Switching Clinical Systems

Our GP Practice story:
"A walk in the park"

Alison Campbell
Tweeddale Medical Practice
Fort William
Highland

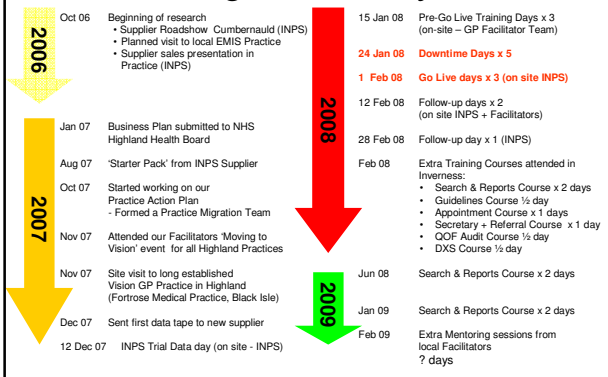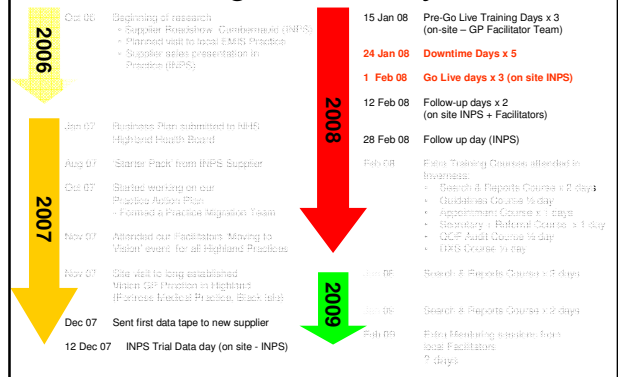## Tweeddale Medical Practice

Fort William Health Centre
Fort William
Highland
PH33 7AQ

Practice Population = 5,170
GPs = 5
Practice Nurses = 2
HCA = 2
Reception/Admin = 6
Medical Secretary = 1
Management = 3

Migration Diary

2006

Oct 06 — Beginning of research
• Supplier Roadshow Cumbernauld (INPS)
• Planned visit to local EMIS Practice
• Supplier sales presentation in Practice (INPS)

Jan 07 — Business Plan submitted to NHS Highland Health Board

Aug 07 — 'Starter Pack' from INPS Supplier

Oct 07 — Started working on our Practice Action Plan
- Formed a Practice Migration Team

2007

Nov 07 — Attended our Facilitators 'Moving to Vision' event for all Highland Practices

Nov 07 — Site visit to long established Vision GP Practice in Highland (Fortrose Medical Practice, Black Isle)

Dec 07 — Sent first data tape to new supplier

12 Dec 07 — INPS Trial Data day (on site - INPS)

2008

15 Jan 08 — Pre-Go Live Training Days x 3 (on-site – GP Facilitator Team)

24 Jan 08 — Downtime Days x 5

1 Feb 08 — Go Live days x 3 (on site INPS)

12 Feb 08 — Follow-up days x 2 (on site INPS + Facilitators)

28 Feb 08 — Follow-up day x 1 (INPS)

Feb 08 — Extra Training Courses attended in Inverness:
• Search & Reports Course x 2 days
• Guidelines Course ½ day
• Appointment Course x 1 days
• Secretary + Referral Course x 1 day
• QOF Audit Course ½ day
• DXS Course ½ day

Jun 08 — Search & Reports Course x 2 days

Jan 09 — Search & Reports Course x 2 days

Feb 09 — Extra Mentoring sessions from local Facilitators
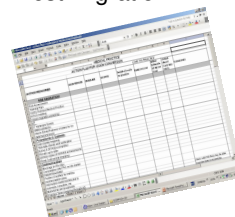? days

2009

Migration Diary

Our Migration Strategy

1 Appoint 'lead' persons
– 1 x clinical
– 1 x non-clinical
2 Formed a Practice Migration Team
3 Schedule Regular meetings
4 Create an Action Plan document…

Our Practice Action Plan

Section 1: Pre Migration
Section 2: Downtime
Section 3: Go Live
Section 4: Post Migration

Includes:
Actions
Deadlines
Lead person
Costs to the Practice
– direct and indirect
Status updates

Section 1: Pre Migration

- Perform a Risk Assessment
- Checked for hardware issues - PCs and printers spec ok
- Verified Converted Data (Trial Data from INPS)
- Tidied up our data (data quality mapping tool)
  - allergies – attach to specific drug
  - z code user markers
  - practice drug dictionary items
- Printed QOF reports

- Communicated changes and dates to Patients
- Communicated significant dates of downtimes etc to key contacts in external agencies eg pharmacies
- Continually communicated with rest of Practice Team
- Introduced special training time for staff using our sample Vision data
  - appoint lead person for specific tasks in Vision
- Run recalls in advance

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Section 2: Downtime

Introduced new systems and procedures:

- Catch-up Tray
- Consulting without PC:
  - GPASS viewable – no data entry allowed
  - Paper/Forms for recording all encounters (for the catch-up tray)
  - Acute Prescriptions – we printed 2 GPASS scripts (1 for the catch-up tray)
- Appointment Book: GPASS appointments still available until 'cut of date'

- Repeat Prescriptions:
  - We photocopied the signed repeat (for the catch-up tray)
- Docman: Working as normal
- Lab results: Workflowed in Docman – paper copy in catch-up tray for entering values later
- Referrals: Logged in a spreadsheet – transferred to Vision later.

Section 3: Go Live

- This is not a normal week – slow everything down.
- Suppliers on site
- Re-arranged clinic timings for the Go-Live period
- Special GP/Nurse appointment slots and availability over the 'Go Live' period
- No Recalls (all done in advance)
- Display posters for Patients
- All Drs in full-time this week!
- Drs requests for help directed to the 'Lead' person for each Vision function – not all to me!
- Practice 'Help Me' form
- 'Last Surgery Slot'
- Bottle of wine in the fridge…at home!

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Section 4: Post Migration

Predicted workload
- Ongoing allergy mapping
- Ongoing drug mapping
- Catch-up data entry from downtime
  - Consultations
  - Prescriptions
  - Lab results
  - Referrals
  - Registrations
- Update Protocols
- Update Business Continuity Plan
- Extra training

Section 4: Post Migration

Unpredicted workload
- Repeat reauthorisation
  - 3 months time bomb!
- Medication reviews
  - Tidy up old
  - New way to do med reviews
- SPICE screen oddities eg cholesterol tick boxes
- Depression/Cancer episode types
- Recalls – start from scratch
- Agree practice protocol for read code priorities

My Tips

- Research clinical systems
- Speak to other Practices
- Attend local migration workshops
- Make a plan well in advance
- Communication – staff , patients, external agencies
- Realise your Practice Manager/IT Manager can't cover everything – delegate.
- Realise that there is still a lot of work and on-going training to do when the supplier leaves the building after Go Live
- Use your local GP Facilitators as much as you can – they are brilliant!

Hints and tips

Switching clinical systems - a step in the dark or a walk in the park?

In the beginning
"I thought it would be like climbing Ben Nevis"

Looking back!
"it was a walk in the park"

The End

Contact:
Alison Campbell
IT and Finance Manager
Tweeddale Medical Practice
Fort William Health Centre
Fort William
PH33 7AQ
Tel 01397 703136
acampbell6@nhs.net

Handout:
Practice Action Plan template
Practice Training Plan – blank copy
Down-time Consultation form
'Help me' form
Appointment configuration document
Current user list document
This presentation