



Interoperability White Paper – February 2016

Richmond GP Alliance (RGPA) is first with end-to-end GP Interoperability

Introduction

The Richmond GP Alliance (RGPA) have announced that GPs and nurses working at its extended appointment hubs are the first in the country to view and add to the electronic medical records stored in the Vision and EMIS Web systems at patients' registered practices. This has been made possible by Vision 360, an innovative interoperability solution from INPS and its partners.

The seven-day access scheme, which received a one-off £2.6 million investment from the Prime Minister's GP Access Fund, is available to every patient in Richmond and allows them to book additional appointments at four hubs from 8am to 8pm every day, including weekends.

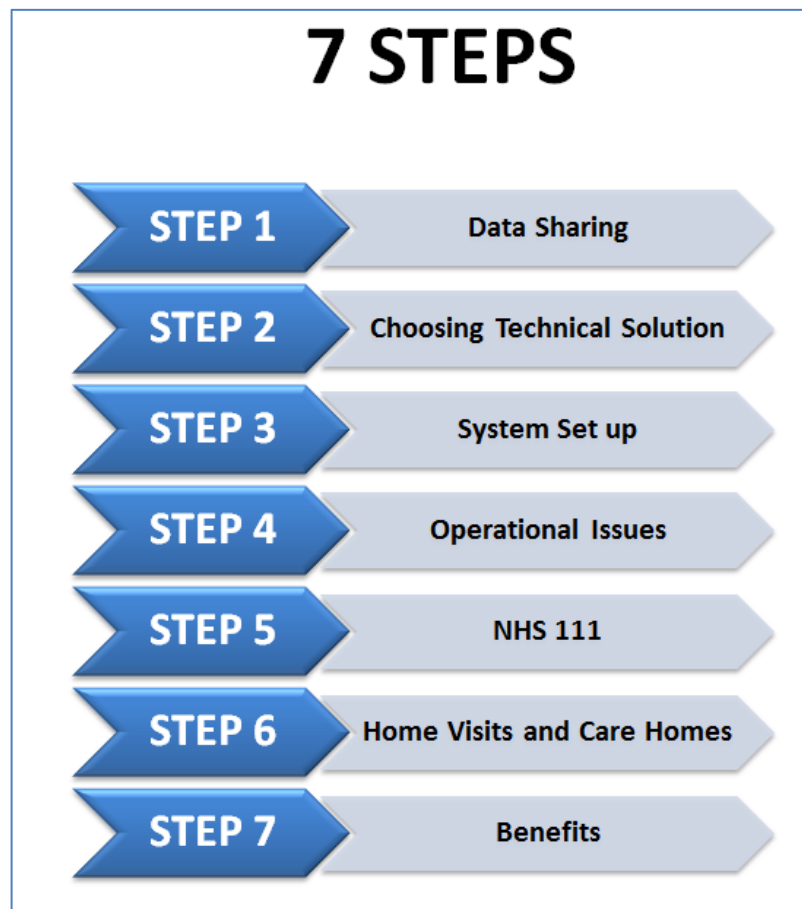
With the consent of the patients, Vision 360 makes it easy for GPs and nurses working at these hubs to find, read and update any patient record quickly and easily with a single search across the entire population of Richmond Borough no matter where the patient is registered

For the first time, consultation notes that are added during an extended access appointment are being relayed back to the registered practice and added to the patient record in the principal system as structured, clinically coded data.

In Richmond, Vision 360 is giving authorised clinicians sight of the medical records stored in 22 practices using Vision and 5 practices using EMIS Web, as well as making it possible to write new information entered during extended access appointments back to the system at the patient's registered practice, regardless of whether that system is Vision or EMIS Web.

Dr. Darren Tymens, chairman of the RGPA said: "The potential for integrating IT and cutting huge swathes of paperwork across primary and secondary care using this system is enormous. Having up-to-date electronic patient records available during extended access appointments was a fundamental prerequisite for our seven-day access scheme. Being able to access and rapidly update the patient's own GP clinical record from any authorised location is fantastic. We are excited to be the first group of GP practices in the country to have end-to-end interoperability with Vision and EMIS Web systems."

The Process that was followed at Richmond was a 7 Step Model which is shown below and discussed in more detail in the following pages.



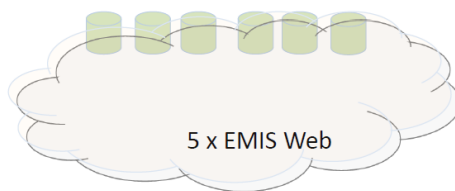
1. Data Sharing

It is crucial to get the Data Sharing Agreements in place with all the GP practices in the Federation/Alliance. Without all Practices signing up to share Patient Records in the Hubs it is impossible to get the project working as a number of Hubs around the country have discovered. This has caused some projects in other parts of the NHS to go extremely slowly and in some cases to stall completely.

In Richmond we were very fortunate that we were able to get agreement very quickly which enabled us to move to choosing the Technical solution in parallel.

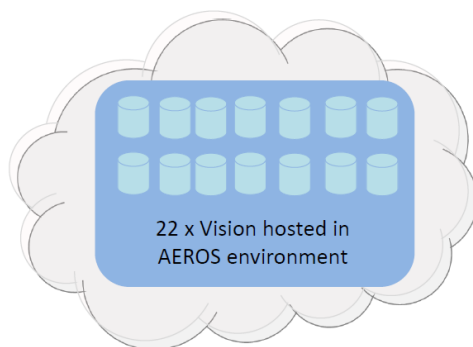
2. Choosing the Technical Solution

In Richmond we have a mixture of Vision and EMIS Web sites. We explored a number of solutions and finally purchased the solution from Vision that gives us Shared Appointments from Vision 360 across all of the sites.



Composition of practices in Richmond

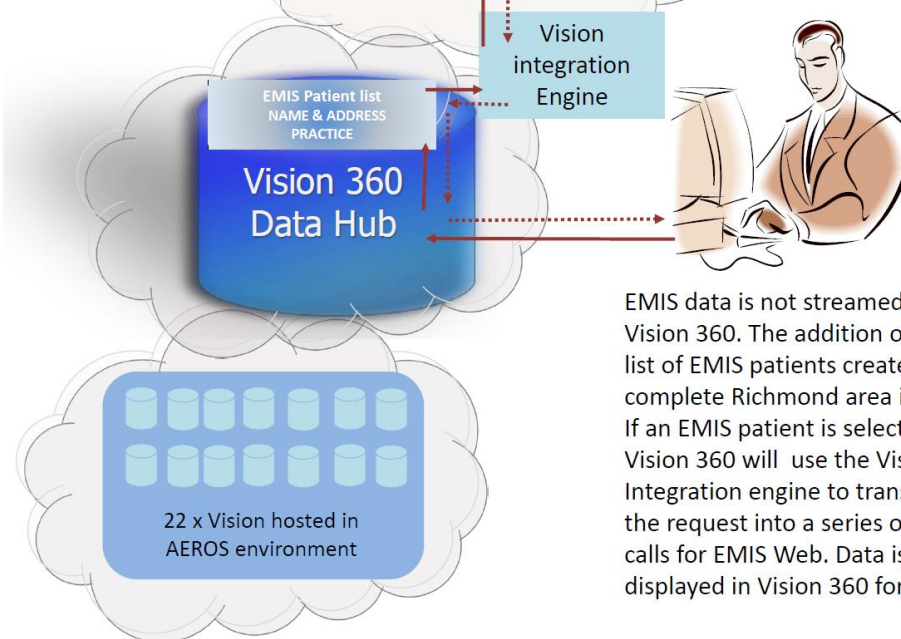
Across RGPA there are 22 GP practices using
INPS Vision 3 and 5 using EMIS Web.



In order to be able to read and write into EMIS Patient Records we had to set up a Master Patient Index using Demographics from the EMIS Practices and then we were able to see all the Patient Records from whichever system the Patient Records were held in.



Incorporation of EMIS data



EMIS data is not streamed into Vision 360. The addition of the list of EMIS patients creates a complete Richmond area index. If an EMIS patient is selected Vision 360 will use the Vision Integration engine to translate the request into a series of API calls for EMIS Web. Data is displayed in Vision 360 format.

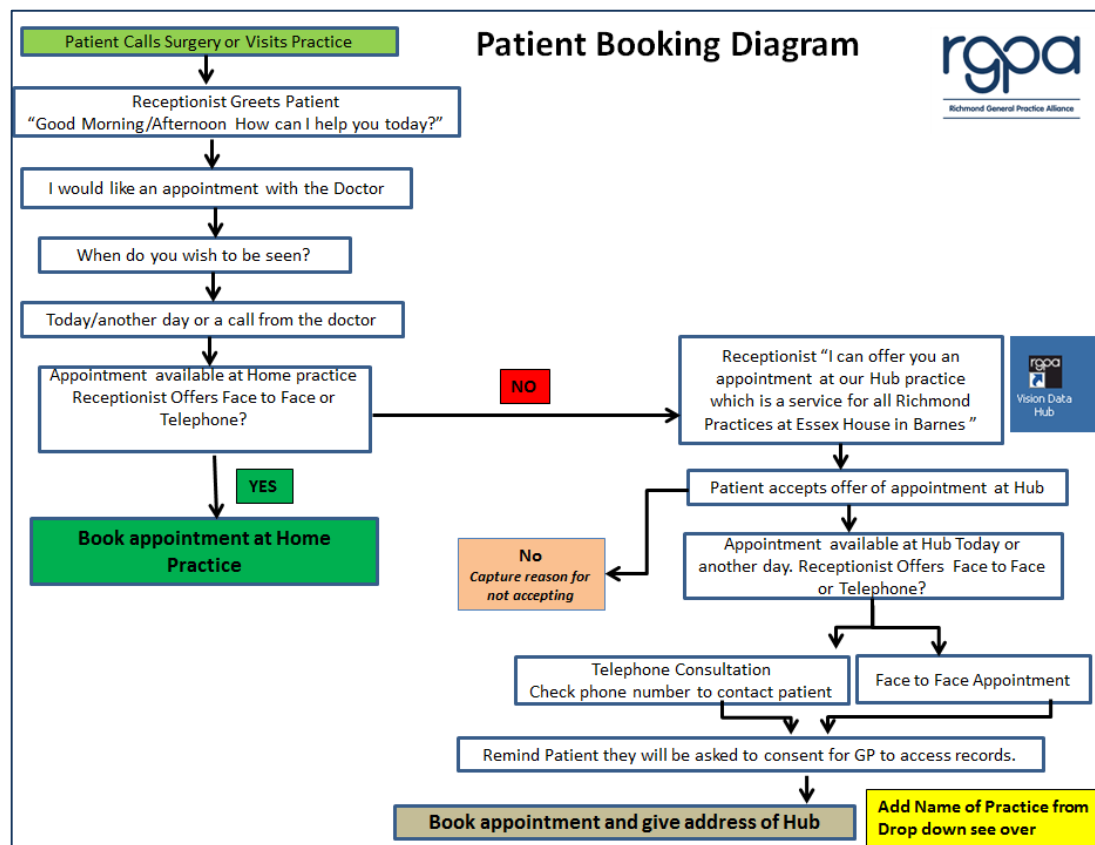
3. System Set up

1) Names of Receptionists and Hub Doctors

All the receptionists and Hub Doctors were asked to provide NHS email addresses and were set up on the V360 Shared Appointments. This enables receptionists to book patients from their practices into the Hubs and the Hub Doctors to view all Patient Records.

2) Training of Receptionists and Hub Doctors with Patient flow diagram


Receptionists were trained by the RGPA Project Manager, the lead IT Practice Manager and the INPS Account Manager to use Shared Appointments and to follow the Patient Booking Diagram.



The Hub doctors were trained by the RGPA Project Manager on the use of V360 which was found to be very intuitive.

3) Consent forms for patients

Patients are told at the time of the Hub Booking that they will be required to give consent to the Hub Doctor to view their Patient Records as it is not their registered GP. On arrival at the Hub the Reception Staff provide the Patient with an Information Leaflet on Consent to read. Before the Hub Doctor opens the Patient Record a screen is opened and the correct box highlighted.

 You (S. J. @nhs.net) are about to access the electronic summary of
MOLLY (MISS).
If you are not (S. J. @nhs.net), please log out immediately.
To continue, please select a reason for access.

General practice registration

Show Patient Record

WARNING:All actions performed whilst the patient is selected will be logged.
If selecting this patient is in breach of your security rights, you may be subject to disciplinary action.

4) Set up Doctors Rota and forms

The Doctors Rotas need to be set up and advertised to the local GPs. A series of documents are also required to be completed in order to register to work at the Hubs.

RICHMOND GP ALLIANCE

NAME OF GP:

GMC No.	
UPDATED CV	
PERFORMERS LIST	
ID CHECK	
MEDICAL INDEMNITY	
CRB/DBS	
TRAINING CERTIFICATE	
SAFEGUARDING ADULTS/CHILDREN	
LIFE SUPPORT	
APPRAISAL DATE	
REFERENCES (x 2)	
SMART CARD AND No. (front and back)	

5) EMIS Patient Master Index

This is set up by running a report on the Demographics from each EMIS Practice and then uploading it on a secure server.

4. Operational Issues

1) Contacts and payment terms for Hubs

These need to be agreed for the Home Practice that is hosting the Hubs for payments for receptionists and for the use of the premises for 8 to 8 working 7 days per week.

2) Referrals and Investigations

Investigations are conducted at the Home Practice. Referrals are written in details in the patient records and are Read coded #9N61 - 'Referred by another GP' and then can be cut and pasted into the appropriate letter at the Home Practice.

3) Receiving information on consultations from Hubs

The patient records that are completed in the Hubs are flagged up at the Home Practice and can be read and actioned according to the code that is shown at the Practice. In Vision the clinical entry arrives in Mail Manager and is automatically filed in the patient clinical record. In EMIS the entry is automatically filed in the clinical record and the practice is notified via email.

4) Patient Records not available

There are instances when the Patient records cannot be seen due the patient only just registering or there is corruption on the Patient record. In this instance a word template is completed by the Hub Doctor and it is then emailed to the Home Practice often via DOCMAN.

5. NHS 111

NHS 111 can book into the Hubs on the weekends by calling one of the four Hubs. The Hub can then call the patient back and book them into any of the four Hubs whichever is the most convenient.

6. Home visits /Care Homes

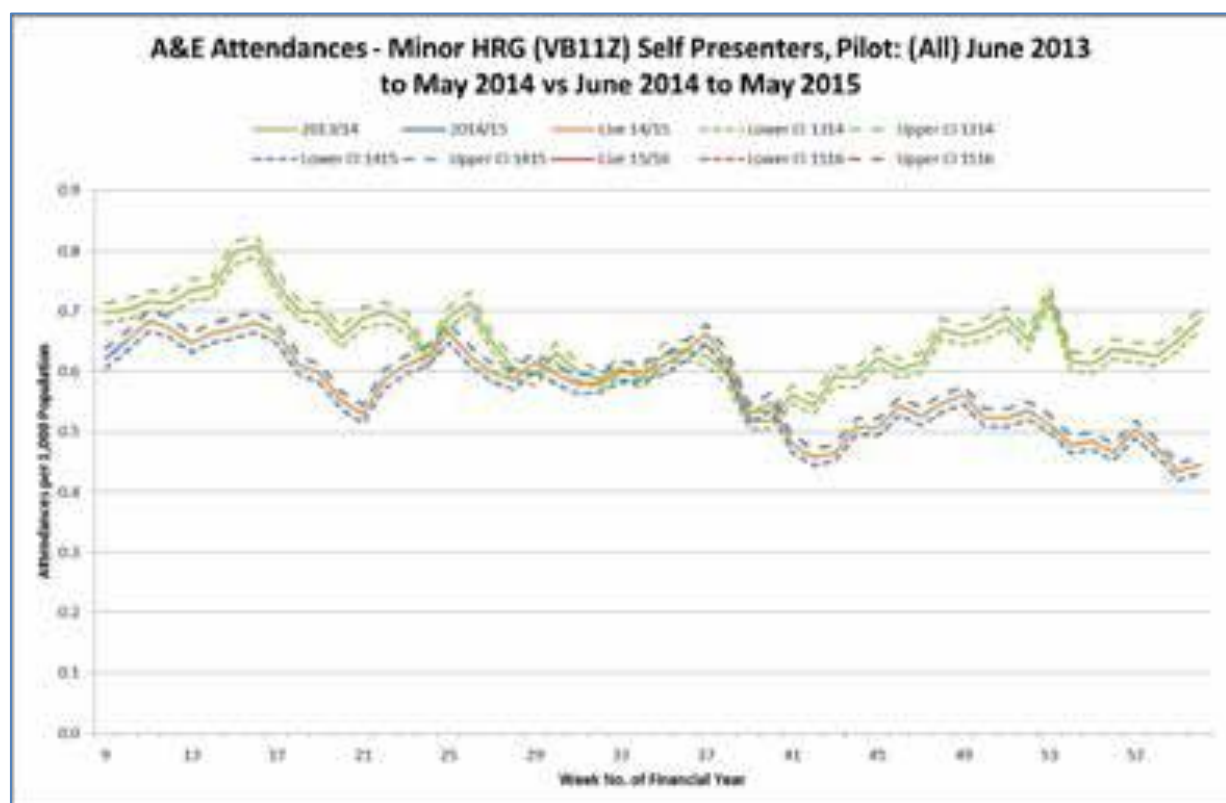
The patient's records can be seen by using a secure login and then using V360 as you would at the Hub.

7. Benefits

The Mott MacDonald Report -The Prime Minister's Challenge Fund: Improving Access to General Practice First Evaluation Report: October 2015 showed that there have been reductions in A&E.

A&E attendances

Up to May 2015, comparing the weeks that pilot schemes have been live with the same period in the previous year, at an overall programme level, there has been a statistically significant reduction in minor self-presenting A&E attendances by those patients registered to GP practices within Challenge Fund pilot schemes (see below).



Overall, this has translated into a reduction of 29,000 minor self-presenting A&E attendances equivalent to a reduction of 15% or 3.0 attendances per 1,000 registered patients. In comparison, using the same data source, nationally there has been a reduction of 7% in minor self-presenting A&E attendances. 13 pilot schemes have shown a reduction in minor self-presenting A&E attendances with the most notable reductions experienced in BHR, West Hertfordshire, North West London, Morecambe, and Brighton and Hove. Seven pilot schemes have seen no reduction in minor self-presenting A&E attendances.

It is early days at RGPA, but first indications are that there has been a reduction in A&E and this data is now being validated.

Quotes from Richmond Patients:

“The GP Hubs have worked really well for us. We were given an appointment on the same day and because it was in the evening my husband was able to come with us. The service was quick and efficient and I felt we were very well accommodated in comparison to the usual 8.30am tussle for appointments”, Samantha

“My son came home from school extremely unwell with a chest cold and breathing difficulties. Being able to get a GP appointment that evening meant that we didn’t end up in A&E, as we have done in the past. The doctor had full access to his medical history, and gave us the help and treatment we needed very quickly.” Tara

“This new service meant that my daughter got the help she needed that same day, rather than having to wait until the next day to see our regular GP. I was delighted with the service we got as it meant I could take Isla to her early evening appointment when I got back home from work.” Marcus

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