



National
Services
Scotland

The Scottish Emergency Care Summary Programme – enabling integrated care

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Overview

1. The EU EHR IMPACT study
2. The Emergency Care Summary
3. Economic impact: some facts & figures
4. Lessons learnt

The EHR IMPACT Study

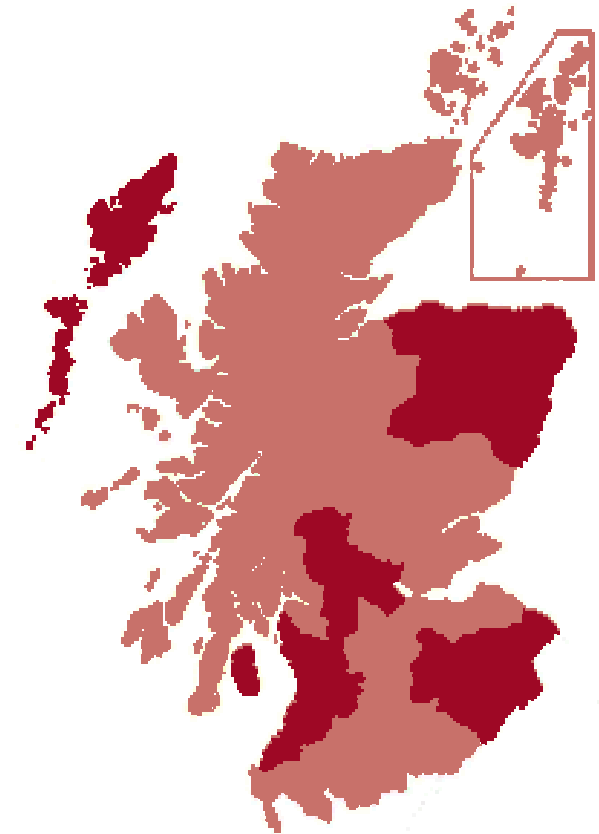
Socio-economic impact of interoperable electronic health record and ePrescription systems in Europe

- Identification and analysis of 10 good practice cases
- Policy recommendations to foster their diffusion in Europe
- Method of evaluation:
 - Based on the eHealth IMPACT methodology
 - Cost benefit analysis (CBA) from a socio-economic perspective
 - All relevant costs and benefits for all stakeholders
 - Net *economic* gains
 - Existing statistics, internal reports and studies, interviews

www.ehr-impact.eu

Emergency Care Summary (ECS)

- NHS in Scotland
 - Primary and Secondary Care
 - 14 Local Health Boards
 - 1030 GP Practices (Family Practitioners)
 - 4 suppliers of GPs' EHR
 - 1 National Ambulance Board
- 5.3 million population
- NHS in Scotland devolved responsibility to Scottish Government from UK Government



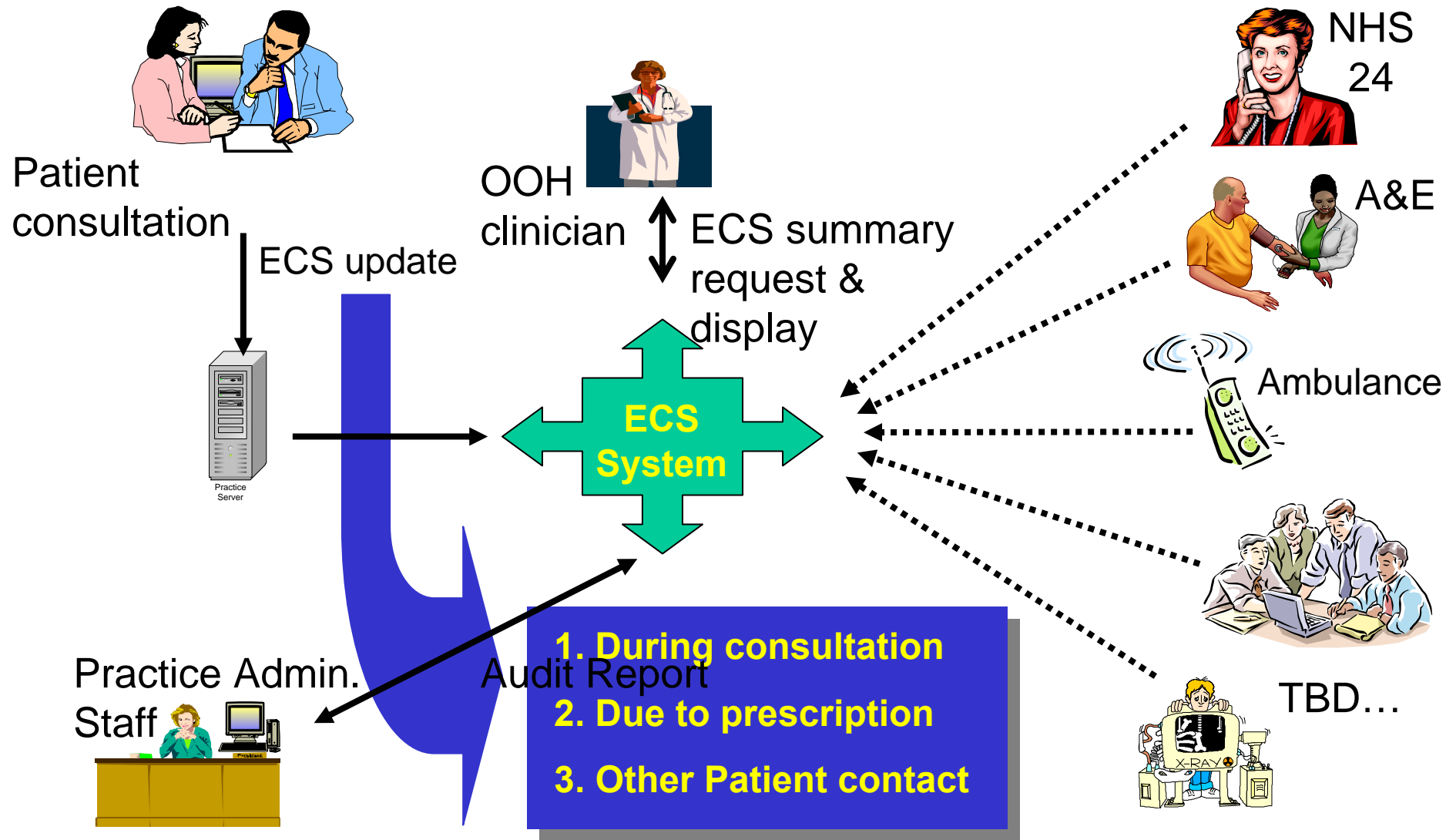
Background

- A new GP contract meant changes to Out of Hours (OOH) care for Patients
- A “useful summary” was needed for Emergency and Out of Hours services
 - A&E, Ambulance, NHS24 (National OOH Call Centre)
- Previously localised, paper based, patchy system of information between contributors to patient care

Policy and Strategy

- Incremental and pragmatic approach to Electronic Patient Records
- Focus on business challenges, not technology
- Clinical leadership
- Aim to deliver benefits, not IT systems
- Integration across patient journeys

ECS Overview



Agreed Dataset

- Patient demographics (address, telephone, CHI number)
- Allergies and adverse reactions to medications
- Medication history
 - Repeat prescriptions in past 12 months
 - Acute prescriptions in past 30 days
- Consent flag
 - Patient opt out status

Key Principles

- Patient safety is key driver
- Clinically led, patient focused
- Basic summary of demographic and clinical information agreed
 - Key agreement with GPs
- Scottish patients as key stakeholders in agreeing this new service

Project Timeline

- ECS Service pilot started in 2004
- National ECS launched in Sept 2006
- Full Integration and rollout:
 - OOH in 2006
 - NHS24 (National Call Centre) in 2007
 - Accident and Emergency in 2008
- Over 6500 registered users
- New eHealth developments planned for 2009 - 2012

Engagement with Stakeholders

- From the start....
- GP and senior clinical leadership
- Patient groups
 - Focus groups
- National Patient Leaflet
 - Written by independent patient group
- Variety of media used in different areas
- Continued engagement throughout

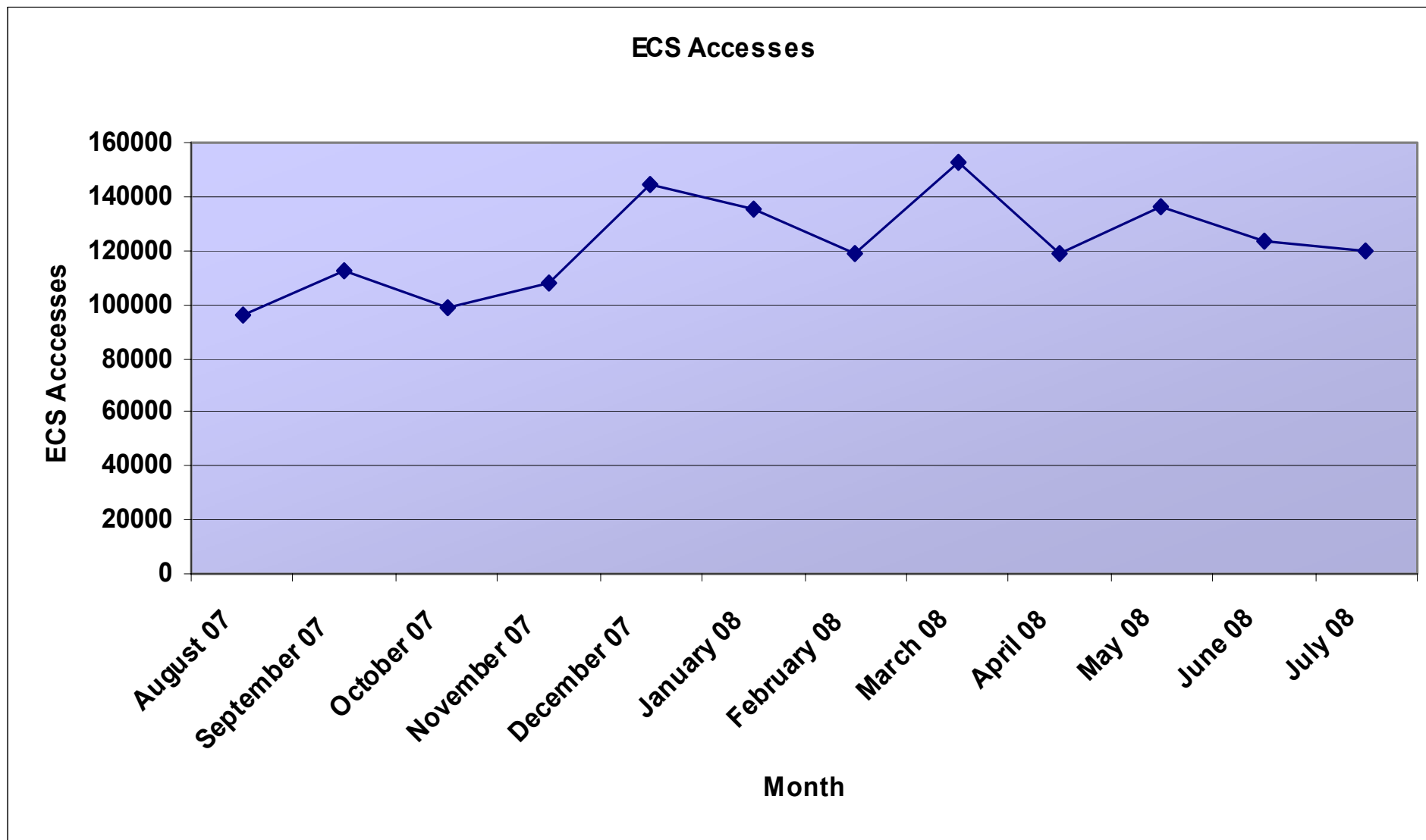
Implementation Approach

- Incremental rollout in each Health Board
- Available when users are ready
- Minimal impact on GP workload
- National Communication
- Full integration where possible

Progress and Usage

- Over 5.3 million patient records extracted from GPs' EHRs
- 1700 patients have 'opted out'
 - Represents 0.03% of all patients
- Over **1.8 million accesses to date** and increasing trend in use
- Expected increase in use as new developments are available

Progress and Usage



Costs and financing of ECS

- **Investment**
 - redeployed resources
 - GPs engaged in ECS development from start
 - Extra expenditure
 - NHS Scotland project budget
- **Operations and maintenance**
 - Time spent on ECS by GP / GP Admin
 - Technical and organisational
- ICT cost: £3.3m = 13%
- Total investment = £25.3m

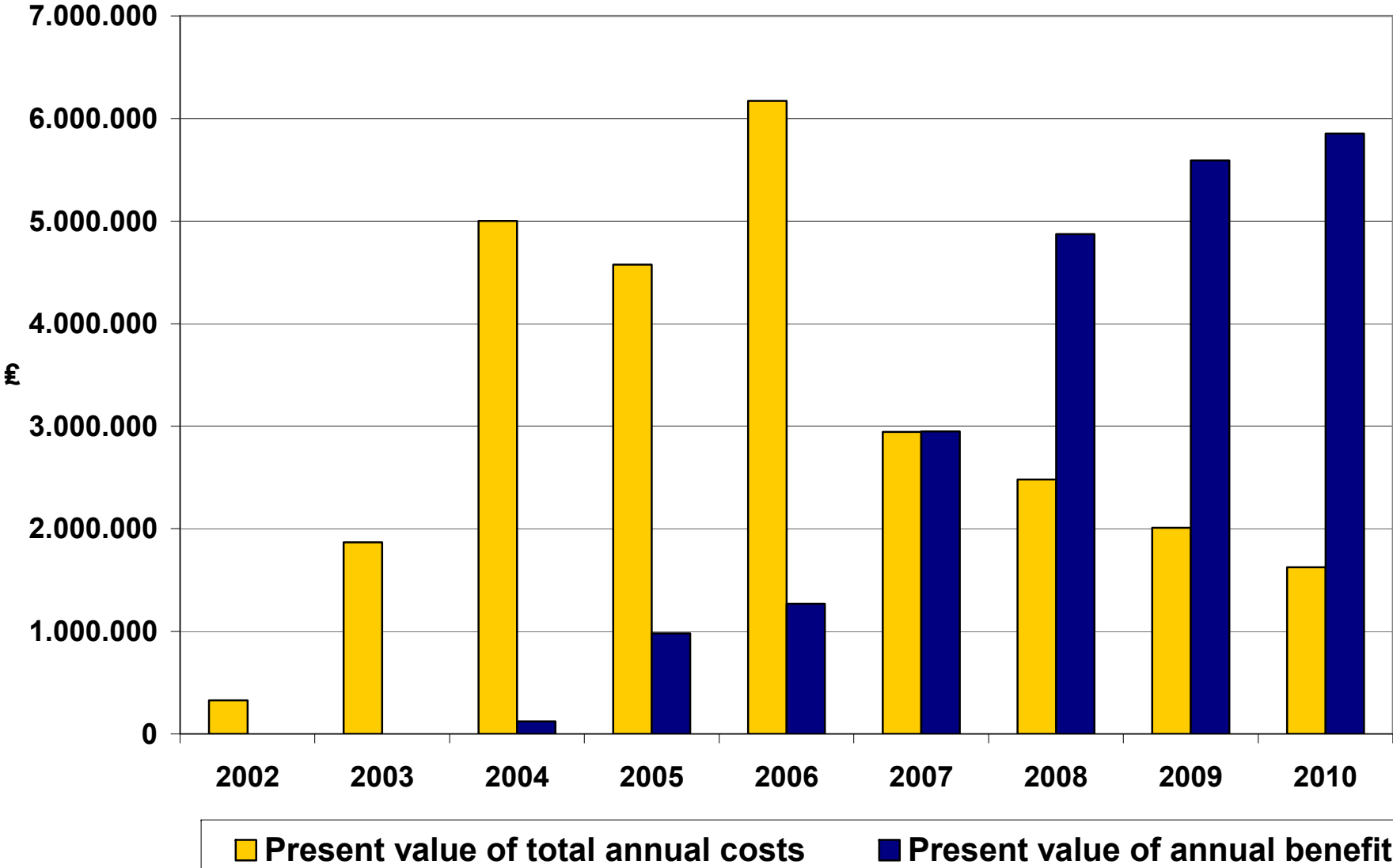
Benefits from the ECS

- Citizens
 - **Patient safety** - reduced risk of ADE harm
 - Some avoided admissions & referrals
 - **Time saving for patients**
 - fewer repeat questions at OOH, NHS24 and A&E
 - More efficient consultation at NHS 24 – time & satisfaction
- Doctors & nurses
 - **Comfort to GPs**
 - patients are taken care of efficiently out of hours
 - No manual preparation of medication records at NHS24 and OOH
 - Doctors' and nurses' life made easier

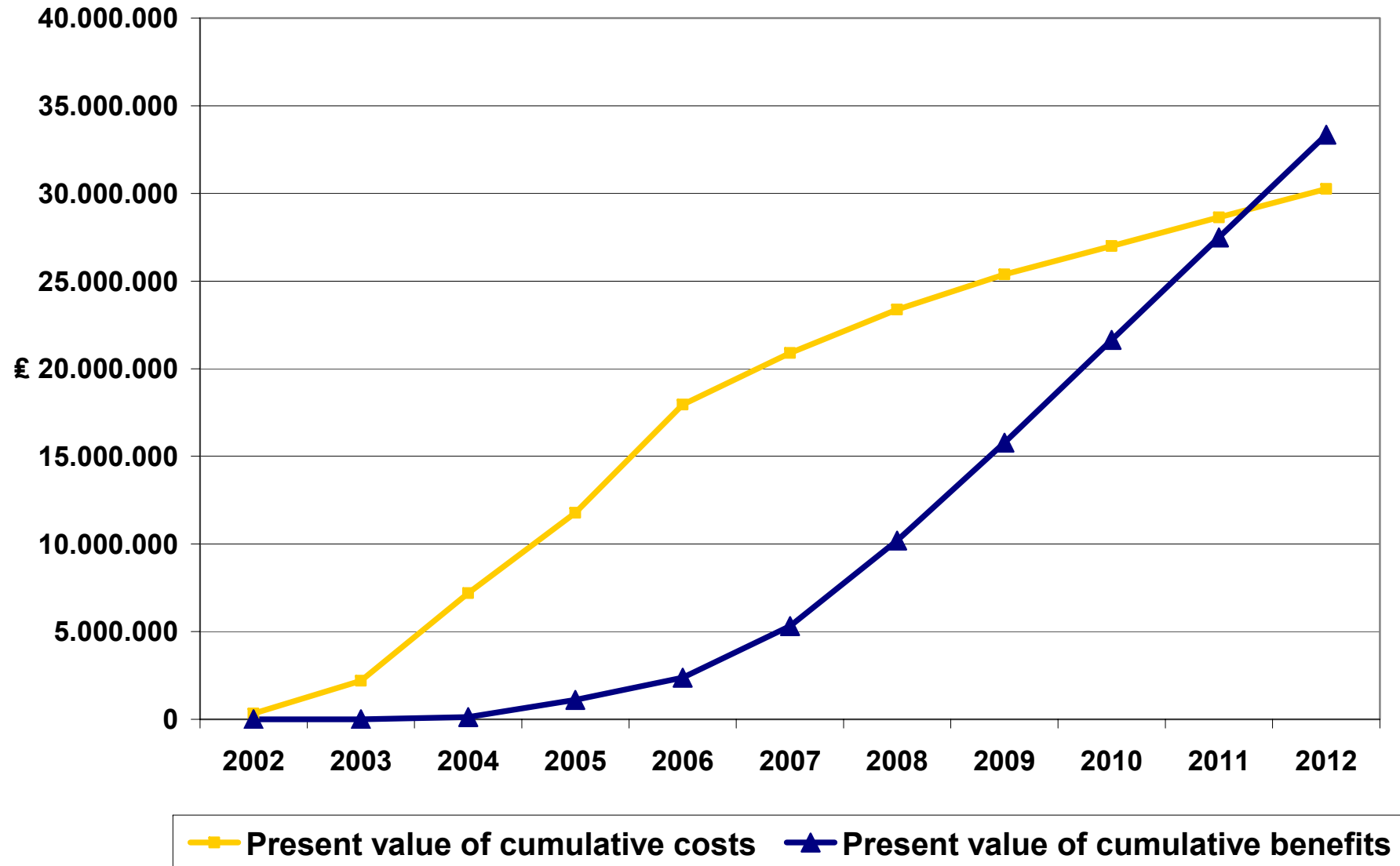
Benefits from the ECS

- Benefits to NHS Scotland
 - **Reduction in exposure to risk** due to better clinical governance
 - Assurance that drugs are recorded correctly and fully
 - Assurance that advice is based on better information
 - Time savings – redeployment of resources:
 - **Fewer repeat questioning** about medications by doctors and nurses at OOH and A&E
 - More bed-side time by A&E pharmacists as fewer calls to GPs
 - Faster completion of current medication list at NHS24
 - **No manual input of medication lists at NHS24**
 - 1 min per call
 - Avoided admissions & visits
 - Avoided referrals by NHS24 to OOH and A&E
 - **Faster treatment** and some avoided admission at A&E
 - no overnight waiting for clarification with GP

ECS – annual *economic* performance

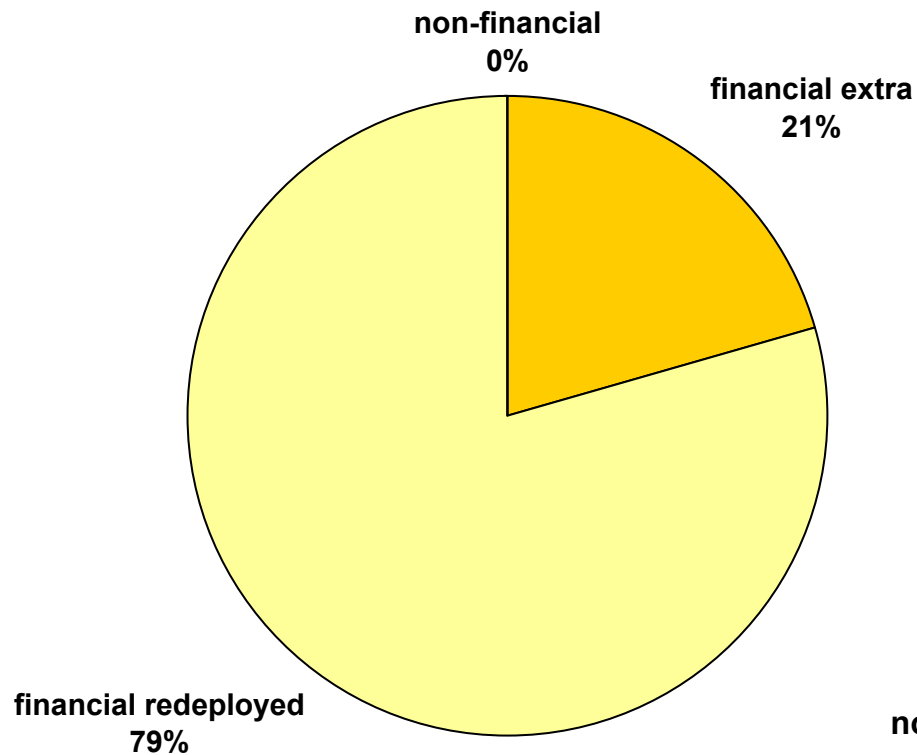


ECS – cumulative *economic* performance

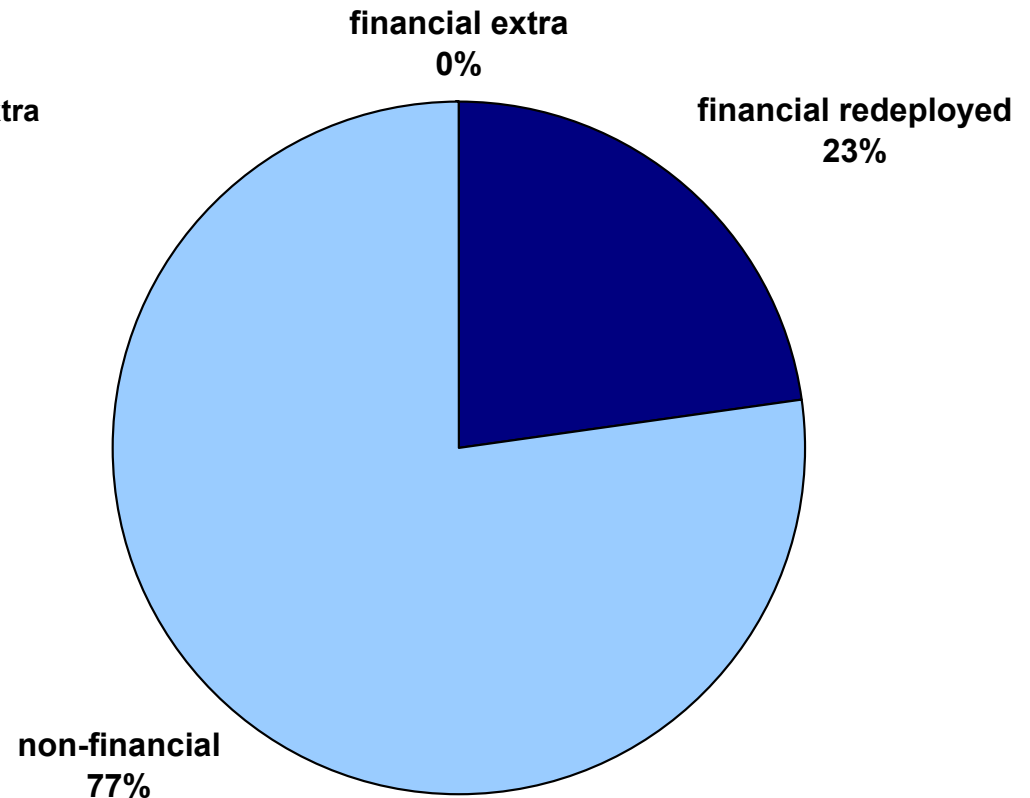


Distribution of costs and benefits: financial versus economic impact

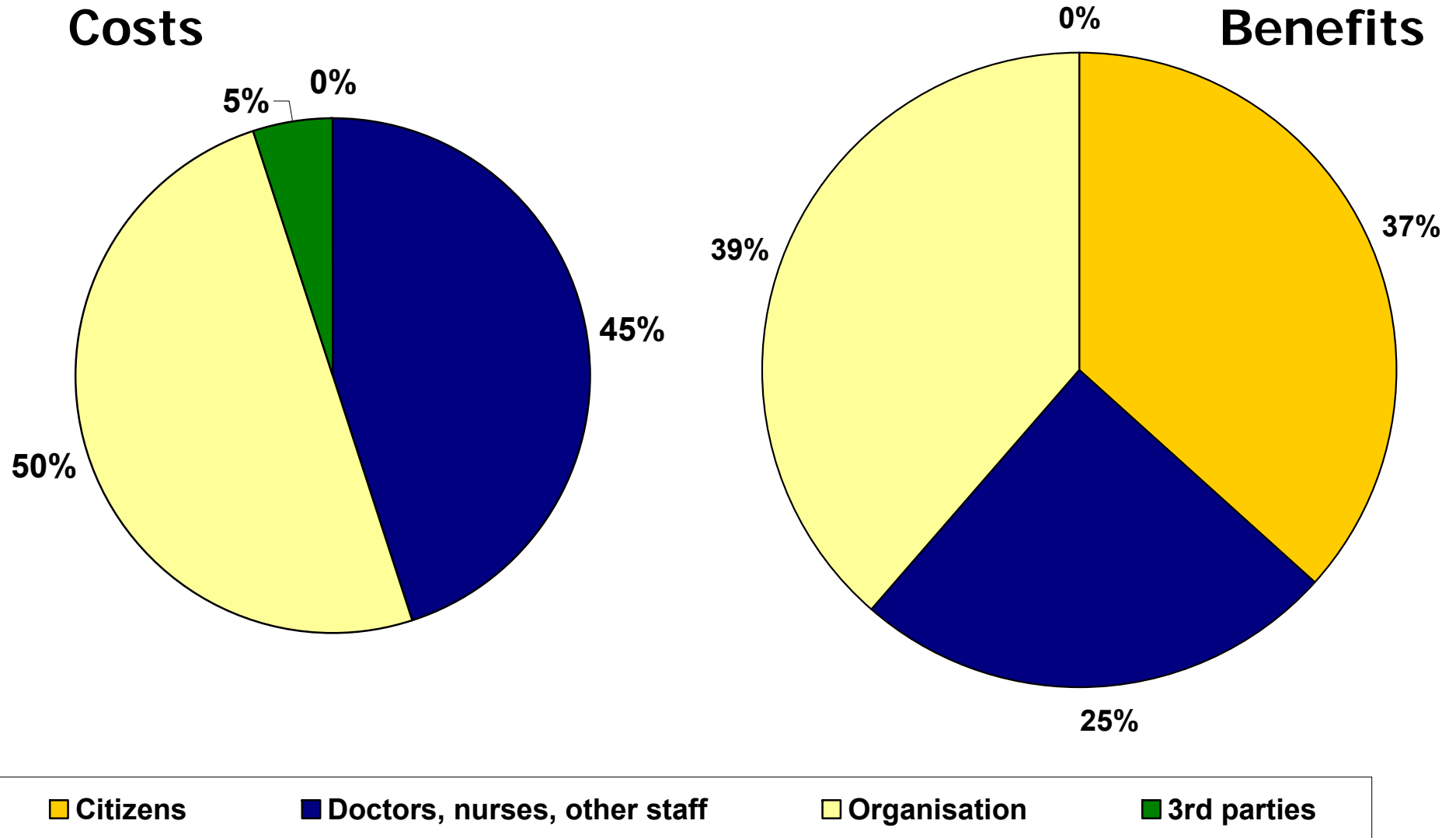
Costs



Benefits



Distribution of costs and benefits: business cases for all



Observations & lessons

- **Engagement** with all stakeholders **before** design is complete and **implementation** begins
 - The largest single estimated cost, over 50%, was the time of doctors needed for engagement, compared to the 10% for ICT
- **Patient safety, the original goal**, was about one-third of estimated benefits
- The **consent of patients** and citizens can be achieved effectively and efficiently
- Step by step progress takes longer, but is more effective in **realising a net benefit and managing risk**
- **Interoperability** can be achieved, enabling integrated care

Plenty of potential, but...

1. You need **lots of patience !**
 - over ten years of sustained investment
2. You need to **know what you will get !**
 - quality, risk reduction, and efficiency; not cash
3. You need to **deliver benefits, not IT systems !**



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Thank you!

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