

Dusting Away the Cobwebs with EMIS Web – A New Health Service for Liverpool

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In July 2007, Liverpool PCT launched 'A New Health Service for Liverpool'¹ strategy. A priority of the strategy is, where appropriate, to treat patients outside of hospital. To deliver the strategy, groups of practices will work together to form approximately 20 - 25 clusters providing neighbourhood-based services for patients registered with the member practices. Within Liverpool, there are four practice based commissioning (PBC) consortia that are central to driving forward and shaping new services. They are actively involved in the formation of the clusters of practices. It is vital for practices working together in clusters to be able to share information. The PCT is working closely with EMIS to provide interoperability between separate health organisations in primary and secondary care.

Clinical Services in May 2008

At the core of the strategy are a number of clinical services that are being developed and delivered across several consortia of practices. Access to summaries of the patients' electronic primary care records with appropriate confidentiality safeguards and the ability to record key information in the record are critical requirements for the services to work well. So far operational services include:

- **Primary Care A&E Diversion Service:** At the A&E department at the Royal Liverpool University Hospital there is a nursing team who deal specifically with patients that present with primary care problems diverting them back to their GP or for self care as appropriate.
- **Royal Liverpool Anticoagulation Service:** A near patient testing service has been developed relocated anticoagulant monitoring from the acute sector to primary care. Patients from a number of GP practices will be monitored locally rather having to attend an outpatient clinic.
- **Joint Injections Service:** Patients of one of the PBC consortia may be referred to a GP outside their practice for joint injections.

EMIS Web Implementation

EMIS Web has been central to the success of each of these services. It has enabled clinicians to access and record clinical information across organisational boundaries between GP practices and between primary and secondary care.

¹ http://www.liverpoolpct.nhs.uk/Library/about_us/New_Service/outside_of_hospital%20B.pdf

The level of access to records given to clinicians providing the services outside the patient's practice is at summary level. The information made available to clinicians is:

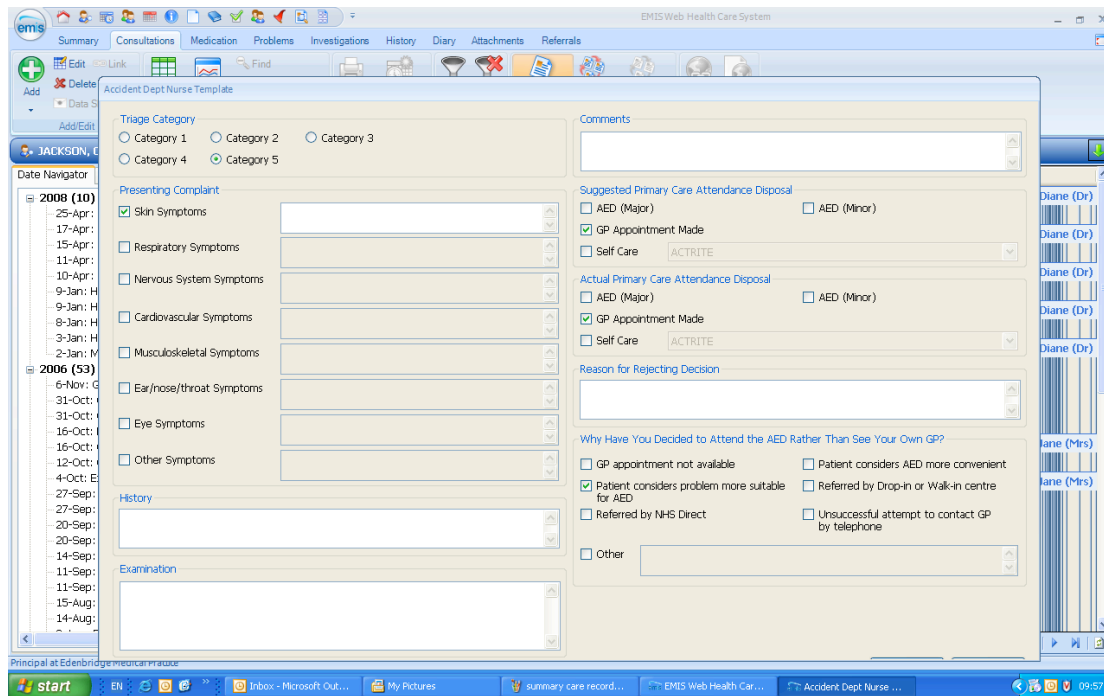
- Problems
- Medication
- Allergies
- Alerts
- Summary of Health Status Information (last BP, height, weight etc)
- Last 4 activities listed without any clinical detail

The screenshot displays the EMIS Web Health Care System interface for patient JACKSON, Christopher (Mr). The patient's details include DOB: 05-Oct-1948 (59), Gender: Male, NHS: 212 121 1212, and Usual GP: TREND, Sarah M (Dr). The interface is divided into several sections:

- Receiving Care From (2):** Edenbridge Medical Practice | South Central AED Diversion Scheme.
- Alerts (7):** Overdue Diary Entries, Follow-up resp. assessment (22-Oct-2004).
- Problems (47):** Active Problems include Polymyalgia rheumatica (31-Oct-2006), Chronic obstructive airways disease NDS, Congestive heart failure, Acute renal failure, Ischaemic heart disease, Cervical disc degeneration, Diverticular disease, Lumbar disc degeneration, and Oral health.
- Medication (12):** Acute: Clarithromycin, Prednisolone. Repeat: Adizem-XI, Bumetanide And Amiloride, Gaviscon Advance, Lorazepam, Pantoprazole, Seretide 250 Accuhaler, Simvastatin, Terbutaline Sulphate, Tiotropium, Visclair.
- Allergies (2):** Awaiting clinical code migration to EMIS Web | Penicillins.
- Health Status:** Alcohol consumption (28 UNITS, 19-Jul-2004), Ideal weight (70.6 Kg, 01-Feb-1996), Notes summary on computer (0, 30-Jun-1998), O/E - blood pressure reading (200/108 mm Hg, 07-Feb-2008 16:13), O/E - height (170 cm, 07-Feb-2008 16:13), O/E - weight (87 kg, 07-Feb-2008 17:59).
- Recent Secondary Care Activity (Last 4):** Outpatient Contact (Anticoagulant Service, Fulford Grange Hospital, 29-Oct-2007), Outpatient Contact (Ophthalmology, Fulford Grange Hospital, 23-Oct-2007), A & E (Accident & Emergency, Fulford Grange Hospital, 17-Oct-2007), Outpatient Contact (Anticoagulant Service, Fulford Grange Hospital, 08-Oct-2007).

As practices sign up to a service they sign a data sharing agreement with the PCT, the consortium and the service provider. The sharing agreement lists the clinical information that can be seen by clinicians in providing the services outside the practice. In order for providers to access the patient's health record, the patient must give verbal explicit informed consent for the clinician outside the practice to see their; the consent is recorded in the clinical system and is fully auditable by the patient's GP and the service provider. In order to monitor this, regular audits are undertaken to assess how many records have been accessed in comparison to the number of consultations added. It is expected that these numbers should match, any discrepancies are addressed and looked into.

For each service, a clinical record template has been developed for the clinicians to record their consultations, restricting their choice to appropriate Read codes. They have been agreed with PBC consortia and service clinicians. All the consultations they record within EMIS Web are now visible at the patient's registered GP practice in EMIS Web. Streaming the information into the practices' LV or PCS systems is imminent.



Summer/Autumn 2008

Part of the focus of the 'New Health Services for Liverpool' strategy, we are trying to treat patients outside hospital wherever possible and appropriate to do so. Some PBC consortia are looking at reducing the number of emergency hospital admissions out of surgery hours. In summer 2008, integration between EMIS Web and the Out of Hours Adastra clinical systems is planned to give out of hours clinicians access to the same real time primary care summary information that are within our current agreements. Plans are also underway to enable a PBC-commissioned city-wide minor surgery service to utilise EMIS Web from July 2008.

As practices begin to form clusters to deliver the New Health Service for Liverpool, working together providing services such as extended hours on behalf of one another, we believe that patients will start to gain significant benefits from the sharing of their electronic records through EMIS Web. The numbers of practices involved is increasing. And in the future we expect to see system interoperability with some national Connecting for Health systems such as Choose and Book and the Electronic Prescription Service for intra/cross practice working and integration with In Practice Systems data being streamed into EMIS Web.

We can see that breaking down the barriers between health organisations with carefully developed record sharing and safeguards is going to be very important to the future development of health care in Liverpool and we are very pleased to have begun so well with effective working partnerships between patients, practices, OOH services, secondary care and the PCT. The early successes of this work to date are due to the hard work and dedication of all involved.