

Welcome to the first edition of iNews! Our new bi-monthly publication aims to deliver comprehensive coverage of informatics news stories from across the North of England Strategic Health Authority Cluster. In addition we will feature case studies, the latest technology, forthcoming events and all the IT issues that are central to the working lives of our readers. We hope you find it informative and we are keen to hear your views. Please send us your feedback or any ideas for articles you would like to see in future editions.



Bluebell Wood Hospice enhances care for children

Bluebell Wood Children's Hospice offers care and support to children and young adults with a shortened life expectancy, both in their own homes and at their hospice in Sheffield. In conjunction with Rotherham Specialist Palliative Care Services Bluebell Wood is the first Children's Hospice to go live with SystmOne.

This means that clinical staff are able to see a the whole patient record at the touch of a button, allowing more staff to see the whole picture. Clinicians can obtain a full set of patient records, providing greater clinical safety and a safer patient record.

Peter Clarkson, Clinical IT Systems Specialist/ IT Project Manager at NHS Rotherham, explains that it was a logical step to move onto the system. Peter says: "SystmOne gives us a more complete patient record with more elements being captured electronically than on paper or legacy systems. It's simply a more rounded system."

Although the hospice says it's still early days, they're excited about the potential of SystmOne and feedback so far from users is that it's been a positive experience.

Madeleine Odale, Marketing Manager at the Hospice, said: "Bluebell Wood Children's Hospice implemented SystmOne in October 2011. Whilst it is still early days, we anticipate that the system will allow us to streamline many of our processes in the future. Already, we have found that SystmOne gives us easy access to valuable information on the children registered with us, and their interaction with other services and professionals."

Peter found it a remarkable experience implementing the project at the hospice. "I and my IT team who went out to the hospice were very moved by the incredible environment the hospice provides. I take my hat off to everyone who works there - the staff are fantastic and there is no praise high enough for the work they do. It was an unforgettable experience."

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ActiveME helps people with chronic condition

ActiveME©, a new iPhone application, has been launched to help patients with Chronic Fatigue Syndrome/ME (CFS/ME).

Developed by experts in the field of CFS/ME in the north of England, and tested by people with the condition, this new app is designed to assist patients to keep track of their activity levels, a key part of rehabilitation and self-managing this chronic condition.

CFS/ME affects approximately four in every 1,000 people in the UK. The condition is common in children affecting at least 1% of teenagers, and is arguably the most common cause of long-term absence from school.

The Royal National Hospital for Rheumatic Diseases (RNHRD) NHS Foundation Trust, the Northern CFS/ME Clinical Network and Indigo Multimedia have teamed up to utilise modern technology as a tool to help these patients, who often find themselves in 'boom and bust' energy cycles.

Dr Esther Crawley, consultant paediatrician and service lead for the children and young peoples CFS/ME service at the RNHRD explains:

"Patients with CFS/ME suffer from chronic exhaustion that is not helped by sleep or rest. This affects all aspects of their lives, and on a bad day, even tasks that you or I might take for granted such as brushing our hair or watching TV can be extremely difficult. The flip side of this is that on a good day a person will do too much and then pay for it for the next few days. We call this 'boom and bust' energy cycles.

"Energy is anything that stimulates the brain or body. The evidence-based treatment that we use at the RNHRD involves patients monitoring their energy usage on day-to-day activities so we can see when these cycles occur, prevent them from happening in the future, and help the patient to maintain balance and improve their condition."



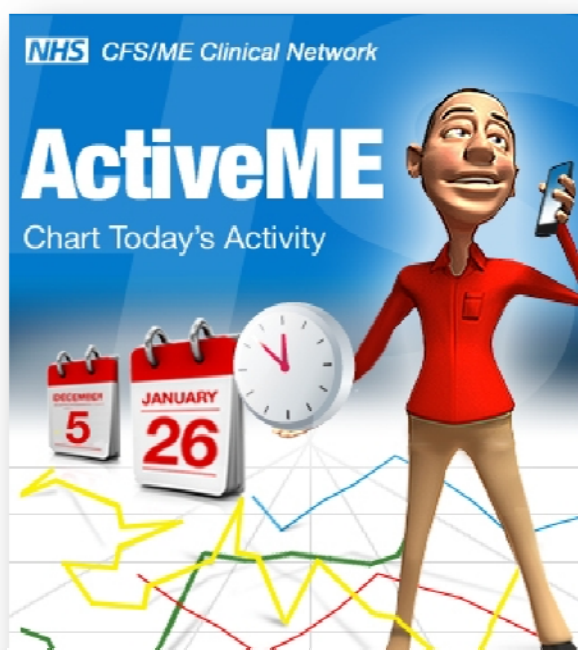
Pictured above: Louise Wilson from the Northern CFS Clinical Network tests out the app

ActiveME© takes this premise and provides an innovative, interactive patient-centred tool designed to help patients monitor and track their activity and energy levels, show energy patterns and help to plan activities on an hourly basis. This data can then be recorded within the application and provide the person with a visual representation of their information.

Louise Wilson, programme manager for the Northern CFS Clinical Network adds: "The app is a fantastic way for people to feel in control of managing their condition. Having the app on their iPhone makes their charts and monitoring information more portable and accessible which we hope will encourage more meticulous use of this self-monitoring tool."

Dr Crawley goes on to say: "The information recorded can then be discussed with their clinical teams and the data used to inform treatment plans. This makes each patients treatment highly individualised and patients can really feel that they are taking charge of their care. This is a really exciting development and provides us with another tool to help people with this complex condition to maximise their independence."

The application is available to download for £1.49 from the Apple App Store under utilities.



Lorenzo clinical documentation: NHS Tameside and Glossop – Diabetes and Vascular Service

In 2010 NHS Tameside and Glossop began to use the Lorenzo Clinical Documentation Deployment Unit.

This was implemented in order to support the sharing of clinical information across a care setting, reduce the amount of paper records held about a patient and improve the patient experience during their care.

Staff and managers were very enthusiastic to use this as an opportunity to explore new ways of working. Meeting with the staff 18 months on they told iNews what impact the use of clinical documentation had had on their working practice.

The staff prefer the electronic system to paper, why?

They are now able to see at a glance what others have written and save time trawling through records. When a patient contacts them they are able to answer any questions easily without hunting for the paper record and advise them accordingly.

Also, a clear audit trail illustrates the care given.

Conversations with other health professionals are recorded and can be reviewed to ensure consistency of care.

One staff member who moved to another area contacted the team leader and said she could not believe no one else was using it.

The implementation of an IT system also boosted confidence for junior members of staff, as many had excellent computer skills and were able to support those who were a little rusty.

It also fostered team development as they explored new ways of working.

“We don’t have to travel to collect paper records any more so we can spend that time with patients.”

Beryl Murphy

Diabetes and Vascular Service Lead

So, what were the new ways of working?

As staff can now electronically triage referrals this means they don’t have to travel into base every day, enabling them to plan their working day from home. This saves time and improves their working lives. Not having to collect paper records from their base means they can go direct to the clinic which they say has saved approximately 30 minutes per day.

What happens with all the time saved?

Now they have time to see more patients and are exploring holding pre meetings and case conference with other colleagues.

The visibility of the electronic patient record and having all the information in one place has significantly reduced the time of dealing with complaints enabling them to meet the required two week turnaround.

It’s not all been smooth running since implementation, but would staff want the system taken away? Definitely ‘No’ is the resounding answer!

For more information please contact:

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Scarborough uses iPads to improve patient care

One of the many challenges facing hospitals today is the undertaking of safe and supportive observations of patients. One of the options to help meet this challenge is the adoption of healthcare technologies, which allow clinicians to provide patient care from various locations and enable patients to have a better health outcome.

Scarborough Hospital NHS Trust is using the latest technology to improve the way in which they carry out patient observations.

They wished to improve the way in which their Deteriorating Patient Policy was implemented and decided to implement Vital Pac and iPadS to record patient observations rather than recording them on paper.

Scores are recorded in hospital to give an indication of how far away from normal readings the patient is. These scores were traditionally written down on paper charts, however the software records it in electronic format and sends it back to a handheld device.

The doctor can then see at a glance the patient's condition and the level of escalation needed and how soon a patient needs to be seen.

The main advantages of this system are:

- Identifying deteriorating patients early - as soon as a patient's score goes up it can be seen on the chart.
- Creates a more legible record – hand written charts may not be filled in correctly or hard to read. Incidents are therefore much easier to investigate.
- Ability to educate staff – abnormal observations are flagged up enabling managers to see who may need more training
- Availability of information wherever staff are – system can show all patients with an early warning score.

Thanks to these improvements, there has been a significant reduction in the number of cardiac arrests since the system has been in place. There have been 40 - 60 fewer cardiac arrests - a reduction of 25%.

John Mensah, Consultant Anaesthetist, said: "This is a fantastic innovation as it ensures that the whole hospital is reliably working to the Deteriorating Adult Patient policy. We have still got a way to go but the initial findings are extremely encouraging."

John believes IT is vital in modern healthcare: "The important thing is to use technology for things we have to do anyway – IT should not increase workload but improve it. Technology is important as long as it gives back greater benefits than before."



Bright ideas:

"The first thing to do is to let everyone know what's coming so they are expecting it. Give people as much information about the system as you can. Knowing what the whole thing looks like early on will make things easier in the long run. Good communication and knowledge at an early stage is vital."

John Mensah

Consultant Anaesthetist

Simple process improves access to electronic records in a safe and effective way

Summary care records (SCRs) allow healthcare staff treating patients in an urgent or emergency situation faster and easier access to essential patient information. A patient's SCR holds core information on their medicines, allergies and adverse reactions. Quicker access to this essential information helps healthcare staff to treat patients more swiftly.

South Tees Hospitals NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust employs around 9,000 staff and manages The James Cook University Hospital in Middlesbrough and the Friarage Hospital in Northallerton and includes staff from community hospitals and community services.

When the trust decided to start viewing SCRs in their medical assessment units and acute stroke ward at The James Cook University Hospital in May 2011, some staff were nervous about how to manage access to SCRs and how much time it would take to use the new system for monitoring accesses.

When viewing SCRs, healthcare staff must have the appropriate permissions and ensure that they have a legitimate reason in order to look at a patient's information. Patients are also asked for their permission before the record is viewed.

Sometimes however, there are situations where the patient's permission cannot be confirmed when a staff member needs to look at a patient's SCR, for example if a patient is unconscious or confused. Due to the processes implemented at James Cook, the privacy officer is responsible for checking the reason for access for example, checking that the patient attended hospital for treatment.

When healthcare staff view an SCR at James Cook, an alert is generated so the trust can monitor SCR access and ensure the viewing controls are being used appropriately.

Jennifer McArdle, Registration Authority Manager and Privacy Officer at South Tees, is responsible for monitoring these alerts and checking that staff only view SCRs for patients they are treating and, where possible, with their permission. Jennifer says: "During the pilot stage of the project, we looked at the most appropriate processes for viewing SCRs in urgent care situations. The process we chose involved using self-claimed legitimate relationships along with patient consent to enable staff to view an SCR. Using this process meant that an alert would be generated every time an SCR was accessed.

"I was initially concerned that monitoring the alerts and reconciling them with patient attendances on our local patient administration system would be time consuming and complex. However, once I had created a management process and used the online tool provided by the national SCR team to reconcile and monitor alerts, I was able to do a quick and easy audit to identify legitimate accesses as well as any anomalies that may have occurred."



Pictured above: Jennifer McArdle from South Tees Hospitals monitoring the system

Information governance

South Tees Hospitals NHS Foundation Trust, like all trusts holding patient information, has an obligation through the Care Record Guarantee and the Data Protection Act 1998 to uphold confidentiality and the data protection rights of all the patients they deal with in their hospitals. This means all alerts generated as a result of viewing SCRs are investigated by the privacy officer.

This is a simple process which involves using a Microsoft Excel tool developed by the national SCR team. Jennifer continues: "The combination of the alert viewer and the Excel tool enables me to identify who has accessed SCRs and when – providing better auditing than is currently possible with paper records.

"We have been informed by staff there are considerable benefits gained from the access to SCRs and therefore introducing this audit procedure has been a success so far from a governance point of view to support the patient and staff benefits."

Jennifer monitors the alerts twice weekly and was surprised by how little time it took. She explains: "The process usually takes me between 10 minutes if there are no outstanding anomalies and 30 minutes if there are alerts which require further investigation.

For more information about SCRs, please visit:

<http://www.connectingforhealth.nhs.uk/scr>

NHS Connecting for Health is supporting the NHS to introduce national applications and services such as the SCR. These will help the NHS deliver better care for patients.

This case study has been produced with kind permission from South Tees Hospitals NHS Foundation Trust

Holistic approach to the care of patients with long term conditions

The Long Term Conditions (LTCs) programme at NHS Yorkshire and the Humber has been working to develop a suite of templates within TPP SystmOne that support personalised care planning with patients living with LTCs.

The aim of this work is to create something that supports and facilitates healthcare professionals to adopt the personalised care planning approach and to standardise best practise at a regional level.

The template suites are two-fold; at the first level there is a generic personalised care planning template developed to support and enable the emerging holistic approach to care of patients who could be living with one or more LTC. This generic template provides a link to the full list of standard LTC QOF templates as well as NHS Choices for access to information prescriptions.

To further support this, a set of specialised condition-specific templates have been created that sits alongside the QOF list. The first of this specialised set is the diabetes (adult) templates which were designed in 2009 with support from NHS Bradford and Airedale to meet the requirements of the Diabetes Year of Care Programme. Following demand from clinicians across the region, the Yorkshire and Humber Programme for IT form builders have gone on to create a wide range of templates. In collaboration with clinical stakeholder groups, and following a robust process, the form builders are currently developing and testing templates to support asthma (paediatric and adult), COPD, diabetes (paediatric), epilepsy and stroke. In addition to these they are also developing an area within the generic LTC templates to capture an emergency care plan.

The first of the new templates are ready to launch.....

The asthma and stroke templates are now complete and ready for use. The others on the list are currently in the pilot phase and scheduled to be released in the next few months.

Asthma

Asthma is one of the most common long term conditions in the UK, affecting 5.4 million people, of which 1.1 million are children. Asthma is the most common long term condition for children.

The asthma template development was led by the 'Yorkshire and Humber Children's Asthma Impact Project' and was launched at the "Going for Gold Standard Asthma Care in 2012" Childhood Asthma summit held on the 20 March 2012.

Incorporating QOF requirements, the template is split into two sections, under 13 years and 13 years and above, and contains age relevant guidance for ease of use and quick reference when reviewing patients. The template includes elements, such as the asthma control test and the use of self management plans and records valuable information for data mapping in practise.

The aim of developing the template was to positively influence practice by providing evidence based, specialist approved, best practice tools.

"I was delighted to be involved in the development of the stroke template. I hope the template will narrow the gap between hospital and primary care and fill the void felt by patients following discharge from hospital."

Dr Sara Humphrey

GP

Stroke

The national stroke strategy quality marker no.14 highlights the need for people who have had a stroke and their carers to be offered reviews of their health and social care status and secondary prevention needs typically within six weeks of discharge home or to care home, and again before six months after leaving hospital.

When considering how to implement the six month and annual review of stroke patients there are a number of questions. The one that tends to dominate is around who should carry these out, given the pressures on existing staff capacity. However, of equal importance is how can the information gathered be recorded in a systematic way such that any actions or goals agreed upon can be revisited in the future and re assessed?

A robust shared recording process also avoids people with stroke having to be asked to give repeated information at every assessment, and collates information gathered at a range of consultations to provide a more holistic picture.

The West Yorkshire Cardiovascular Network approached the LTC programme, with the above problem, and the personalised care planning approach supported by a specialised stroke template seemed to be a logical answer. It was also agreed that the Greater Manchester stroke assessment tool (GMSAT) - an evidence based assessment tool which has been successfully implemented - would be a good basis for the template within TPP SystmOne.

The template development was led by the West Yorkshire Stroke Network in collaboration with regions other two stroke networks (North East Yorkshire and Northern Lincolnshire and South Yorkshire networks) and is based on the GMSAT.

Accessing the Templates

The Asthma and Stroke templates are available on TPP SystmOne via an organisational group. As the others are completed they will be added to the list. For more information about how to access the templates or for more information about the template development contact Lee.Hunter@yorksandhumber.nhs.uk or Jenny.Jackson@yorksandhumber.nhs.uk and request the joining instructions.

Helping NHS organisations implement mobile working practises

The Department of Health Informatics Directorate (DHID) has developed an online resource to support mobile working programmes in the NHS.

Primarily focused on community services, the NHS Mobile Working Knowledge Centre presents good practice guidance, tools and case studies on the implementation of mobile working in healthcare.



The website can save NHS organisations significant time and money in developing and delivering mobile working programmes.

Jim Monk, Business Consultant at DHID explains: "It not only helps organisations understand and develop their own case for investment but also suggests structured approaches to avoiding common pitfalls during planning and implementation".

The potential benefits of using mobile technology to access and capture information at the point of care is well publicised. It's already being exploited to deliver improved quality and more efficient working practises in community services.

Successful programmes, such as the one at NHS Kirklees Community Healthcare Services, are reporting significant productivity savings and service quality improvements.

These benefits however, can only be realised through the effective engagement of people, and the review of processes they use, whilst considering the organisational implications of any change or introduction of technology.

DHID conducted research into the adoption of mobile working in community services, Jim continues:

"Our results show opportunities are being missed by NHS community services organisations in realising the full benefits potential of mobile working. Much of this can be attributed, not to technological challenges, but a lack of appropriate leadership, strategy and business change management".

In response, DHID has developed the knowledge centre to support the development of this capability.

The website will be particularly useful for those responsible for initiating, designing and delivering programmes.

Rachel Souter, DHID Business Consultant explains: "We've acknowledged that organisations are at varying stages when it comes to implementing mobile working. Some haven't considered it, some are attempting to justify the investment, others are at different phases of implementation. The site provides support across all of these equally critical stages."

Find out more by visiting:

<http://tinyurl.com/mobile-working>
[Open in new window]

iProfile

Each edition we bring you a closer look at our informatics colleagues in the north of England. In this issue we talk to **Ngai Tang** and **Munir Yousef**, Content Designers and Developers at NHS Yorkshire and the Humber ...



Pictured Left: Ngai Tang

Ngai Tang and Munir Yousef's roles largely involve the development of clinical content for both Lorenzo and SystmOne which support the delivery of patient care in the NHS.

This can involve attending requirements gathering workshops, template and dataset development, testing, piloting and assurance. They are also involved in other workstreams providing technical assistance for areas such as benefits realisation, intranet development, Sharepoint and integration.

Ngai has been at the Strategic Health Authority for over two and a half years. He previously worked in IT/web development creating e-commerce solutions and business support applications in private sector companies from legal sector to the retail sector.

Ngai is frequently involved in meetings to gather requirements from clinicians and business analysts, advising on system functionality, and proposing solutions. A large amount of time is spent developing forms and templates in Lorenzo and SystmOne, and producing the necessary documentation and support for data quality reviews, clinical safety reviews, demos, pilots or roll out phases.

Ngai says: "I enjoy the variety and flexibility of my role, and the interaction with clinicians and project staff. Rather than just focusing on the inner workings of an IT system. I also get to see the bigger picture and how that supports the overall strategic vision - and the real difference it is making to patient care."

Ngai enjoys working at the SHA: "It's a great close-knit team we have here and everyone is approachable and very supportive. It's a fun place to work and I've really enjoyed my time here. "

Ngai and Munir are a great 'double act' and enjoy working together. Munir says: "Ngai comes from a similar background to myself in software development and this helps, especially if you encounter technical problems! It's good to have another set of eyes to help look through coding and technical issues."



Pictured above: Munir Yousef

Munir has also worked at the SHA for over two years. He initially completed a university placement year at NHS Health Informatics (Bradford) as a database analyst providing software solutions for the region and once he completed his degree in BSc business computing, he worked for a private financial firm as a development analyst.

Munir's working week is varied. He meets regularly with clinicians and NHS Connecting for Health colleagues to capture clinical requirements and provide appropriate solutions. He also spends time developing SystmOne templates and Lorenzo CDC forms, demonstrations to clinical and non-clinical staff, clinical sign off and supporting pilot and deployment sites. He also spends time coding or developing templates and forms.

Munir says: "I enjoy working in different environments and working with colleagues from varied backgrounds. Working alongside clinicians to help patients receive their care more effectively gives me great job satisfaction."

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Bright Ideas:

"Early end user input and clinical buy-in are essential when undertaking IT projects. Regular checkpoint demos and feedback are important as it keeps stakeholders informed of progress, keeps the end product on the right track, and results in better outputs."

Ngai Tang, Content Designer & Developer

"Involve clinicians from the outset and Work with a varied set of clinicians, as this will help achieve objectives on a wider scale."

Munir Yousef, Content Designer & Developer