Primary Care Pathways History and Achievements

What is Primary Care Pathways?

Primary Care Pathways is my brainchild. When I joined Long Stratton Medical Partnership, there was a meeting of minds (and geeks) with William Bamber who was the IT manager at the time. We both recognised how EMIS Web wasn't being used to its full capacity within the practice and how much we could streamline and improve care if we worked in a systematic way to improve this. One of our early projects was hypertension. Having taken over a neighbouring practice, we recognised that there were many undiagnosed hypertensive patients, who had hypertensive levels of blood pressure which had never been followed up. We wrote a fairly simple protocol, using fairly simple concepts within EMIS to flag this to clinicians when the patients were seen. This was quite successful and we saw our hypertensive register increase by around 500 patients as a result. Enthused by the success we continued to tweak and add onto the protocol to enhance it in different ways. Before long we had a protocol which looked at the individual patient, worked out what their BP target should be (according to NICE) and then informed the clinician if it wasn't being achieved. We also developed 2 versions - one for prescribers with less pop ups (as the feedback was that they didn't want lots of pop ups they knew what they were doing) and more guidance being shown for non-prescribers. We also embedded a complete self management pathway for those patients in whom it was appropriate. We also began to share these tools with other interested practices and started looking at outcomes on a wider scale - which again were positive. Around the same time we also realised that a lot of patients were coming in for multiple appointments with different team members and that each time we were just focussing on single disease areas and management rather than than holistically looking at what needed to be done for that particular patient. As a result we started to construct a singular template that would show us this information.

We presented much of our early work at the National User Group of EMIS conference. We were encouraged by the enthusiasm for what we had done (we had developed a lot of other tools that just automated and streamlined common tasks too) but were also surprised to be asked questions such as "what are your governance processes for accessing other people's systems" and "don't you think this is a medical device" and so when we returned to Norfolk we decided we had to either do this work through a separate company with the required governance and accreditations or stop sharing it and potentially putting our partnership at risk. Hence Primary Care Pathways was born. We set up with the simple premise that there was no need for over 5000 practices up and down the country who needed to reinvent the wheel as much of what we were focussing on was needed by everybody. The idea was then that for an annual subscription of around a days GP locum we would work on practices behalf for their year of subscription and they would get an ever growing set of tools to use within their practice

By sticking to this basic principle like glue, we have grown an innovative and enthusiastic team of experts in their field brought together by a love of using IT in the most effective way. We aim to maximise the care of patients at the same time as maximising efficiency of systems and processes to save clinicians and administrators time. From being just me and Will at the outset, we have grown our team to 15 in number and now have over 400 surgeries using our toolset. We initially offered just remote installation of our tools with no support or help with implementation. Based on feedback from our customers we now offer a full onsite training and localisation package, right up to CCG level (we now have a number of CCG level customers) where we work on referral pathways, medicines management projects and any other local priorities in a bespoke solution tailored for the area. We are always very aware of cost pressures within the modern day NHS and align ourselves to fully complement QIPP programmes.

By doing this, we believe we have developed the most comprehensive suite of tools in existence. These are peer reviewed and evidence based to enhance care, streamline process, make best use of resources (prescribing, referrals, investigations) and improve data quality. Our pathways guide the management of long term conditions (hypertension, asthma, CKD etc) according to best practice guidelines

Our work streamlines internal practice processes (GIRFT) to ensure ultimate efficiency and engage patients with self care.

Our toolset includes:

- OneTemplate
- Flu tools
- Handy protocols
- Patient safety tools
- Smart synonyms (Professional package only)
- Medicines optimisation (Professional package only)
- Referral optimisation (Professional package only)
- MHRA tools (Professional package only)
- Form optimisation (Professional package only)
- Quality tools (Professional package only)

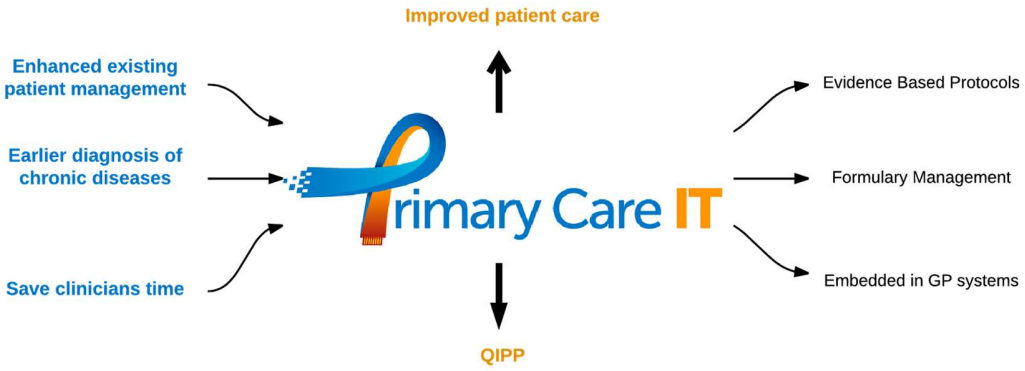
The underpinning central tool is our OneTemplate which brings all elements of a patients care into one area, ensuring everything that is needed is highlighted to the clinician.

Our pathways engage patients in self management of their chronic conditions. There is good evidence that activated patients who self care are more motivated to change and more likely to have positive outcomes.

We have over 120 handy protocols which perform a number of functions, detailed further below.

The impact on GPs surgeries is a freeing up of resources to be able to provide better care for more complex patients and deal with the challenges of an aging population. Self management plans, generated from within GP clinical systems with very detailed tailored information specific to the patient are yet to exist. Our pathways solve this problem.

Through use of our OneTemplate a gold standard approach to care and relevant data recording is achieved and our pathways then guide the clinician as to how best to manage the patient according to guidelines and then create a bespoke self management plan.



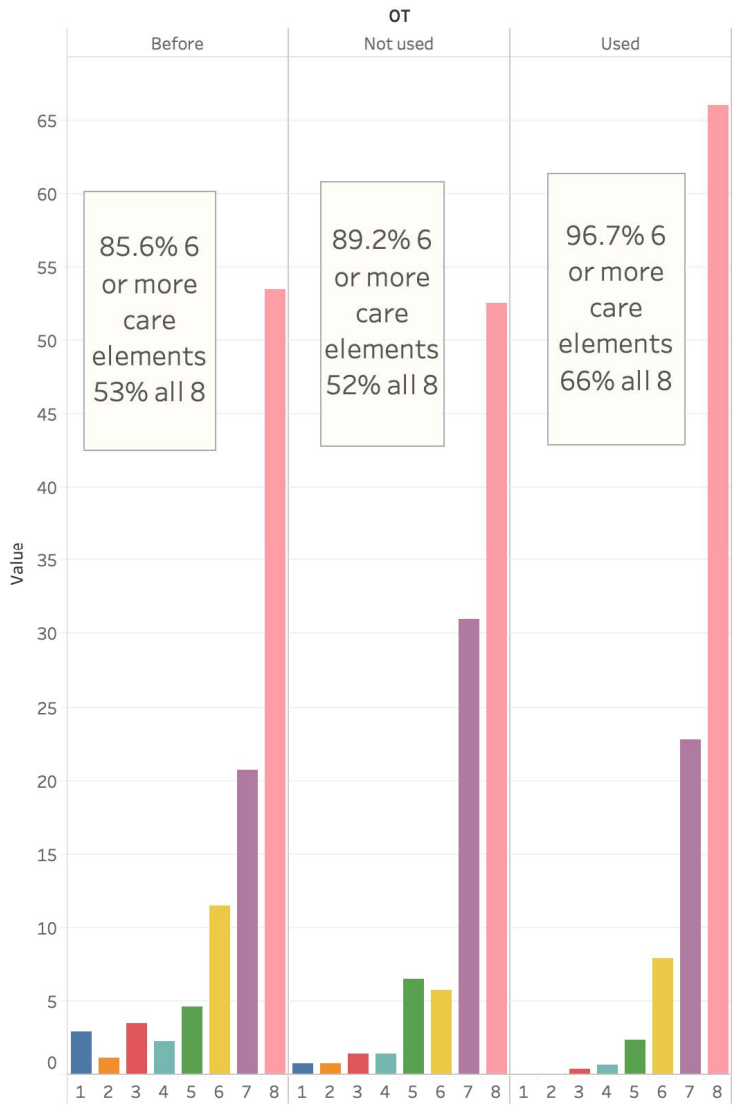
Benefits

The Primary Care Pathways solution is a win-win for all stakeholders across the local healthcare economy:

For patients

- Time released for better care – through innovative time saving tools
- More of care delivered with first visit (as information brought together in one place)
- Standardised high quality care in keeping with local guidelines
- Holistic approach to multimorbidity
- Important quality markers pointed out to clinicians
- Improved patient safety - MHRA tools, NICE guidance
- Best Practice & Patient Safety

The following graph shows the impact of showing important quality markers in a standardised way to clinicians. This from one of the CCG regions that has implemented our professional package. It shows the number of diabetic care processes delivered to patients within the CCG during different time periods and whether our tools are used or not. The first column shows that prior to the use of our tools 85.6% of patients were receiving 6 or more care elements and 53% were receiving all 8. After implementation of our tools, those clinicians who didn't use them achieved 89.2% of patients getting 6 or more care elements and 52% getting all 8. Those clinicians who used our tools achieved 96.7% of their patients having 6 or more care elements and 66% all 8 – a significant improvement on both baseline and those not using our tools.



For individual clinicians

- Streamlining of data entry and data quality checking
- Automation of repetitive tasks
- Highlighting of relevant evidence, local guidelines and medicines management advice
- Enables delegation of tasks to other team members
- A series of pre-made audits for CPD

COPD Exacerbations recorded

	COPD exacerbations
May	7
June	11
July	7
August	14
September	13
October	124
November	344
December	391
January	326

The table on the left shows how our tools have driven up the accurate recording or COPD exacerbations within one of our CCG regions, making sure that accurate data exists and hence highlighting appropriate treatment and follow up for patients.

Coding corrected

Month of Date	Diabetes wrong code protocol used	Hep B Junior protocol used	Pertussis protocol used	Pregnancy protocol used	RFC protocol used	Grand Total
October	4	16	4	21	23	**68**
November	88	91	9	60	51	**299**
December	74	60	1	63	37	**235**
January	53	47	2	59	43	**204**
Grand Total	**220**	**214**	**16**	**206**	**157**	**813**

The table above shows the codes corrected following implementation of our tools, highlighting the data quality. Importantly note how month on month the numbers are reducing as the clinicians learn not to use the codes that should be avoided.

For practices

- Ensure accurate data recording for locally comissioned services
- CQC searches and tools to ensure patient safety
- Tools to allow admin teams to answer clinical questions, saving time and streamlining care
- Prevalence improvement – ensuring the right patients receive the right care
- Time saving tools - for all team members

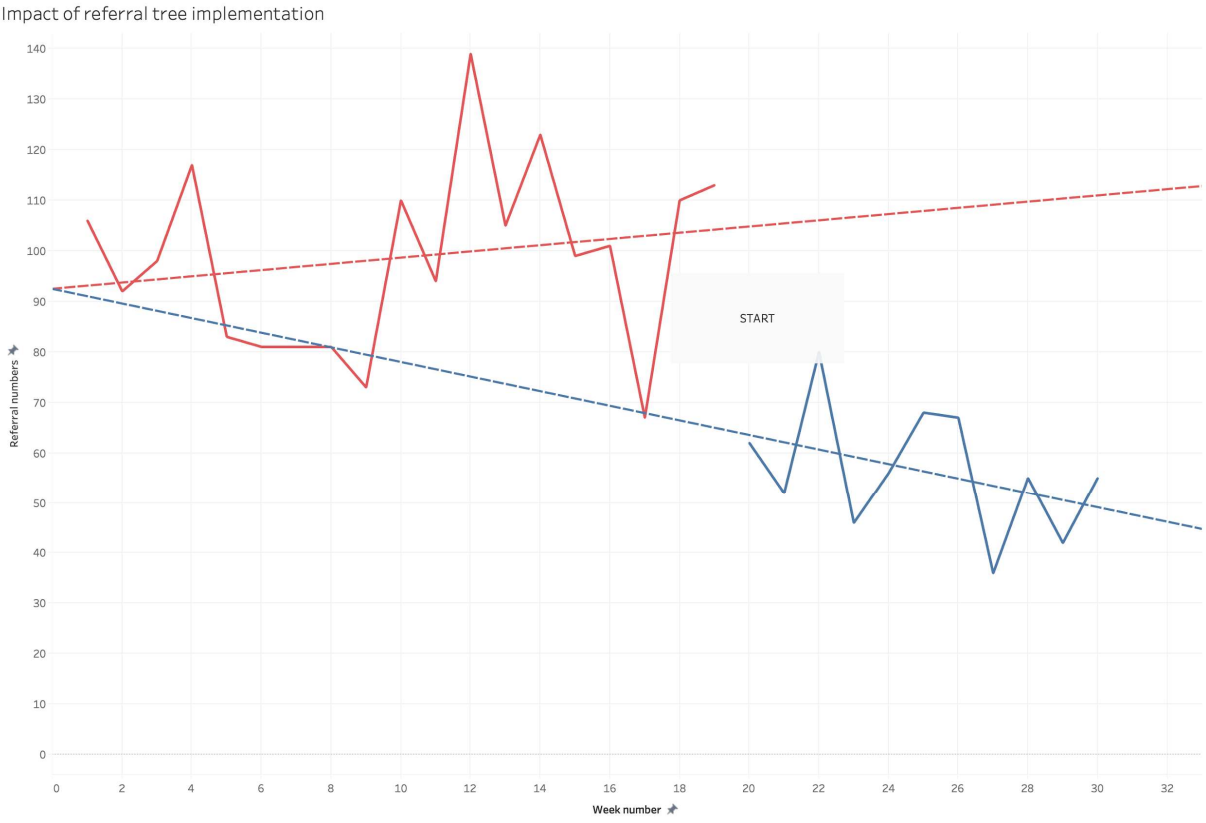
Our professional package saves clinicians and secretaries a significant amount of time by the optimisation of forms, reducing the need for dicatation and typing. The following table shows the time saved across one of our CCG regions:

GP Referral time saving

This was worked out using a time and motion study which compared usual practice with our tools

			Detail
Number of hours saved	All GPs	September	1.2
		October	42.3
		November	185.5
		December	186.2
		January	191.0
	Secretaries	September	0.3
		October	18.2
		November	78.5
		December	115.7
		January	94.7
Days saved	All GPs	September	0.1
		October	5.3
		November	23.2
		December	23.3
		January	23.9
	Secretaries	September	0.0
		October	2.3
		November	9.8
		December	14.5
		January	11.8

This time saving is further highlighted by the data taken from practice systems in the region, the red is prior to implementation of our tools and blue following introduction:



For CCGs

- Standardise referrals using pathways and local guidance which are seen within GPs clinical systems during their usual workflow.
- Highlighting of EUR or procedures of limited clinical value, to ensure compliance with local policies
- Specific pathway development to drive local priorities - e.g. falls, gastro, smoking
- Accurate data on referral trends, trackable to individual clinicians through an online dashboard for commissioners
- Improved quality of care
- Standardised data entry and reporting across all practices - giving them the tools for Primary Care Network development

PrimaryCare IT enables standardised best practice to be easily and safely provided across your CCG. Our best practice resources are based upon national or local guidelines and are integrated into EMIS web clinical system so that they can be followed effortlessly during a consultation. Through our partnership with RedWhale we regularly review the latest evidence and consider how this can be highlighted to clinicians through the use of our tools

PrimaryCare IT enhances patient safety via built in alerts and our screening templates. This reduces the chances of significant events occurring and thus avoiding the subsequent associated costs that this will have. PrimaryCare IT also includes numerous reports to identify any potential adverse events before they occur, for example identifying patients who are on the Combined Contraceptive Pill who have a UK MEC Score of 3 or 4, or identifying patients with a previous gastric ulcer who are on an NSAID without gastric protection..

Contract Management

PrimaryCare IT simplifies the contract process for both GP practices and CCGs. PrimaryCare IT works to embed all current CCG contracts within the OneTemplate, with links to the full contract if needed. The reports on PrimaryCare IT then can be used directly to accurately monitor activity for payment purposes. New projects or schemes can be easily added to the tools, standardising data recording and ensuring that reporting is easily achieved. This makes the collection of data for service management part of "care as usual".

Online Access

PrimaryCare IT can greatly aid practice and patient engagement with online access. This increases uptake of online access which subsequently provides many benefits for practices and patients around appointment & medication management, record access and eConsultation questionnaires. For vulnerable groups the importance of having a summary care record is highlighted which allows greater involvement in care and also ensures that this is accessible in care settings outside General Practice.

PrimaryCare IT sends users a monthly newsletter and meeting pack to ensure that practices keep up to date with everything that is available on PrimaryCare IT. A recent monthly update and meeting was all focused on patient online access.

Pathways

The clinical pathways on PrimaryCare IT enable HCAs, Nurses and GPs to manage a patient's condition at various different stages, from screening to diagnosis and treatment. The pathways facilitate effective handover between staff and enables joined up care. The pathways are based upon national guidelines but can also be localised.

Medicines management

Targeted prescribing projects are worked on by the PrimaryCare IT team which are based on either national or local guidelines. These allow the clinician to easily follow 1st line treatments and also encourages antibiotic stewardship. Drug monitoring resources ensures that prescribing best practices occurs and savings are made as necessary. Our asthma pathway highlights both care and cost to the clinician so that they are aware of the different cost options for each stage of the asthma pathway.

There is embedded prescribing information within clinical templates, highlighting local priorities. We work you're your medicines management teams to work up Individual projects to drive priorities to deliver QIPP. MHRA alerts are highlighted to clinicians to drive up patient safety. Drug monitoring is standardised and highlighted to GPs and their teams.

As PrimaryCare IT covers many aspects of prescribing, CCGs using PrimaryCare IT could review if they need to renew existing contracts with other prescribing optimisation software, thus providing yet further potential savings for the CCG.

Referral Capacity & Demand

The PrimaryCare IT referral criteria & resources can greatly assist with referral capacity & demand. Subsequently, more can be managed within the Primary Care setting, with only appropriate referrals being made. Our team can work with your prior approvals teams to build localised solutions that ensure that only those patients meeting the criteria are referred for interventions. We also ensure that any required investigations are made prior to referral taking place, again streamlining care.

Reports For Commissioning

As PrimaryCare IT enables read coded data to be easily captured at the point of care, the subsequent reports that can be generated for service evaluation are both accurate and trustworthy. These reports may include diagnostic, prescribing or referral activity and are interactive and intuitive. This can provide significant benefits for Commissioners. An online dashboard is created which allows commissioners to interrogate the data, down to individual user

Risk Stratification & Safeguarding

PrimaryCare IT facilitates risk stratification and reducing unplanned admissions in multiple ways. PrimaryCare IT provides a comprehensive list of reports which identify patients who should potentially be on the 'At Risk' register. These reports identify patients with significant co-morbidities, frailty and/or multiple recent hospital attendances. The reports and OneTemplate can then be used during MDT meetings, in order that all appropriate patients are discussed and that ongoing care and support of the patient is provided.

The safeguarding resources ensure any safeguarding activity is accurately recorded and the clinician is alerted accordingly. The resources also gives clinicians simple access to the up to date contact details and referral forms for the local safeguarding unit. The reports can also enable practices to run meetings effectively and to also identify patients who may need to be considered for safeguarding, for example due to the highly risky trio of mental health, substance misuse and violence.

Promoting Self Care

PrimaryCare IT encourages clinicians to involve patients in their own care. PrimaryCare IT achieves this via enabling quick and easy access to online questionnaires, leaflets, patient decision aids all referenced from the OneTemplate. This empowers patients and encourages self-care.

Upskilling Your Workforce

As the workload of Primary Care continually increases, nurse practitioners, practice nurses and HCAs are asked and required to take on more work and responsibility. PrimaryCare IT provides a fantastic support desk to facilitate the upskilling of the workforce and also to ensure that best practice and guidelines are continually followed on a day to day basis. This provides a lot of comfort and security for both employees and employers within a practice, as well as CCGs.

Working At Scale

As healthcare is provided at larger scale, it is essential that there is the appropriate resources in place to support this. This is vital to ensure that standardised care is provided by everyone, regardless of where they are working. PrimaryCare IT's OneTemplate and clinical pathways support this comprehensively.

Workflow Efficiencies

PrimaryCare IT can significantly improve workflow efficiency and greatly reduce administrative costs. Some of these efficiencies come from enabling all communications and referrals to be sent easily by the clinician electronically, thus greatly reducing secretarial, printing, faxing and posting costs. The receptionist and document processing templates also greatly facilitate ongoing workflow optimisation.

Our Toolkit

One Template

PrimaryCare IT has developed the "One Template". This will be the only template that any of your clinical team will ever need. Different views are seen depending on the user:

- Doctors having minimal of information, but highlighting where patients may be on maximal tolerated or appropriate therapy.

- Nurses and HCAs having more detailed information and complete review information to be able to fully review any of the chronic diseases

The template is fully dynamic and so only things that are relevant to the patient you have in front of you are displayed.

To understand what conditions a patient has, which drugs they are on, what monitoring needs to occur (both blood testing and care delivery) a clinician would usually have to navigate to 4 or 5 different pages within the clinical system, holding all that information within their head and then collate it into a cognissant plan. With an ever aging and complex population this becomes a more frequent and pressing problem, and with a more multidisciplinary federated working environment, the potential for variation in standards and approach increases. Flags for safety or where there are concerns about missing diagnoses, or suboptimal control would not be considered. Our OneTemplate solution solves this by detailing what monitoring is needed for each patient based on their conditions and the medication they are taking. In this way, useage of pathology services is rationalised leading to savings for CCGs. It highlights where care may need improving (e.g. overuse of inhalers, vaccines not given). It highlights where conditions may exist but are not coded and has built in safety alerts. Data entry is standardized and our work is in line with both NICE guidance and guidance from national charities like Diabetes UK, Asthma UK, British Lung Foundation etc. All of this in one screen only, allowing teams to streamline care and ensure that all elements of care are completed.

In patients with mental health problems our work guides users as to how their patient is risk profiled using the Lester cardiometabolic tool, giving them advice on actions to take to achieve better physical outcomes for people with

mental health. When implementing our tools across CCG/federation/STP regions we work with commissioners and providers to understand how we can aid the integration of services such as GPs, community nursing, mental health and social care - embedding existing schemes into our OneTemplate to ensure that it remains as useful as possible. Our tools are described beautifully in the vision of an accountable care system: "deploy rigorous and validated population health management capabilities that improve prevention, enhance patient activation and supported self management for long term conditions, manage avoidable demand and reduce unwarranted variation."
The template is structured in such a way that prescribers are able to quickly enter salient information and where maximum appropriate or tolerated therapy has been achieved ensure this is appropriately coded. For nursing teams a more thorough approach to review is undertaken making sure of full compliance with NICE quality standards for each of the disease areas.

Where there is an opportunity to increase prevalence of conditions through optimal coding this is highlighted to the user with prompts.

There are links to various patient education resources such as inhaler techniques, foot care for diabetics etc. Where users have opted for our clinical care pathways the template ensures that all data for self management plans is entered and ready to populate the self management plan fully, with minimal additional information being needed

Handy Protocols

We have over 100 of these, which we work with your CCG and practices to decide which of to implement. They include (but are not limited to) the following functionalities:

- Tidying up codes (making sure non QOF or CQRS codes are used)
- NICE Guidance highlighted: e.g. Prompt for PPI rx with NSAIDs in >45's
- CKD Coding checker
- Automation of complex but common tasks e.g. H Pylori eradication and MRSA decolonisation
- Coding checking – e.g. COPD exacerbation coding
- Suite of eligibility checking tools for reception staff such as NHS healthcheck, shingles, flu and pneumonia vaccination
- Last text message sent tool

Summary

Dr Dustyn Saint would like to apply for the John Perry prize to reflect his work on creating the Prirmary Care Pathways suite of tools. We are confident that our tools allow for better quality care, which makes best use of all NHS resources and allows patients to take greater responsibility for their own care, hence reducing reliance on (and workload of) clinicians. We build in outcome analysis into all work we do, and we provide teams with a dashboard which highlights progress. This can also be used to drive further engagement with clinicians. We engage with practices from day one and build regular feedback and development loops, embedded within a monthly users group which we help to facilitate. I would welcome further discussion if required.

Dr Dustyn Saint