

TeleMed and eHealth 08



Optimising emergency and out-of-hours services - the impact of the nationally shared emergency care summary in Scotland

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Overview

1. The EU EHR IMPACT study and method
2. Emergency Care Summary - NHS Scotland
 - Economic impact: some facts & figures
 - Lessons learnt

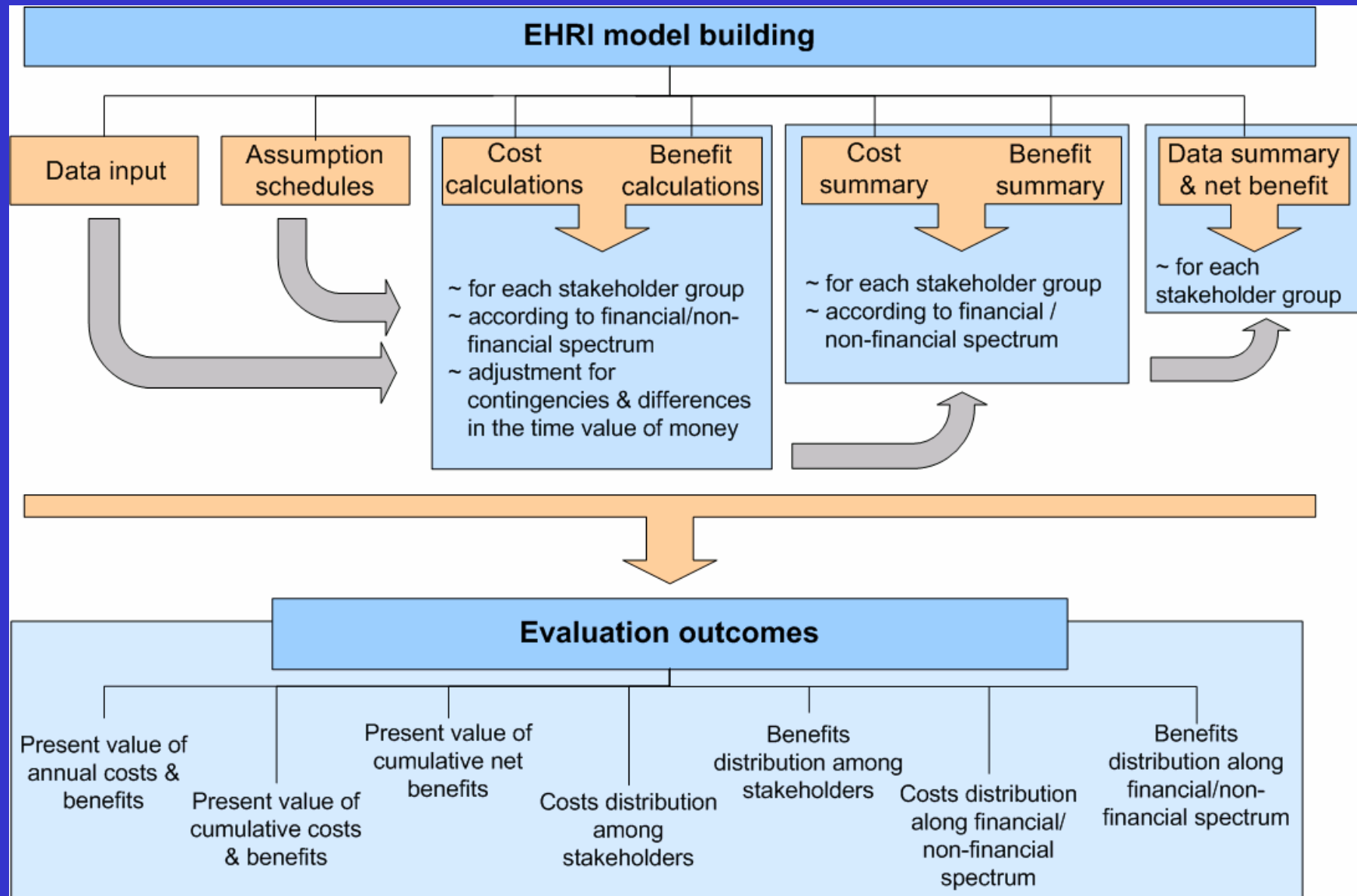
The EHR IMPACT study

Socio-economic impact of interoperable electronic health record and ePrescription systems in Europe

- Identification and analysis of 10 good practice cases
- Policy recommendations to foster their diffusion in Europe
- Method of evaluation:
 - Based on eHealth IMPACT study (www.ehealth-impact.eu)
 - Cost benefit analysis (CBA) from an economic perspective
 - All relevant costs and benefits for all stakeholders
 - Net *economic* gains

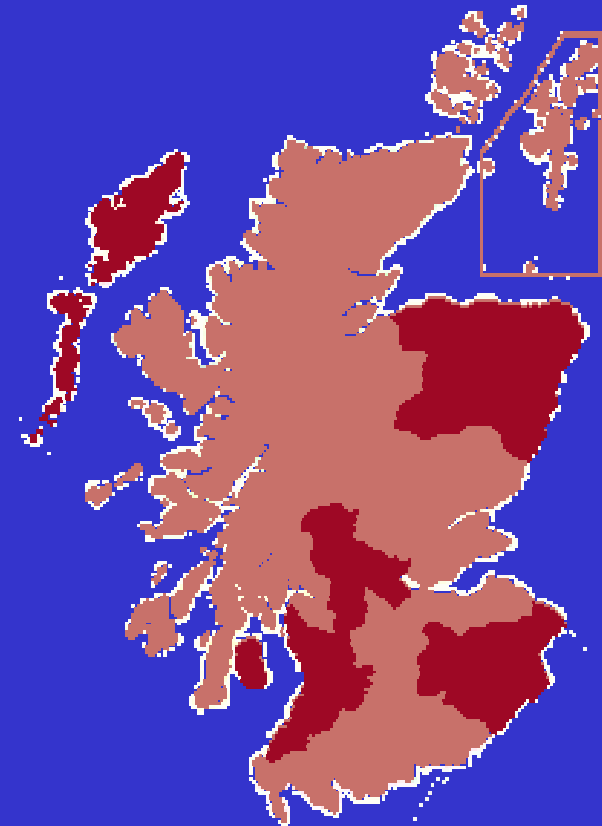
www.ehr-impact.eu

Methodology: the EHRI model

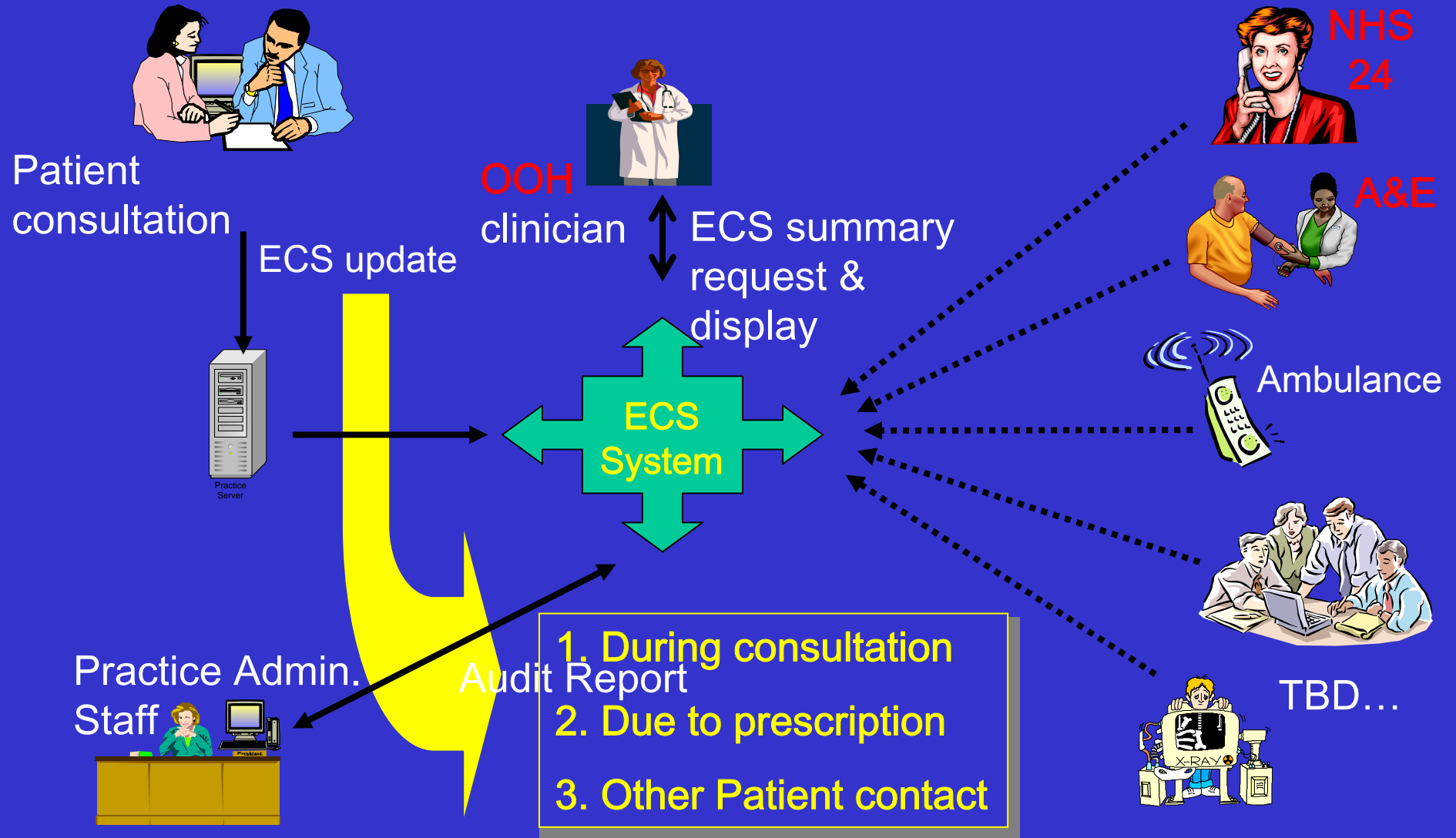


About NHS Scotland

- NHS in Scotland
 - Primary and Secondary Care
 - 14 Local Health Boards
 - 1,030 GP Practices (Family Practitioners)
 - 4 suppliers of GPs' EHR
 - 1 National Ambulance Board
- 5.3 million population



ECS Overview



Costs and financing of ECS

- Investment
 - Redeployed resources
 - GPs engaged in ECS development from start
 - Extra expenditure
 - NHS Scotland project budget
- Operations
 - Time spent on ECS by GP and Admin
 - Time spent by OOH, NHS24 and A&E
- ICT cost: £3.3m = 13%
- Total investment = £25.3m

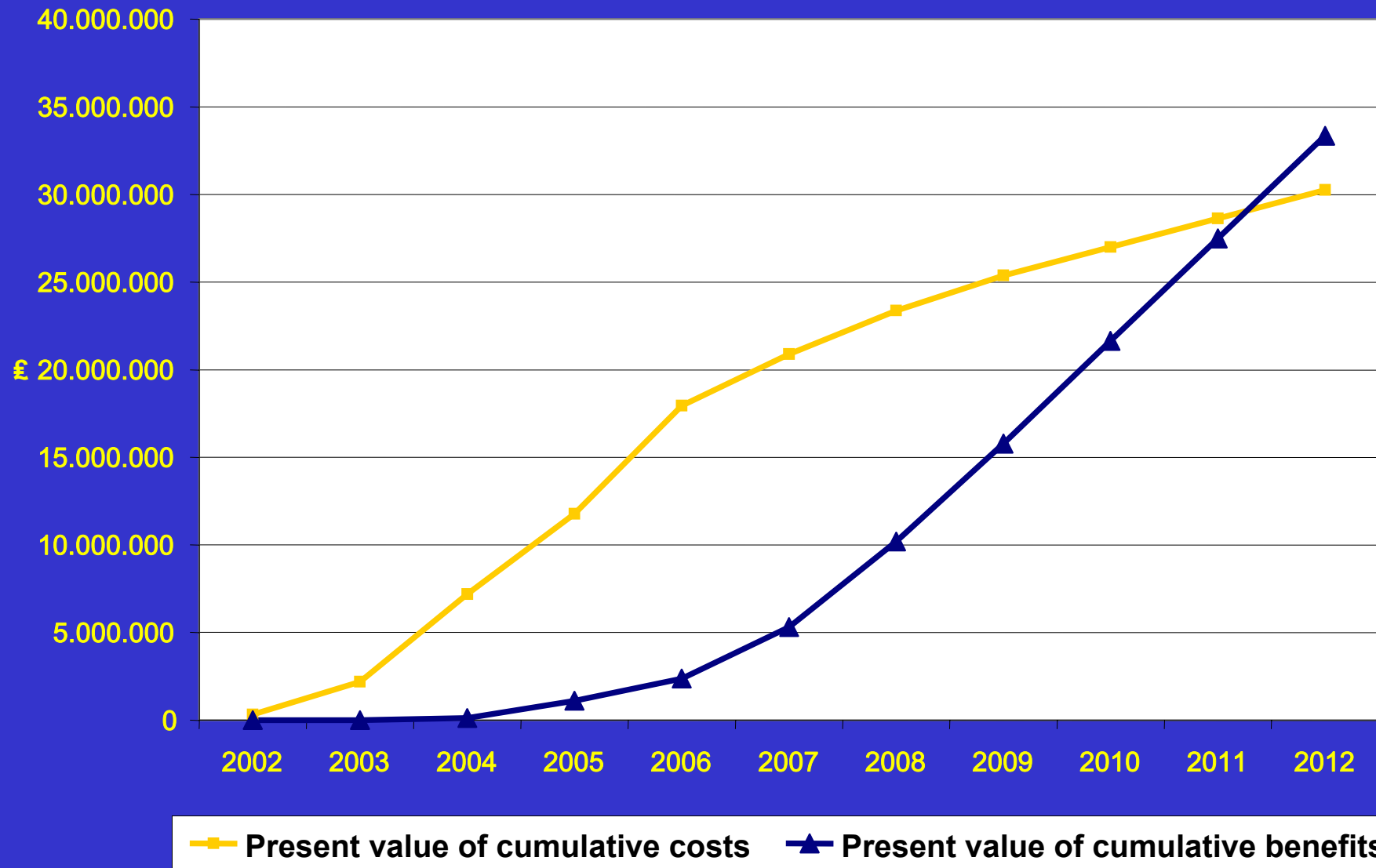
Benefits from the ECS

- Citizens
 - **Patient safety** - reduced risk of ADE harm
 - More efficient consultation at OOH and NHS 24
 - **Time saving for patients**
 - fewer repeat questions at OOH, NHS24 and A&E
 - Some avoided admissions and referrals
- Doctors and nurses
 - **Assurance to GPs**
 - patients are taken care of efficiently out of hours
 - Doctors' and nurses' working lives easier
 - Few manual medication records at NHS24 and OOH

Benefits from the ECS

- Benefits to NHS Scotland
 - **Reduced exposure to risk** due to better clinical governance
 - Drugs recorded correctly and fully
 - Advice is based on better information
 - Time savings – redeployed resources:
 - **Fewer repeat questioning** about medications
 - **Less manual input** of medication lists at NHS24
 - 1 min per call
 - Fewer calls from A&E pharmacists to GPs about medication records.
 - Faster completion of current medication list at NHS24
 - A few avoided admissions at A&E
 - A few avoided referrals by NHS24 to OOH and A&E

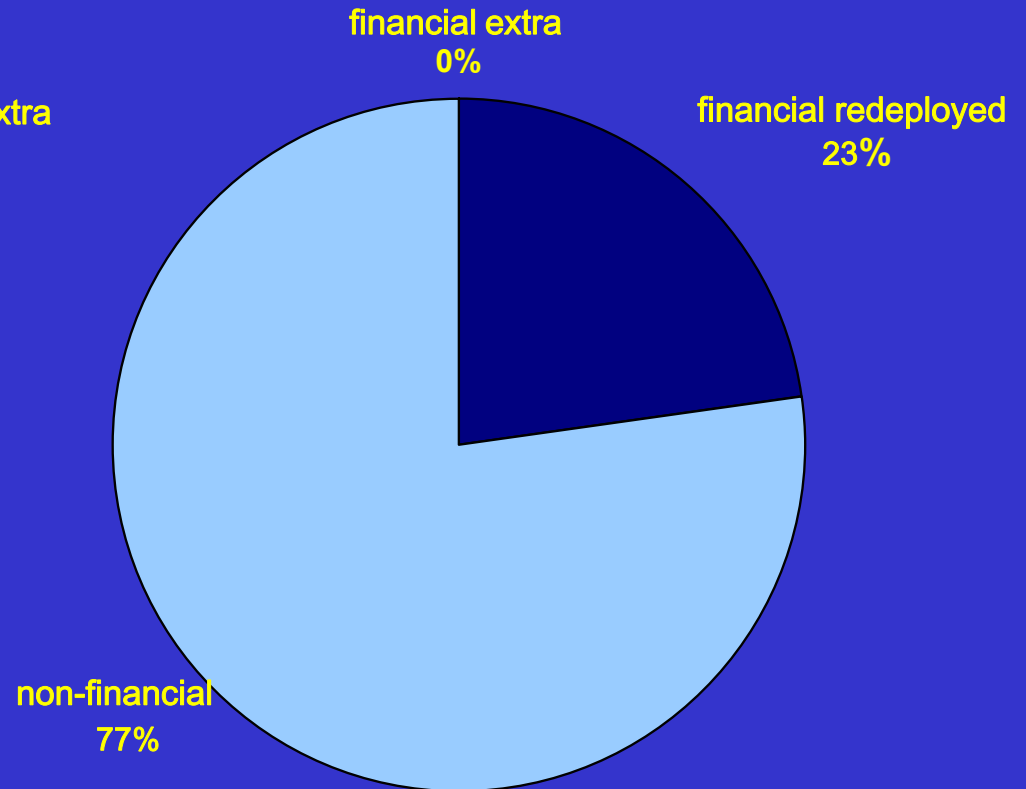
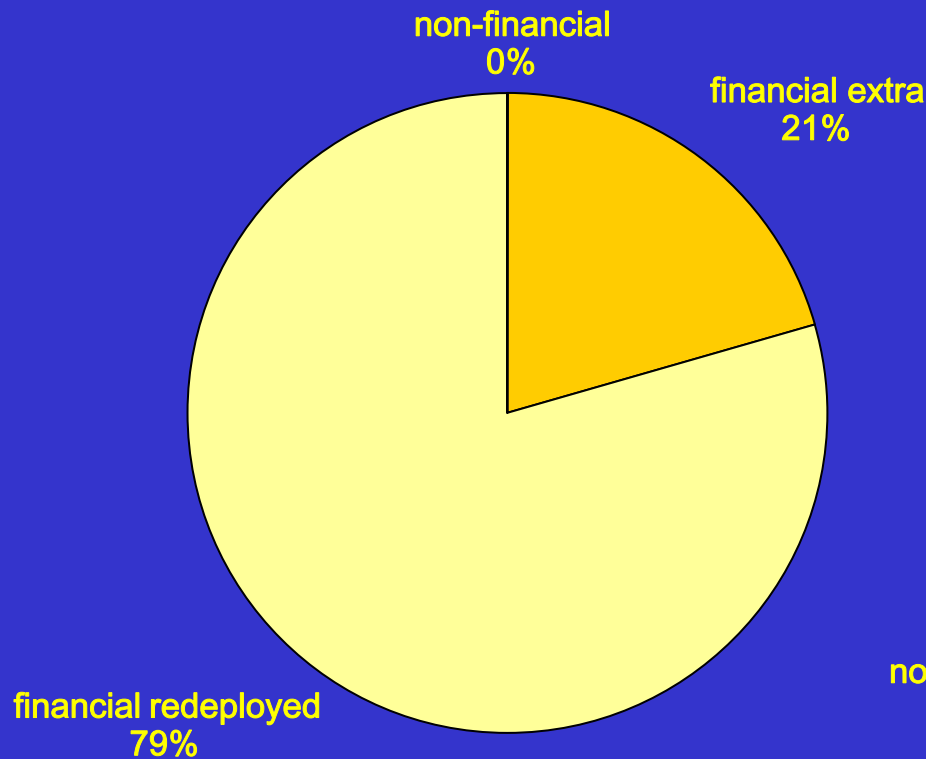
ECS – cumulative *economic* performance



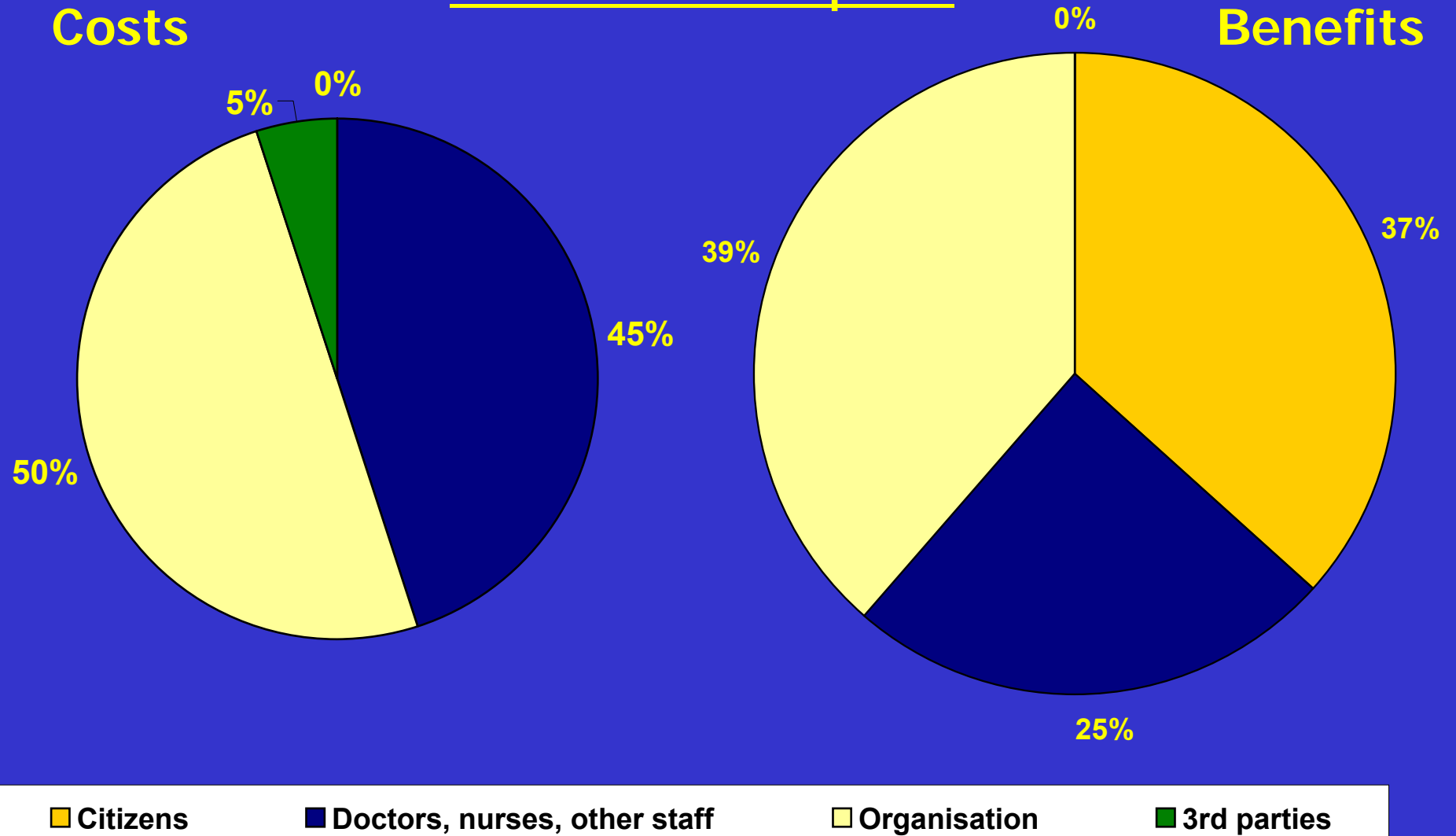
Distribution of costs and benefits: financial impact

Costs

Benefits



Distribution of costs and benefits: economic impact



ECS and Interoperability

- Many different organisations
- Technical interoperability between different EPR systems
- Fast data extraction and access
- Interoperability standards compliance

Thank you for your attention!

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