent?

- Information shared on paper – implied consent
- Information already on many electronic systems
- Specific consent not currently required
- Patients have a right to be informed about their data
- Right to opt out of having an electronic record?
- Need to retain public (and professional) confidence
- Consent to view – patient can control access

Prerequisites

- Data securely stored
- Proper access controls
- Consent issues resolved
- Information for Direct Clinical Care
- Public acceptance
- Goal – better Information for Better Care

Devolution

Challenge and Opportunity

- GP system suppliers - UK companies
- Market dominated by larger neighbour
- Loosening of the UK framework to support the delivery of care across NHS
- English National Programme for IT
- Importance of interoperability
- Need to find Celtic solutions
- Sharing of experience and expertise

Collaborative working

- Scottish ECS software now in place in both NI and Wales
- Wales using NI EPES
- Lack of GPSOC framework
- Lack of GP2GP
- IT developments increasingly expensive
- Driven by larger English market
- Need to continue to have interoperable standards

Future Challenges

- Keeping ICT at the top of the investment agenda in climate of increasing financial stringency
- Implementing fit-for-purpose information systems in the Community, Mental Health and Socials Services area (organisational capacity to plan and implement the necessary process changes and new ways of working is the major constraint)
- Finding faster ways to commission, procure and deploy ICT systems

Thank-you





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