

# Digital as Usual Programme Updates

## Issue No 5 – June 2021

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### General

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This update provides an overview of progress of current programmes of work set out in NHGGC's Digital as Usual Delivery and Remobilisation plans

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### Integrated Electronic Health Care Record

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#### Cancer Multi-disciplinary Team (MDT)

The User Acceptance Testing (UAT) is nearing completion with minor bugs being fixed. Processes for regional on-boarding need to be established and meetings are being set up to talk about procedures to support this. All people who need access will have to have a valid Office 365 account and license. The Go-Live for Gynaecology will be towards the end of June/early July.

#### EMIS Web 9.11 Upgrade

NHSGGC eHealth has commenced an initial round of UAT for the EMIS Web 9.11 upgrade. The upgrade will enable NHSGGC to progress the implementation of a master patient index (MPI) lookup to SCI Store for patient demographics. Timescales for implementation of the upgrade and the MPI enhancement are to be confirmed.

#### EMIS Web – Adult Community Services SPHERE

The SPHERE Continence Service migrated to the Adult Organisation on EMIS Web for patient scheduling, workflow and Electronic Patient Record (EPR) on 31 May. By doing this SPHERE have extended their use of EMIS Web and will benefit from a single shared record with other community services such as Community Rehabilitation, Falls and Treatment and Phlebotomy Services.

#### SCI Gateway Secondary Care Referrals

SCI Gateway continues to be rolled out to support secondary care out-patient referrals. In May 2021, SCI Gateway was implemented to support electronic referrals between Dermatology and Oral Maxillofacial Surgery. Allied Health Professional (AHP) referrals to the Community Stroke Team are scheduled for go live early June 2021 and process mapping is continuing for wider Oral Maxillofacial referral pathways and General Surgery.

#### TrakCare – Active Clinical Notes (ACN) Development

TrakCare ACN is a new type of functionality being developed in NHSGGC which will provide a central workspace for digitally managing clinical documentation and clinical activities – currently completed on paper. ACN presents a problem-oriented and timeline-based view of the patient record and there are a number of enhanced features and functionality for ACN within the T2020 System Upgrade. Plans are being developed with the TrakCare Delivery Group for the roll-out of ACN following the T2020 go live in Summer 2021.

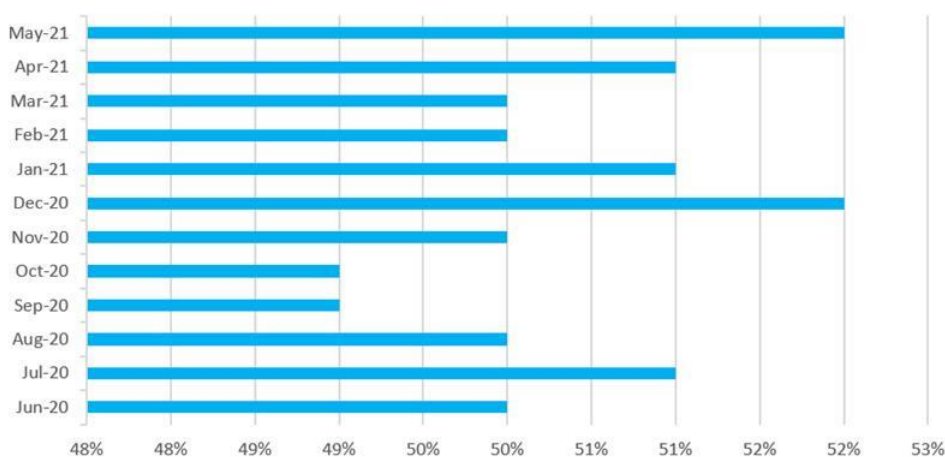
## TrakCare – New Order Entry Screens

NHSGGC uses TrakCare to request tests and services for a range of specialities including Laboratory, Radiology and Cardiology. These requests are made using the “New Request” workflow (OEOrder.Custom) which has a specific type of screen for clinicians to use to manage these requests. InterSystems has developed new screens and are no longer actively developing/supporting the current clinician screens from T2020. Significant work has been undertaken with the supplier and eHealth Clinical Leads to design an effective workflow and streamline the process. It was originally planned to roll this out prior to the T2020 upgrade, however, to allow additional development, this will now be delivered as part of the upgrade. Staff training, including videos and detailed reference guides, will be provided and floor walkers will be available to provide support on the ground in key areas.

## TrakCare – Results Sign-off

Work continues, through the Board’s Results Governance Group, to encourage the uptake of results sign-off in TrakCare. Data for May 2021 shows that results sign-off in TrakCare remained at 52% compliance. This is made up of results from across in-patient, out-patient and Emergency Departments (ED) (including Specialist Assessment and Treatment Areas (SATAs)).

May 2021 Signed Totals



Development is underway to support staff in using TrakCare for results sign-off and a MicroStrategy Dashboard is being created to improve data reporting.

## TrakCare – T2020 System Upgrade

NHSGGC is in the process of agreeing a go live date for the TrakCare T2020 system upgrade in Summer 2021. T2020 will provide a number of benefits to staff including better workflow and resolution to issues but will also provide new functionality to help improve patient care including ACN and electronic observations (eObservations). Robust clinical and technical assessment is being undertaken to ensure that the T2020 upgrade is managed safely to ensure minimal impact on service and ensure patient safety throughout the migration.

## Unscheduled Care Redesign

NHSGGC continues to support the Redesigning Urgent Care (RUC) Programme and Phase 2 is currently underway, which includes a number of digital developments to support clinical system integration, develop speciality pathways and front door signposting/redirection. A

significant development is the virtual management of paediatric assessment referrals through the Flow Navigation Centre (FNC) which went live on 1 June.

### **Maternity Services BadgerNet Phase 2**

Business Intelligence reporting is due to go live in June. Communications to be sent out mid-June and Electronic Document Transfer (EDT) is expected to go live in July.

### **Public Dental Service Review**

Outline Business Case has been prepared for the service to discuss in June.

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## **Safer Medicines**

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### **ePharmacy**

Detailed planning of phase 2 of the ePharmacy Programme is underway. NHSGGC is also engaging with the national ePrescribing work stream.

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

Roll-out of HEPMA across the Queen Elizabeth University Hospital is progressing on schedule. There are now 31 wards live, and 21 theatres. Over 100,000 medicines have been prescribed, over 750,000 doses have been administered, and nearly 5,000 users have been set up on HEPMA.

The interface between HEPMA and the Clinical Portal Immediate Discharge Letter (IDL) is currently being tested.

Roll-out will continue across QEUH then move on to other South Sector sites, followed by North and Clyde.

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## **Safer Diagnostics**

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### **Image Storage for Advanced Clinical Methods**

Five work streams are progressing with completion expected in early August following maintenance windows.

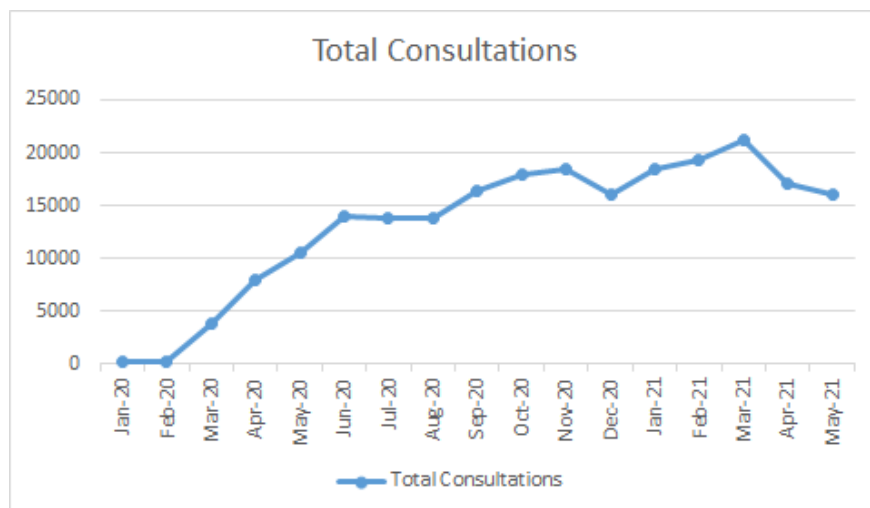
### **Laboratory Information Management System (LIMS)**

Supplier bids were submitted on 25 May. These have been issued to all Health Boards who will be involved in scoring the bidder responses. Health Boards will score these bids locally first and then submit their local scores to the National Project team ahead of the National consensus scoring sessions due to start on 17 June.

## Self-care and Remote Care

### Active Clinical Referral Triage (ACRT)

#### Near Me Consultations



We are currently reviewing existing equipment usage based on analysis and also outstanding requests to establish up to date requirements.

Headsets to be deployed to provide privacy to undertake virtual work in shared spaces.

#### **InHealthCare Rapid Heart Failure Application**

Awaiting Clinical and Clinical Advisory Group sign-off.

The Rapid Heart Failure app has been developed for newly-diagnosed Heart Failure (HF) patients and patients with deteriorating/unstable HF symptoms.

The app will enable HF patients to be remotely monitored by Heart Failure Clinicians and specialist Heart Failure Nurses to achieve remote optimisation and earlier achievement of guideline directed HF therapy, as tolerated, for patients newly diagnosed with HF, in order to reduce their risk of hospitalisation and premature death. The app will also enable closer monitoring and earlier intervention to improve quality of life and reduce the risk of hospitalisation, where possible, for patients identified with worsening symptoms and quality of life.

Videos have been prepared ready for implementation.

#### **West of Scotland Stroke Assessment Application**

There has been growing national interest in our development of a stroke assessment app and there will be a demonstration at the national Stroke Physicians meeting on 23 June. The development of the database is nearing completion and UAT will commence at end of June.

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## Primary Care and Contractor Services

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### COVID-19 Vaccines

GP Practices have been supported in the use of the TURAS Vaccine App, EMIS/Vison Data Templates and the Albasoft Data Extraction/Import tools over the last months as part of the wider vaccine management data quality and reporting requirements.

### GP Back-scanning

The final year of GP back-scanning is currently progressing to scan circa 200,000 patient paper records within the remaining 49 GP practices, creating space for additional administrative and clinical activity.

A mop up of patient records accumulated by GP practices since they were initially back scanned is currently in progress.

### GP Re-provisioning

After delays to the national 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.

### GP2GP

Training on GP2GP for the remaining Cegedim Vision GP Practices is scheduled in June with go-live planned by the end of July.

### New Community Health Index (CHI)

Planning is ongoing. NHSGGC is part of Tranche 3 of the deployment. Downstream systems will be tested through August and September to ensure system stability and data integrity.

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## Innovations

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### Dynamic Scot (Chronic Obstructive Pulmonary Disease (COPD))

Patient scale up is continuing and the TrakCare integration requirement is being revisited. Discussion is underway nationally around extension to current implementation timescale.

### National Trauma App

The app is due to go live at the end of June in NHSGGC. Discussions are underway around the procurement process, supported by an extension to the current Innovation project.

### OPERA (Heart Failure)

Digital appointment service release 1 is now well-established; the second release, including SCI Store integration, is planned for the end of June. Discussions are underway around longer-term aspirations for the appointment service and the possibility for an ongoing patient management deliverable.

## **vCreate Secure Clinical Video**

Integration with SCI-Store is planned for completion in June; additional Women and Children's service scale ups are under discussion.

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## **Clinical Informatics**

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### **Business Intelligence**

Recent engagements with MicroSoft, following the signing of the new contract, have created opportunities to evaluate new cloud-based technologies to help with big data management. eHealth Clinical Leads are putting forward pilot projects to test out the new technology.

### **Decision Support**

In NHSGCC, work is underway to develop the Adult Self-Management Instance, and the Clinical Guideline Directory. Nationally, work has commenced on creating an eLearning course for Health Literacy and Creative Words for Wellbeing; creating app and web for SE Trauma Network, and with SIGN working to embed the implementation guide into the LONG COVID app and web.

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## **Workforce and Business Systems**

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### **Programme Management Office (PMO) App**

Work is progressing to develop a single solution to support the end-to-end PMO process. This will include electronic project requesting, project management and resource management. The first stage of development is to complete the project requesting process by the end of August. Development of the project management module will commence in August followed by resource management module. It is anticipated that the project will complete by March 2022.

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## **Technology and Infrastructure**

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### **Genetics PASS Upgrade from v3 to v4**

Testing is now booked for end of June and the expectation is to Go Live shortly thereafter.

### **Glasgow Precision Oncology Laboratory (GPOL) Move**

To enable the use of genomics in cancer clinical trials, GPOL (University of Glasgow) have now relocated specialist equipment and workflows into the Laboratory Genetics facility at QUEH. The final configuration steps are estimated to be completed by the end of June.

### **Infusion Pumps**

Work is continuing to complete the rollout to Inverclyde Royal Hospital in June. There have been complexities around the access certificates which are currently being addressed with the supplier.

## Office 365

eHealth Staff are working with colleagues in North Glasgow and Clyde sectors to prepare for migration of email to Office 365. Simultaneously, preparations are underway for Health Records staff to migrate. The changes are planned for late June/early July and engagement in other areas will start thereafter.

## Ophthalmology Device Refresh

All Topcon devices are in place and in discussion with Zeiss to complete remaining work in July.

## Sentinel Upgrade

Go-live of Phase 1 at Glasgow Royal Infirmary/Stobhill Hospital completed successfully on 26 May. Now undergoing a period of monitoring results. Will not start Phase 2 until fully satisfied with this stage. Must incorporate a data recovery plan into service and test before going to Phase 2.

## Speech Recognition Pilot 2

This completed successfully in April and now working on rollout plan for interested services when the vendor submits their updated costings.

## Virtual Server for Thromboelastography (TEG) Manager Software

TEG manager now in use. Working on Phase 2 which is the integration for Lab results. This will take place in July.

## Echocardiography (ECG) ImageVault Replacement

This project has just begun and we are in the process of preparing an Outline Business Case to allow approval to proceed.

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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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