NHS Scotland Clinical Portal

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Will cover…

**Why** this is key to the eHealth strategy

**What** is Clinical Portal

**Why** do it

**What** information should be available

**How** we’re making it happen

The Scottish Government
Strategic context

eHealth Strategy focuses on:

- Business challenges such as 18 weeks, mental health and long term conditions
- Progressive integration across patient journeys
- Improved Information Assurance
- Delivering benefits, not systems
- Improving capability and capacity
- Incremental and Pragmatic
- Standards and convergence
- Collaborative approach to delivery, drawing on best expertise
Overall benefits framework for eHealth

Quality Healthcare Enabled by eHealth

Safe & Effective
- Safer faster diagnosis
- Better understanding of history & health status
- Reduce complications due to drug interactions
- Data for audit, improvement & population based studies
- Support protocols & evidence based pathways of care
- Effective patient identification
- Improved data quality & automatic validation

Timely & Efficient
- Improved communications & sharing of information between patients, clinicians and carers across health and other partner agencies
- Reduced duplication of data entry
- Reduce unnecessary repeat investigations
- More efficient collection & analysis of secondary use data
- Real time information to support operational management

Equitable & Patient Centered
- Less need for patients to repeat information
- More clinical time with patients rather than searching for information
- Patients will be supported in accessing, verifying & amending their health records
- Patients and carers will have improved access to information about their condition encouraging greater involvement in their own health
What is Clinical Portal?

- ‘virtual’ electronic patient record - no need to create large single database
- electronic window to information held in different places
- authentication of users
- single sign on
- control over access through assigned roles
Clinical Portal - benefits

- Reduced time spent searching for and retrieving clinical information
- Information available to support effective and safe delivery of clinical care
- Reduced delays in processes such as referral vetting
- Reduced adverse drug events due to availability of medication information
- Availability of results may reduce unnecessary duplicate tests
- Less reliance on paper based processes
- More secure and appropriate access that is traceable
What information?
Clinical Portal Survey

• On line survey 8\textsuperscript{th} May and 19\textsuperscript{th} June 2009
• Clinicians asked to rank different types of information in terms of importance
  1 = Not necessary
  2 = Useful
  3 = Important
  4 = Essential
• Patient-centred information; clinician-centred information; access to clinical information
Survey participants

• Clinical Change Leadership Group
• Medical and Nursing Directors
• Lead Allied Health Professionals
• Chief Pharmacists
• Nursing, Midwife and Allied Health Professional eHealth leads
• 31 Royal Colleges and National Professional Advisory Groups
• eHealth website
Number of replies received from each clinical professional group

![Bar chart showing the number of replies received from different clinical professional groups. The chart includes categories such as AHP, Dentist, Doctor (not GP), GP, Healthcare Scientist, Manager, Midwife, Nurse, Optometrist, Other, Paramedic, Pharmacist, Phlebotomist, Psychologist, and Student. The highest number of replies is for Nurse, with 722 replies, followed by Doctor (not GP) with 846 replies, and AHP with 693 replies. The lowest numbers are for Other, Paramedic, and Student, with 4, 3, and 6 replies respectively.]
Number of replies received from each Health Board
General comments

• Clinicians welcomed the opportunity to provide input
• Support for the idea of using portal technology
• Patient-centred
• Simple solution
• Provide summarised essential clinical information
• Early delivery of benefits
• Value for money
• Improve data quality
• Standardisation
Summary of information requirements

- Patient health summary
  - Past medical history
  - Current problem list
  - Current medications
  - Allergies and alerts
  - Treatment plan
  - Events and procedures
  - Social history

- Clinical letters
  - Referral
  - Discharge
  - Clinic

- Diagnostic test results

- Clinical observations

- Knowledge support
  - Local and national clinical guidelines
  - eBNF

- Clinical notes
  - clinic notes
  - admission and pre-assessment notes
Can it be done?

• NHS Tayside
  – Primary Care
  – Emergency Department

• NHS Greater Glasgow and Clyde
  – 2 Ambulatory Care Hospitals
### Acute Medications

<table>
<thead>
<tr>
<th>DRUG</th>
<th>PREPARATION</th>
<th>STRENGTH</th>
<th>DOSE</th>
<th>FREQUENCY</th>
<th>DATE STARTED</th>
<th>PRESCRIBER</th>
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<tr>
<td>WARFARIN SODIUM tabs 5mg</td>
<td>tab</td>
<td>5</td>
<td>28</td>
<td>TAKE ONE AS DIRECTED</td>
<td>30-Dec-2008</td>
<td>Dr. D. Shaw</td>
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<tr>
<td>AMOXICILLIN caps 250mg</td>
<td>cap</td>
<td>250</td>
<td>21</td>
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<td>PARACETAMOL caps 500mg</td>
<td>cap</td>
<td>500</td>
<td>80</td>
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<td>IBUPROFEN mr cap 200mg</td>
<td>cap</td>
<td>200</td>
<td>8</td>
<td>TAKE TWO MORN, 2 NIGHT</td>
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<td>IBUPROFEN grs 600mg</td>
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<tr>
<td>CO-AMILORFUSE tabs 2.5mg=20mg</td>
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<td>2.5</td>
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<td>TAKE ONE EACH MORNING</td>
<td>03-Dec-2008</td>
<td>Dr. D. Shaw</td>
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</table>

### Repeat Medications

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<tr>
<th>DRUG</th>
<th>PREPARATION</th>
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<th>DOSE</th>
<th>FREQUENCY</th>
<th>DATE STARTED</th>
<th>PRESCRIBER</th>
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<td>250</td>
<td>100</td>
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<td>02-Oct-2008</td>
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<tr>
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<td>250</td>
<td>100</td>
<td>TAKE 4 TIMES/DAY</td>
<td>29-Sep-2008</td>
<td>Dr. D. Shaw</td>
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<tr>
<td>LANSOPRAZOLE caps (ec grans)</td>
<td>cap</td>
<td>30</td>
<td>56</td>
<td>ONE DAILY FOR HEARTBURN OR STOMACH PROTECTION</td>
<td>21-Jun-2008</td>
<td>Dr. D. Shaw</td>
</tr>
<tr>
<td>ERYTHROCIN tabs 250mg</td>
<td>tab</td>
<td>250</td>
<td>99</td>
<td>TAKE 4 TIMES/DAY</td>
<td>04-Jun-2008</td>
<td>Dr. D. Shaw</td>
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<tr>
<td>CITALOPRAM oral drops 40mg/ml</td>
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<td>40</td>
<td>15</td>
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<td>03-Jun-2008</td>
<td>Dr. D. Shaw</td>
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<tr>
<td>AMOXICILLIN caps 250mg</td>
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<td>250</td>
<td>21</td>
<td>TAKE 1 THREE TIMES A DAY</td>
<td>03-Jun-2008</td>
<td>Dr. D. Shaw</td>
</tr>
</tbody>
</table>

**Known Allergies**
- Allergic reaction to bee sting: 15-Oct-2006
- ATENOLOL tabs 25mg: 01-Nov-2002
- BROCHLOR eye drip: 15-Jun-2008
- DE-NOLTAB tabs 120mg: 15-Oct-2008

**Unknown Allergies**
- [D] Tachycardia: 07-Jan-2009

View All Allergies
GGC Clinical Portal

Clinical Portal Usage Statistics
Combined Statistics
Calendar Year 2009

- Total Users
- Successful Logins
- Users Logged On
- Total Results Viewed

The Scottish Government
Making it happen

- Information
- Technology
- Programme
Information priorities

- Past medical history
- Current problem list
- Current medication
- Allergies
- Alerts
- Hospital discharge letters
- Outpatient clinic letters
- Referral letters
- Laboratory results
- Radiology results
- Radiology images
- Diagnostic text results
- Local clinical guidelines
- National clinical guidelines
- eBNF
Technology

• ‘Discovery’ project underway to establish and make available the necessary technology
• Consortium led by NHS Lothian
• Due to report in early of 2010
• Key Outcomes:
  – Evaluation of existing portal technology available within NHS
  – Requirements specification for additional technology
  – Clinical pilot to validate technology within a NHSS setting
  – Business Case and Sourcing Strategy
Clinical Portal Programme

• Programme Board to be established
• SGHD preparation funding in 09/10
• Additional funds next year
• Change and Benefits support programme to help NHS Boards:
  – understand the need for, and scope of, the whole-system changes needed to achieve the desired benefits
  – ensure staff’s commitment to their role in realising the benefits
  – make the improvements sustainable
Patient Portal to complete the circle?
Ask yourself what is better ...

does this...

- Need to remember multiple usernames and passwords
- Takes time to retrieve information held in different systems
- Do not always have all the information needed
- Patient asks same questions repeatedly
- Paper processes delay decisions
- Difficult to investigate inappropriate access

or this?

- Patient's information brought together on one page
- Faster access to electronic patient and clinical information for decisions
- More complete and up to date patient record
- Reduced dependency on paper record and paper communication
- Improved ability to control and monitor access to information
- Available information gradually increased over time

The Clinical Portal – Benefitting Clinicians and Patients

Find out more at www.ehealth.scotnhs.uk