

Workshop Handout

SCIMP 2009:

Switching Clinical Systems – a step in the dark or a walk in the park?



Some comments on GPASS to EMIS migrations in NHS Western Isles:

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Prescribing

1. Unmatched drugs had to be manually matched for repeats for all patients.
2. Historical repeats became active again and had to be reviewed and cancelled.
3. Issues with repeat scripts where 'drug name' + status C (current) was being printed on the script. EMIS had to adjust this to remove the flag from the script.

Diary

The diary (which flags up medication reviews etc) was populated with all historical patient entries as well as current. Time-intensive to review and remove historical entries.

Referrals to SCIGW

Minor teething issues with these but EMIS resolved.

Searches and Recalls

Searches don't come across from GPASS - these had to be recreated from start

Patient Lists

Past TR patients all became active/visible. Every TR from the year dot appeared within the Emis patient list size. This had to be manually removed.

Some recommendations from Alf:

1. Ensure that GPASS is as completely up to date as possible.
2. Print all summaries if possible (this came from a practice with a list size of 500 patients - not so easy for mainland practices with 7-10,000+).
3. Print out all existing searches structures so you can recreate them within Emis.
4. Keep GPASS server connected to the practice network as a read only reference. This assumes that the practice will have a new clinical server deployed for Emis.

Pre and post install

– Some hints from our GPASS to EMIS transfer

Use the test system for as long as you have it getting to know how your data will look. Report all problems, even if they do not seem likely to be fixed – the data transfer team may be able to help. For example we knew that pharmacy data for where scripts were sent could not be transferred to the correct field in EMIS, but after discussion they managed to place the data as a message so that it at least was visible in the new prescribing system. Another helpful

Get to know the engineer. Hopefully we were not too much trouble but a good relationship can help in clarifying the exact timetable for the install. This will include when they think the system will be available until, when it will be read only and when it will be down completely. If complete down time can be co-ordinated with quiet times at the practice it obviously helps a lot.

Make sure that you review your recall data on the test system is as you would like it to be. We had a lot of rogue entries which we had deleted and in the end re-wrote our recall system using lists printed before transfer and then entering follow-up dates. Unlike GPASS EMIS does not have a dedicated recall system and so searches need to be generated. We have had a couple of goes at getting these working. I would strongly recommend collaborating with other local users in this instead of re-inventing the wheel each time.

There is a chunk of work which needs to be done after transfer to get the medication matched and read codes matched. To make the most of the time spent matching try searching for 'mg' or 'mcg' before matching for a while as this will focus on the medications rather than devices etc. In code matching be particularly careful of immunisation codes from GPASS as they will not automatically appear in the immunisation screen of EMIS unless they have been properly matched to correct codes.

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