EMIS Community Module Project in Gateshead

End of Pilot Project Report

We are now at the stage of ending the pilot phase of the project and moving towards full implementation of the EMIS Community Module within all 32 GP practices across Gateshead.

This report will reflect on the initial claims of the Business Case and the Project Initiation Document, and state what has been achieved, the limitations and the perceived benefits now and in the future. Also making recommendations for proposed implementation from the experiences within the pilot.

Within the pilot,

Gains/Benefits/Achievements Identified

- Nurses no longer have to travel to GP practices to gain access to patient records.
- Nurses and GPs now share the same electronic recording system. Nurse/HV records a patient/client contact either via hand held computer (known as PDA) or desk top computer, GP sees this record within medical consultations, and Nurse/HV sees medical record and active problems, thus improves the speed and accuracy of Nurse/HV/GP communications.
- Patient receives a consultation from Health Professional who is more fully informed of their health status.
- Access to Patient Information Leaflets for patients.
- Nurses enter directly into Primary Care Electronic Record at consultation within practice within consultation. Êg District Nurse Clinic. No paper record used.
- Nursing Care Packages are used at all consultations. Easily identifiable and audited. This is not ‘just adding more notes into a GP system’, but sharing the same facilities and information to plan patient care now and in the future.
- Sharing the same Templates, thus co-ordinating the recording of patient data eg Diabetes/CHD. (This is in the early stages of development, nurses are using templates on PDAs, there needs to be time/support to ensure that all the same codes are being used both in GP surgeries, Practice Nurse Clinics and Community Nurse/HV contacts).
- Korner data as set out in the 2000 November DSC Notice 22/2000 for Health Visitors and District Nurses is now being collected within the System for annual collection.
- Caseload Profiles can be obtained form the system. This is being improved to add more facility for deeper searches within the caseload.
The system records the grade of nurse, referrals, frequency of nurse/patient contact, where, when, why, beginning and end of episode of care packages. Thus it is within the capability of the system to analyse the cost and effectiveness of care. This of course depending on the quality and consistency of data entry. Training issues include using the search tools within the system.

Also non-patient contact can be recorded. EG Professional development and child protection conferences.

All members of the nursing team have access to the patient records. Thus where there is little opportunity for verbal handover the records are there to be seen. Qualitative and accurate communication system.

Proactive planning of patient care EG Visit scheduler.

All nurses have access to a PC and printer.

Email facility, both within GP Practice system and across NHS Net to Gateshead Wide area Network.

Development of IT skills and confidence across all community staff.

Access to information from world wide web in some practices. Not yet to all.

**Project Initiation Document 20th June 2000**

**Objectives**
To procure and implement the necessary hardware, software, data communication facilities, training and implementing services.

Achieved within budget. The software is in continuous development and implementation, with training and support where necessary from myself.

**Scope**
Facilitate the evaluation of the EMIS Community Module as used by the Health Visitors and District Nurses within two pilot sites within Gateshead Health NHS Trust Community by March 2001.


**Constraints**
The scope and delivery of the project will be limited by the availability of the identified resources.

There were delays in the purchase of PDAs, installation of security measures, unavailability of relief staff to community nurses while setting up module and training, there were also delays beyond the project control, ie one GP practice upgrade of their EMIS system to facilitate the Community Module.

All staff will not be available full time on the project.

There were periods of staff sickness, study leave holidays etc which could not be covered by relief, thus making it difficult for staff to receive training as initially planned and adapt to the new systems, however they have achieved a great deal in the short time.

**The Project must remain within the Identified Budget**
The ongoing costs of the ISDN line for, £2042 since summer 2000, initially absorbed the funds reserved for the evaluation of alternative hardware eg PDAs and the costs of
providing relief nursing which in reality proved to be unavailable at the end of pilot. The Initial Budget of £15000 was demonstrated to be insufficient early in the project, an extra £2,500 was provided, a total of £17,500 to cover the costs of the two pilot sites. There were unexpected high costs of the ISDN line. However all costs were identified and covered.

The Project will be managed in accordance with the PRINCE Methodology. Having received no training in this area, I have endeavoured to follow the methodology.

Costs
The initial PID referred to the Business Cases, which predicted costs of £19,600. Savings were achieved. EMIS provided support and adhoc training for myself without charging the £350 usual fee per session, and the formal training sessions for the pilot nursing teams. Each nurse available received two half day training sessions, in groups within their disciplines.

Roles and Responsibilities

Project Board
Head of IM & T for Gateshead Health NHS Trust (He has now left the Trust) Assistant Director of Primary Care Services, Gateshead Health NHS Trust.

Project Team
Project Manager and Lead
Christine Hunter- CIS-Development Nurse (Gateshead Health NHS Trust)

Network Responsibilities
IT Manager (Gateshead Health NHS Trust) EMIS Project Support Services Systems manager (Gateshead & South Tyneside HA)

Hardware
IT Department (Gateshead Health NHS Trust)

Software
EMIS

GP Practice Agreement to Pilot Each Practice
An IM & T Lead in each of the two GP Practices
**Issues and Limitations Identified**

- Limited relief staff available to support the implementation of system and facilitate staff training. Thus it may take longer than anticipated to facilitate/support change.
- Limited access to Project Lead (myself) reduces the opportunistic training and support that can be provided.
- Facilitation of a co-ordinated approach to the development and use of Templates across many GP practices is difficult without administrative/secretarial and IT support made available to me.
- The diversity of PC hardware/software within the community, this will necessitate the need for upgrades of several PCs before the EMIS Community Module may be used.
- Some clinics and GP premises currently do not have the required cabling installed for the system. This will take time to arrange etc, delaying the rate of the roll out.
- The purchase of desks, chairs, lighting etc to conform with the safety standards. Some of the premises are owned by the practices and some by the Trust. There may be areas which may prove to be unsuitable for additional desks etc. Local agreements may have to be sought.
- EMIS systems are owned by GP Practices, currently community nurses are employed by the Gateshead Health NHS Trust. Formal agreements will have to be signed by appropriate parties to permit the Trust access to patient records in certain circumstances.
- There are some shortfalls within the Community Module, this has been clearly identified by the nursing teams. These have been shared with EMIS and the NHSIA Casemix Office, EMIS is currently developing the software to accommodate the further needs of the community nursing teams as soon as possible. There has been a great deal of software development since project started, there has been a close collaborative working relationship between Gateshead Health NHS Trust, EMIS, NHSIA Casemix Office, and Gateshead PCG.

**Issues Raised in Pilot Sites**

- Security – The security of Patient Data being transferred via NHS Net unencrypted. Caldicott guardians of PCG/Trust/GP Practices were kept informed. The NHSIA Northern Office were also invited to attend Project Meetings to overview and advise the Project. The project continues with full and open knowledge as to how all data is transferred to and from EMIS systems and Nurses PCs in Trust premises.

  Physical security of hardware and buildings- ranging from PC locks, window bars, window coating, and digi-locks for doors prior to the installation of hardware takes weeks to complete.
• EMIS community module securities have caused some concern within GP practices. IE When reception staff use their own log in to access patient summaries for GP home visits, the Community nurses entries come out as asterisks. After discussion with representatives from practices and Caldicott Guardian for PCG it is believed that it is an administrative problem which may be overcome continuing with the remit that patient information is made available on a need to know basis. This will be addressed fully within each practice prior to roll out, along with the written access agreement.

• Each practice administrate their new birth patient registrations differently. This has created a difficulty for Health Visitors. In a practice which does not add the new birth to the system until the parent has completed the necessary forms means that the care packages provided for that child cannot be recorded electronically. This has taken several weeks in some cases. This is not acceptable in an EPR system. The solution is to add a new birth category, the Health Visitor can add the baby to the Community Module caseload with the appropriate care packages, referrals etc. When the formal papers have been completed by the parent/guardian the practice administrator can then transfer the baby to the regular patient list. The Health Visitors can ask, but are not in a position to insist that the latter takes place.

• The Network issues with regard to maintaining connection between Oldwell Surgery and the District Nurses at Briarwood Sector Base and the Health Visitors at Winlaton Clinic. There have been two occasions where the network was not maintained and the nurses had to go to the surgery to access GP referrals.

• Technical/Software support. This support has been maintained by EMIS and Project Lead throughout the Project. This will continue throughout the roll out, but all community staff will also have access to the EMIS Support phone line.

Recommendations/Observations

• The Project Lead continuing with the ongoing development of the Community Software with EMIS (a priority), organising the logistical matters of roll out, training/support of all grades of staff, dissemination of project findings locally and nationally, liaising with Senior Nurses and Information Management to ensure the appropriate reports are consistently extracted from the system according to the identified needs, and performing the necessary administrative duties along with my own professional development.

• I believe that a support nurse is required on the project to ensure that all staff have a local support contact throughout the roll out programme, aiming for an identified nurse in each base to have extensive knowledge of the community module to support colleagues and new members of staff and students/trainees. This will ensure a rapid response to local queries and continuing with a package of support which is sensitive to the needs the Primary Care Nurses and their patients.

• To have a collaborative working relationship within each GP practice with an identified member of staff from each of the nursing teams and an identified member of the practice administrative staff (preferably Practice Manager/IT
Lead within practice). This will ensure local issues can be resolved quickly and to the mutual satisfaction of all agencies.

- EMIS training in Searches within the system. This involves a cost eg approx £350.00 per half day session. This is not difficult to do or learn, it needs identified staff, time and support for this particular knowledge to be shared within the community nursing teams.

- Nurses to be involved in what information needs to be produced from the system. This will provide ownership of the information and result in improved data quality entry.

- Gateshead will continue to provide a Test Site for the ongoing development of the module. This will be managed by Project Lead and supported by EMIS. This will ensure continuing development appropriate to Primary Care EPR.

- EMIS have written and offered a Data Extraction Programme, which will facilitate the collection of Patient Data required by either Gateshead Health NHS Trust or PCG/PCT. This has yet to be taken up. The new IM & T Manager coming into post for the PCG may wish to review the possibilities and opportunities in this programme.