

# Digital as Usual Programme Updates

## Issue No 10 – December 2020

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### General

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This is the final update on this year's progress on the delivery of NHSGGC's Digital As Usual programmes of work.

The Clinical Links Event held in October reflected on the digital transformation during the pandemic. Clinicians were asked to consider how we build on all that has been achieved and what priorities we should focus on in refreshing the Board's Digital Strategy to support remobilisation plans. A summary of the event discussions, speaker presentations and video recording of the event are now available in the [NHSGGC Clinical Links Forum](#).

Merry Christmas and Happy New Year when it arrives. Our next update will be published on or around 15 February 2021.

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### Integrated Electronic Health Care Record

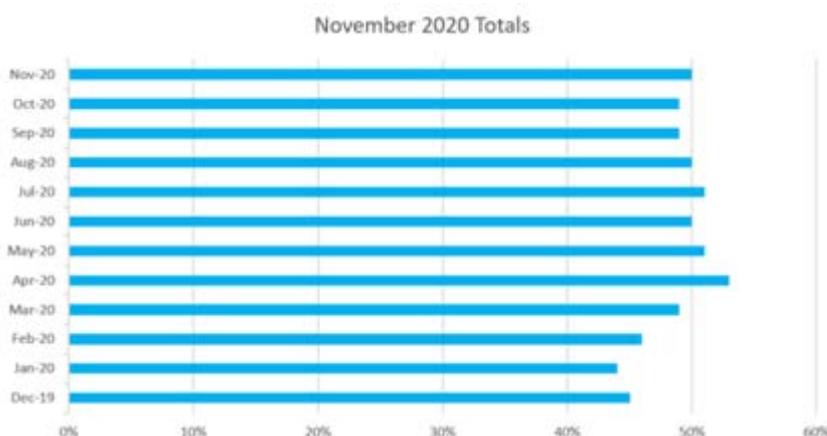
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#### Unscheduled Care Redesign

Workflow to support the go-live of unscheduled pathway referrals between NHS24 and NHSGGC went live on Tuesday 1 December. Using TrakCare functionality, referrals are handled by the Administration Flow Hub and managed to the appropriate Sector MIU or to the Flow Navigation Hub located in the QEUH. Near Me and telephone consultations were successfully delivered to our patients resulting in less admissions to our MIUs and EDs.

#### TrakCare – Results Sign Off

Data for November 2020 show that results sign-off in TrakCare remains at 50% compliance. This is made up of results from across inpatient, outpatient and Emergency Departments (ED) (including Specialist Assessment and Treatment (SATAs)).



### Trakcare - Emergency Admission Clerk-In

Development, by enhancing existing questionnaire and worklist functionality, will be trialled in GRI Acute medical Receiving Unit (AMRU) (Wards 50, 50/51, 51 and 53) between Thursday 10 and Monday 14 December. This functionality will address the issues where:

- nurses verbally advise AMRU Doctors that patients require to be clerked in - this can take time depending on what the staff are doing at the time
- patients are not prioritised for clerk in based on their acuity/condition at the time of admission

Using TrakCare to request that a patient requires to be clerked in and for that request to then be managed using the existing Handover worklist.

### TrakCare Order Communications – Mental Health

All 65 Adult Mental Health inpatient wards are now live with TrakCare order communications.

The 42 Short Stay and Acute Admission wards commenced managing their own real-time Admission, Discharges and Transfers (ADTs) via TrakCare in November 2020 supported by Health Records. The remaining 23 Long Stay wards will be trained and go live with TrakCare ADTs throughout December 2020.

A further phase has been added to implement TrakCare order communications and ADTs to the Child and Adolescent Mental Health in-patient wards in January 2021.

To date, 850 users have been provisioned with TrakCare accounts and over 1400 requests have been ordered via TrakCare.

### WinVoice Pro Document Management System

Adult Rehabilitation and Mental Health Services are continuing to increase their use of WinVoice Pro Document Management System (WVP) to enable community patient documentation to be shared to Clinical Portal and to GP practices via the EDT system.

	July 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020
Total Letters Created	189	777	1909	3147	6264
Total Letters Sent to EMIS Web	132	598	1608	2756	4904
Total Letters Sent to SCI Store	131	570	1416	2425	5164
Total Letters Sent via EDT to GP Practices	118	575	1525	2604	1239

Implementation of WVP to Specialist Children's Services has been rescheduled for January 2021.

### SCI Gateway – Secondary Care Referrals

SCI Gateway was implemented for secondary care referrals between Ophthalmology and Ophthalmology sub-specialties, and ENT and ENT sub-specialties on 5 October. To date, over 400 referrals have been created using SCI Gateway.

A review of the implementation and use of SCI Gateway was completed with service users during November, with findings to be presented to the Patient Administration Governance Group (PAGG) in December for approval to extend implementation across further acute specialties.

## **EMIS Web – Community Treatment Room Implementation (CTAC)**

Progress continues to be made implementing EMIS Web as patient scheduling and electronic clinical care record for community treatment rooms in line with Health & Social Care Partnership (HSCP) Improvement Plans (PCIP). East Renfrewshire Community Treatment Room Service went live on 7 December, joining Glasgow City, Inverclyde and West Dunbartonshire HSCPs who are already using EMIS Web.

## **Maternity Services (BadgerNet) Phase 2**

The final steps of Phase 2 testing are now due in January many of which were put on hold due to Covid and only reactivated in October/November 2020. These are laboratory results, Electronic Document Transfer (EDT), ultrasound and scanning. Have received first tranche of BI Dashboards for review by service. CTG Business Case is in preparation and first draft reviewed with service. Business Case due to complete by 31 January.

## **Digital Support for Multi-Disciplinary Teams (MDT)**

The pilot report and technical options have been produced and will be presented to the West of Scotland leads meeting on 22 December.

## **Electronic Transfer of GP-requested Electrocardiograph Reports from Acute Hospital Cardiology Departments Direct to GP Practices**

The MUSE SP10 upgrade is scheduled for 8 December. The remaining GP roll-out will be scheduled on successful completion.

## **Colon Capsule Endoscopy**

The NHSGGC pilot took place week ending 11 December. Procedure reports being published to Portal and Docman week ending 25 December. Anticipated Go Live in January 2021.

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## **Safer Medicines**

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### **Hospital Electronic Prescribing and Medicines Administration (HEPMA)**

The HEPMA pilot began in Ward 7D at the Queen Elizabeth University Hospital (QEUH) on 9 December. Training of staff is progressing well. The system build is complete and the HEPMA Team is progressing user provisioning. TrakCare ADT interface is in place and has been tested. Formal testing of the live environment is progressing.

There are no outstanding showstopper issues. Discussion is ongoing about the integration of HEPMA with Clinical Portal for discharge medicines.

### **ePharmacy**

The Phase 1 report is complete and under review by senior colleagues. The scope includes mapping of current processes, identification of potential workstreams to progress digitalisation of medicines processes, and assessment of effort and impact for each. The report will be shared with the eHealth Strategy Board in due course. Potential workstreams will be prioritised and a decision made about the next steps.

## Pharmacy Stock Management

The strategic positioning paper is complete. The production of detailed requirements is ongoing. The project team is engaging with eHealth Procurement colleagues to confirm available procurement routes.

## Falsified Medicines Directive

This has now been fully implemented and the project closed.

## Safer Diagnostics Remote Care

## Laboratory Information Management System (LIMS)

The date for potential bidders to register an interest for the LIMS has now passed. The process of reviewing notes of interest has started and will be completed by the New Year, once this is complete this will trigger the next step in the procurement process.

A system map that details the current LIMS across the 11 consortium Health Boards has been completed. This map details interfaces with other systems and analyses platforms.

The system specification has been issued to all consortium Health Boards for final sign off prior to issuing to any potential bidder.

## Remote Care

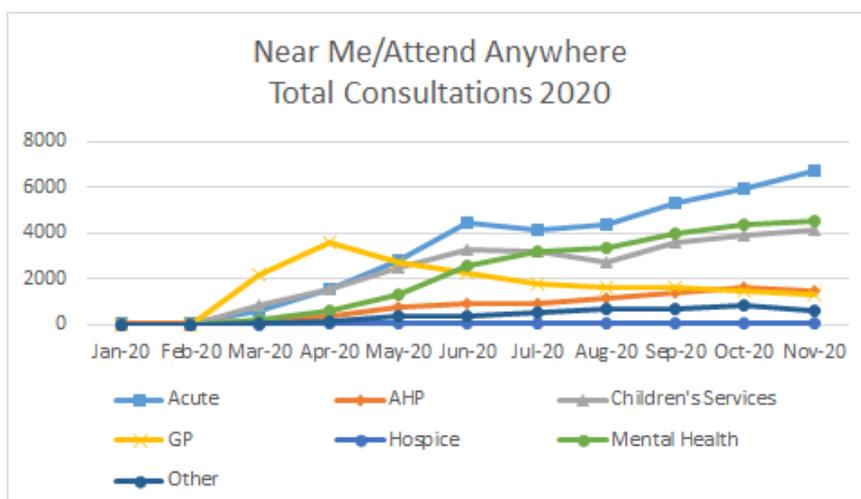
## Active Clinical Referral Triage (ACRT)

StaffNet and SharePoint resource site for ACRT/Patient Initiated Review (PIR) and Virtual Patient Management (VPM) are now live. This provides support information to NHSGGC staff implementing ACRT, PIR and virtual approaches to patient management.

**StaffNet:** [click here](#)

**SharePoint:** [click here](#)

## Near Me/Attend Anywhere



Need to log an Attend Anywhere request? Click below:

<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/eHealth/ITSD/Pages/AA.aspx>

Attend Anywhere guidance can be found here:

<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/eHealth/AARS/Pages/GD.aspx>

## **InHealthCare (IHC)**

The final version of the **COVID App** is due in December. This app is an interactive service which uses a Smartphone/mobile phone text message or landline to help patients self-manage COVID-19 at home. The service monitors twice daily reported clinical signs and symptoms, and alerts patients to seek assistance if deterioration risk levels are triggered. The IHC platform will be integrated at Health Board level with eg SCI Store look up for patient registration and reporting purposes and the Clinical Portal. Initially, the service can be offered to patients considered to have COVID and identified as at risk of deterioration, who have been assessed. Based on their calculated risk, they would be given access to the COVID monitoring service with a pulse oximeter and, potentially, a thermometer.

The **Rapid Heart Failure App** is still under development and progress will be demonstrated at the Rapid Heart Failure Clinical Advisory Group on 11 December. The final iteration of the app is due in January 2021 with a pilot scheduled for February/March 2021.

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## **Primary Care and Contractor Services**

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### **GP Back-scanning**

The final year of GP back-scanning is currently progressing to scan circa 200,000 patient paper records within the remaining 48 GP practices, creating additional space to allow general practice to redesign their premises for additional administrative and clinical activity.

To support existing paperlite practices and practices currently being back scanned, Practitioner Services Division have commenced the roll-out of scanning paper records at the point of transfer, leading to the elimination of paper record transfer within NHSGGC GP Practices over the next few months.

### **GP Re-provisioning**

After delays to the Re-provisioning Programme, work has re-commenced with the functional operation groups to finalise the local NHSGGC specification in anticipation of the new systems being accredited and available from Summer 2021.

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## **Innovations**

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### **Heart Failure Artificial Intelligence (AI) and Outpatient Appointment Service**

Development of the digital platform and integrations is underway

### **Dynamic Scot**

Patient onboarding is continuing. The National scale-up ongoing, with NHS Lothian shortly coming on-board. AI work progressing well, with progress being made on all 3 algorithms.

The cohort monitoring database is progressing, with workflow going live in early December, and monitoring reports established thereafter.

### **CARP (COVID Advanced Respiratory Platform)**

The full 60 sensors are now being used as part of the COVID-19 response, with data flowing successfully to the management platform. The scoping of requirements to add EIT chest belt into project as a sub-study. Requires revisions to protocol documentation.

### **National Trauma App**

The app development is near completion with the fortnightly user acceptance testing release schedule established. The final app is expected to be completed in January 2021. The tender document is being developed for procurement across all four National Trauma centres, with a target date of June 2021.

### **VCreate Asynchronous Video**

The clinical NEURO pilot is progressing very well, with over 952 patient users, 186 clinical users, and 2099 uploads on the system nationally since May. The pilot is now involving Great Ormond Street Hospital, Evelina London Children's Hospital and Sheffield Children's Hospital. Clinical Portal integration work is ongoing

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## **Workforce and Business Systems**

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### **New Dental Clinical System into Acute Dental Sites**

A meeting with the service is scheduled for mid-December to discuss how to progress after the Invitation to Tender response.

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## **Technology and Infrastructure**

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### **Office 365**

The bulk of NHSGGC NHS.net addresses have been migrated onto the national Office 365 system. eHealth are working to address any issues and will look to start targeted migrations for GGC email users in the New Year.

### **Picture Archiving and Communication System (PACS) Upgrade**

The National PACS refresh and upgrade programme has restarted after a delay due to the pandemic. Two main deliverables of this project are the hardware refresh of reporting workstations and servers across NHSGGC and an upgrade and consolidation of the application to PACS version 12.2. Clyde is scheduled to consolidate and upgrade by April 2021, with North and South Sectors following on with expected completion in early 2022. The local Project Team and Project Board members have been identified and established. First Programme Board Meeting to take place on Monday 14 December.

### **Ophthalmology Medical Device Refresh**

Visual Field Analyser – 10 on site, 5 fully configured, 5 remain outstanding

Intra Ocular Lens Master – 6 on site, 0 installed  
Topcon – 7 on site, 4 installed, 3 remaining

### **Infusion Pumps**

The plan for deployment in 2021 is being agreed with the service and will start with the Beatson West of Scotland Cancer Centre and then the Royal Alexandra Hospital.

### **Royal Hospital for Children Neonatal Intensive Care Unit (NICU) Patient Monitoring Upgrade**

The supplier has completed IPC monitor software upgrade work.

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## **Development and Informatics**

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### **National Notification Service (NNS)**

Our local SMS system is being migrated to the NNS during December with a full transition date set for 16 December.

### **Lateral Flow Tests (LFTs)**

NHSGGC is helping with the design of a national application to allow staff and care home visitors the ability to put in the results of their Lateral Flow Tests. The minimum viable product is due to go live week commencing 7 December.

### **Point of Care Testing (POCT)**

We are engaged with the national team to come up with efficient integration for the POCT machines destined for Emergency Departments and other parts of the business. There is a stand-alone contingency for adoption of the devices until an integration can be fully tested and implemented.

### **Multi-disciplinary Teams (MDTs)**

Work has started on the migration of the back-end structure of the Cancer MDT application to a cloud-based server that will help rollout of the system to the region, this work is part of departments migration to Azure DevOps and Agile product development.

### **Regional Stroke App**

Work has started on scoping a solution for a regional (potentially national) stroke assessment tool to help with the transfer of information between regional stroke teams.

### **ICNet Interface**

Work is underway to complete an interface between ICNet and the National Lighthouse COVID-19 results to allow TrakCare to alert staff of positive cases who have not been tested in our local lab. The test interface is due this side of Christmas

## Chronic Obstructive Pulmonary Disease (COPD)

The COPD cohort system is now live in TrakCare and we are working on the reporting dashboard, further refinements to the system and pathway will be completed over December and January 2021.

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### Contact

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If you would like more information about anything in this update, or would like to comment, please contact the eHealth Programme Management Office on [pmo@ggc.scot.nhs.uk](mailto:pmo@ggc.scot.nhs.uk).

Website: [www.nhsggc.org.uk/digitalasusual](http://www.nhsggc.org.uk/digitalasusual)



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