Mobile Summary Care Record Access for Ambulances

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Overview

• For the first time, paramedics in England can access a patient’s Summary Care Record (SCR) at the scene using mobile tablets.
• Key information about a patient’s health are available at the scene enabling paramedics to make more informed decisions as to what treatment can be given, improving patient safety.
• Clinical information is being shared across health areas previously siloed, specifically between ambulance services and primary care.
• The project won the 2016 eHI Award for Excellence in Mobile Healthcare.
Summary Care Record

• The SCR is an electronic record of important patient information, created from GP medical records. It can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care.

• At a minimum, the SCR holds important information about:
  » current medication;
  » allergies and details of any previous bad reactions to medicines;
  » the name, address, date of birth and NHS number of the patient;
  » the patient can also choose to add information to the SCR, such as details of long-term conditions, significant medical history, end-of-life care, or specific communications needs.

• SCRs can be viewed using the SCRa web viewer or via a clinical system connected to the NHS Spine via the N3 (the NHS secure network), using a smart card with the appropriate Role Based Access Control codes set.
NHS Spine Services

- The SCR is one of a number of services accessible on the NHS Spine.
- The Spine is part of the national IT infrastructure for health and social care in England, joining together over 23,000 healthcare IT systems in 20,500 organisations.
- Other Spine Services include:
  » Personal Demographics Service (PDS);
  » Electronic Prescriptions Service (ePS);
  » eReferral Service (eRS) - formerly Choose & Book;
  » Child Protection - Information Sharing Project (CP-IS).
Ambulance Services Procurement

- Three ambulance trusts tendered for an electronic patient record:
  - South Central Ambulance Service (SCAS);
  - South West Ambulance Service (SWAS);
  - South East Coast Ambulance Service (SECAS).
    (SECAS subsequently pulled out of the procurement.)

- A key requirement was integration to the SCR in real time:
  - To replace using the SCRa, which was time consuming;
  - To deliver significant patient safety benefits.

- Ortivus won the tender in September 2013:
  - With their MobiMed Smart EPR;
  - Using a ‘Toughbook’ tablets;
  - In partnership with Quicksilva.
    - to provide the ‘middleware’ to connect to the SCR
Ortivus MobiMed Smart EPR

- Requires a Smartcard login.
- International standards for work processes.
- Connects to external monitoring devices.
- Transfer patients condition to hospital workstations:
  - Allowing care to be planned prior to admission;
  - & redirect patients to right department e.g. CCU.
- Make referrals to services:
  - E.g. stroke clinics, falls clinics.
- Highlight any safeguarding issues.
MobiMed Connection to the SCR

• Ortivus approached Quicksilva to:
  » avoid lengthy, expensive common assurance process;
  » use Quicksilva’s established CAP accredited products.

• Ortivus chose to use orQestra®:
  » As a CAP approved Spine Mini-Service – easier to accredit;
  » Already accredited to access the PDS;
    • 99% match to patient demographics with minimal ID
      – i.e. surname, sex and date of birth.
    • Pre-populates SCR request saving time and easy to use.
  » Allowed rapid roll out for SCAS:
    • From 2 vehicles in September 2015;
    • To entire fleet of 400 vehicles in two months.
MobiMed

getSCRStatus
queryPtv
createPtV
getRBACStatus
querySCR
querySCRActivity

SCR Provider

NHS SPINE

SCR

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Example screens – SCR retrieval
Example screens – viewing the SCR

Summary Care Record downloaded 07/07/2016 12:36:58 by SCAS\Thomas.Roe

<table>
<thead>
<tr>
<th>NHS No</th>
<th>999 024 0272</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td>DoB</td>
<td>29/10/1943</td>
</tr>
<tr>
<td>Patient Postcode</td>
<td>NR6 5BE</td>
</tr>
</tbody>
</table>

**Allergies and Adverse reactions**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Certainty</th>
<th>Severity</th>
<th>Supporting information</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-Jun-2015</td>
<td>Feather allergy</td>
<td></td>
<td></td>
<td>Notes: causes swelling of throat</td>
</tr>
</tbody>
</table>

**Acute Medications (For the 12 month period 26-Aug-2014 to 26-Aug-2015)**

<table>
<thead>
<tr>
<th>Type</th>
<th>Date</th>
<th>Medication Item</th>
<th>Dosage instructions</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Medication</td>
<td>Prescribed: 26-Aug-2015</td>
<td>Metformin 500mg tablets</td>
<td>1 TABLET THREE TIMES A DAY</td>
<td>84 tablet</td>
</tr>
<tr>
<td>Prescribed Elsewhere</td>
<td>Entered: 17-Jun-2015</td>
<td>Flucloxacillin 250mg capsules</td>
<td>1 CAPSULE FOUR TIMES A DAY</td>
<td>28 capsule</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reason For Medication: Other biopsy of skin NOS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Current Repeat Medications**

<table>
<thead>
<tr>
<th>Type</th>
<th>Date</th>
<th>Medication Item</th>
<th>Dosage instructions</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeat Medication</td>
<td>Last Issued: 17-Jun-2015</td>
<td>Bisoprolol 1.25mg tablets</td>
<td>1 TABLET ONCE DAILY</td>
<td>28 tablet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reason For Medication: Heart failure confirmed.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How does SCR work in an emergency care setting?
What difference has it made to you?
Can you tell us a specific example?
What about treating elderly patients?
What happens when you get to hospital?
Tell us about the Ortivus Toughbook?
What do you think comes next for SCR?
Results

• New interoperability toolkit (ITK) standard for the SCR
  » Universally published interface standard
  » Enabling suppliers to integrate their systems to SCR
• Audits access to SCR and records ‘snapshot’ of SCR record
• SCAS message requests per month growing
  » PDS – growing from around 110,000 to 136,000 in Dec 2016
  » SCR – growing from around 100,000 to 116,000 in Dec 2016
• SWAS implemented PDS, just live with SCR
  » PDS – growing from around 250,000 to 343,000 in Dec 2016
  » SCR – just 2,000 per month from Oct 2016 go live
• Integration with primary care
  » Per contact EPR emailed to GP practice as a PDF
Conclusion

- Paramedics can now access the SCR at the scene
- Reinforced the value of mobile devices like ‘Toughbooks’
- Practical approach to providing SCR access in the field
- Achieved public trust in accessing confidential patient data
- Provides accountability of access and decisions made
- Provides evidence in the event of litigation
- Increased confidence of paramedics as care better informed
- Helps to reduce the number of patients being taken to A&E
- Improved patient safety