

# Working together to support prisoners with hepatitis C: Waverley Care's Prison Link Project

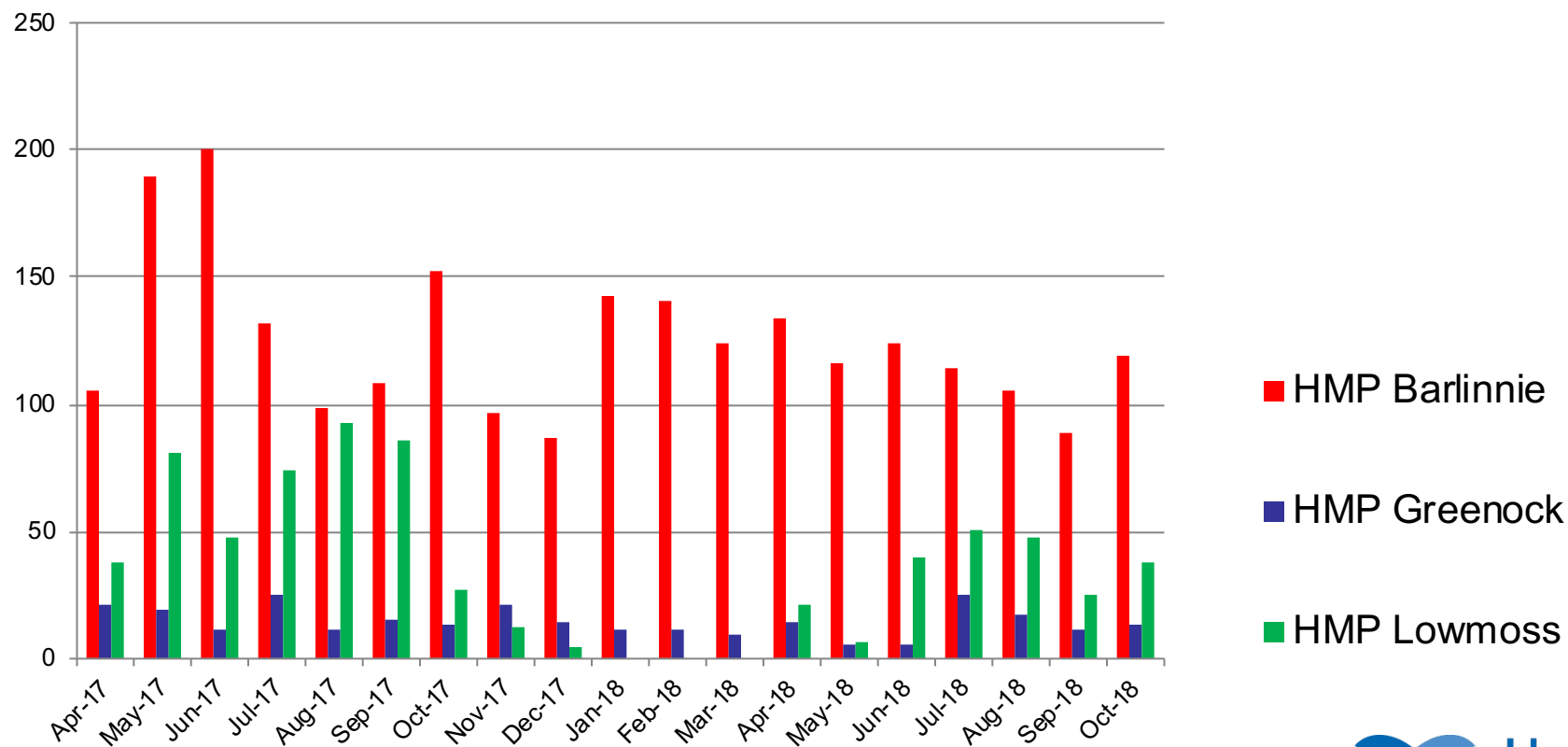
# Overview

- The partnership work between the NHS and Waverley Care to support prisoners with hepatitis C pre and post liberation
- The approach from both organisations
- The benefits to people with hepatitis C
- Challenges, opportunities
- What next

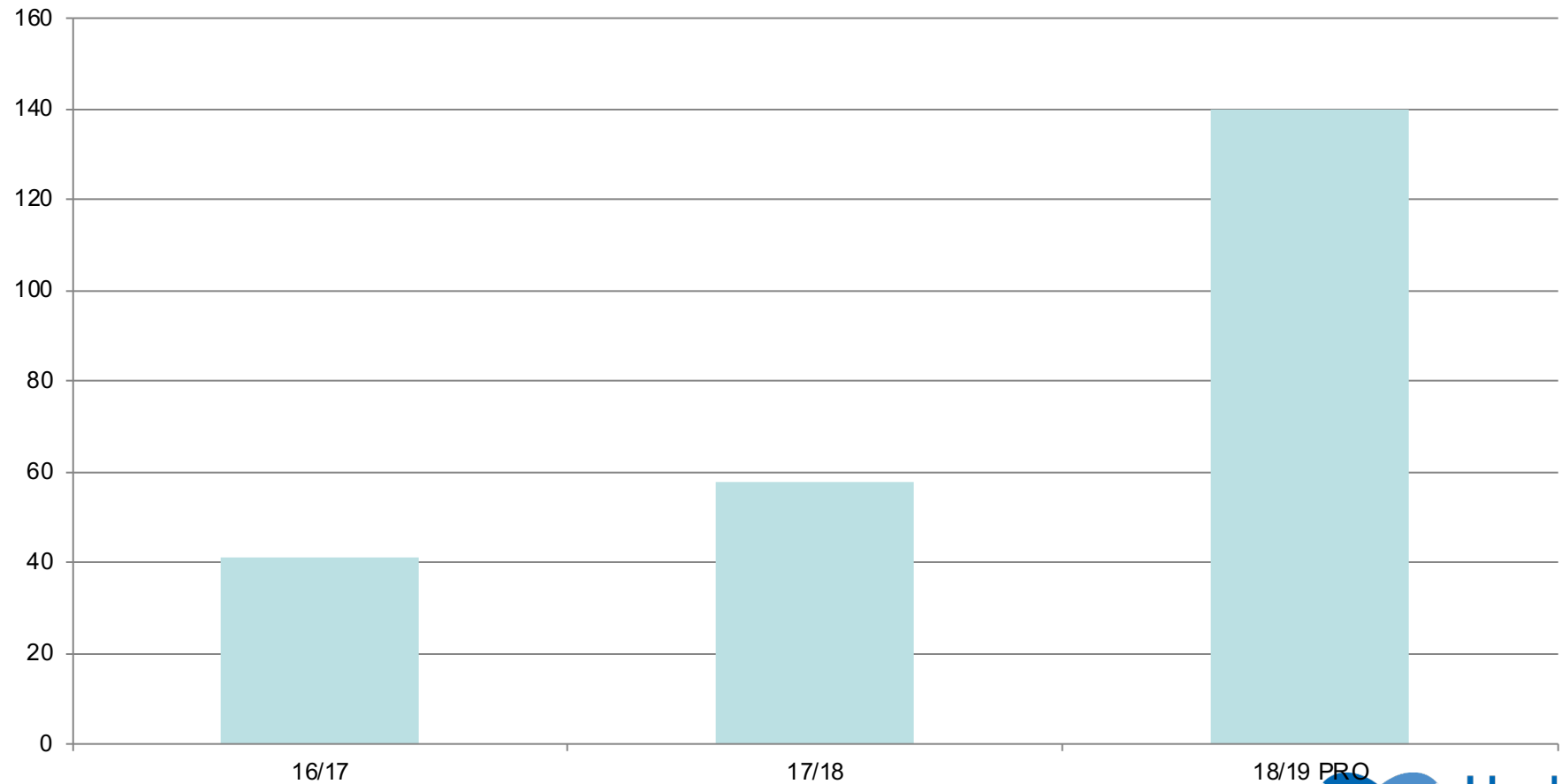
# Why?

- 19% of prisoners living with hepatitis C
- Testing in prisons a priority
- Sexual Health and Blood Borne Virus Framework
- Hepatitis C elimination
- Lack of support upon release
- Prisoners lost to follow up when accessing hepatitis C care in community

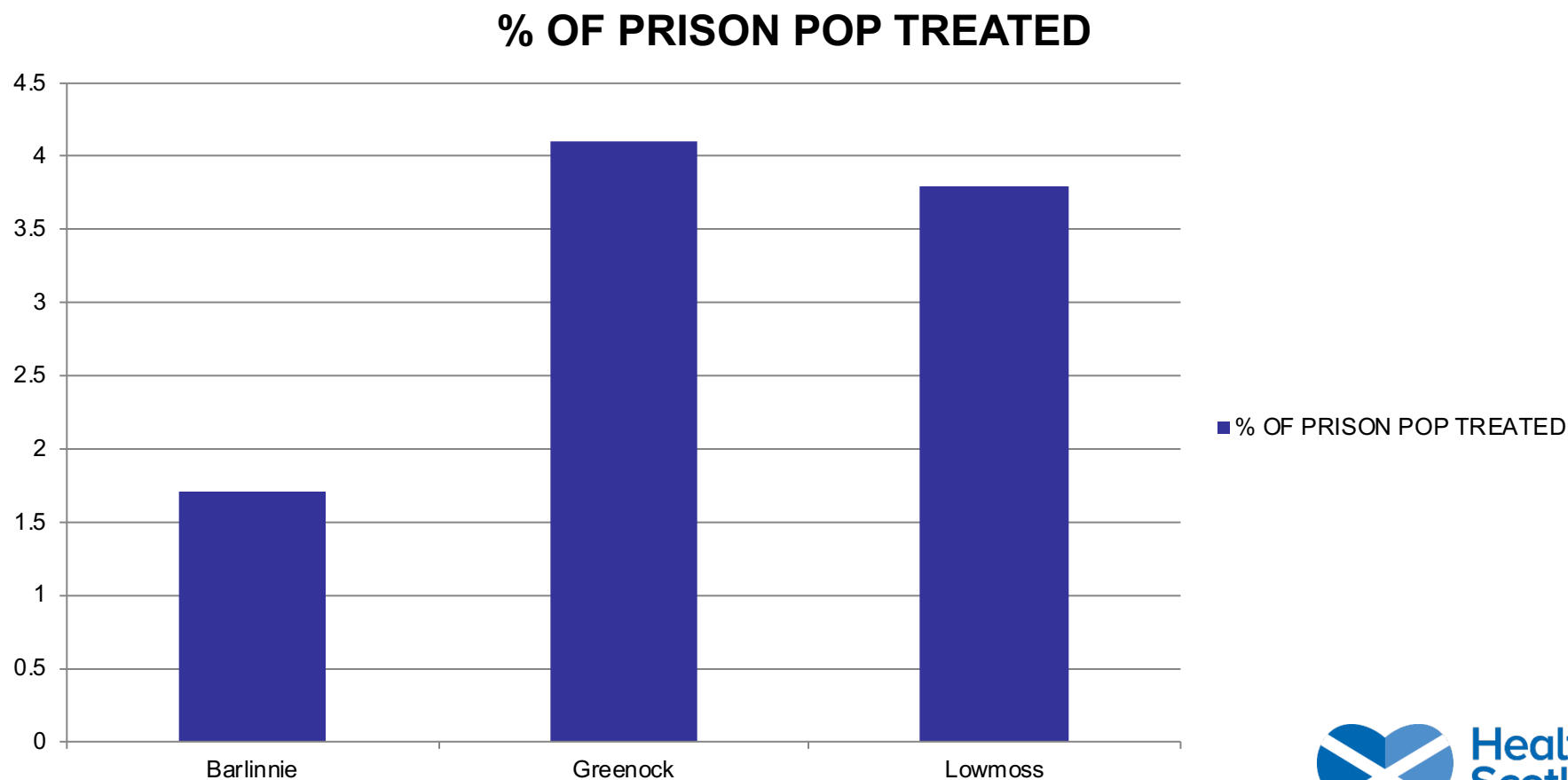
# Testing in prisons



# Annual treatment numbers (% of prison population treated)



# Treatment numbers in 2018/19



# Approach

- Opt out testing in prisons
- Treatment in prisons
- To provide education on BBVs to prisoners
- Pre-release support between Waverley Care and NHS to identify individuals living with hepatitis C
- Support on release and in community

# Outcomes

- Increase in numbers tested and diagnosed
- Increase in numbers treated
- Supporting the most complex to engage in treatment and care
- Addressing the wider issues



# Challenges

- Wide ranging priorities of prison healthcare
- Skill levels and resources within prison
- Limited social care services in prison
- Complex needs
- Stigma
- Challenges around transition

# What next

- Embed across three prisons
- Potential of health and social care integration
- Supporting prisoners key to elimination of hepatitis C

# For more information

- <https://www.waverleycare.org/linking-up-at-hmp-low-moss/>

- Contact:

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# Joining up the Electronic Health & Care Record:

Regional links, medicines and more...

# Overview

## **Medicines Reconciliation/ Immediate Discharge Letter**

- Scope
- What problems are we trying to solve?
- Where are we now?
- What did we do?
- What did we learn?
- What next?

## **Regional Portal**

- What problems are we trying to solve?
- What did we do?
- Where are we now?
- How has it been received?
- What's next?

# NHS Greater Glasgow & Clyde



# NHS Greater Glasgow & Clyde

- An NHS board in West Central Scotland
- The largest health board in the UK
- Serves 1.1 million people
- Many regional & national services
- Approx. 38,000 staff
- 9 acute sites
- Approx. 20 smaller hospitals



# Electronic Health & Care Record

- Clinical Portal is the shared Electronic Health and Care Record platform in NHSGGC
- 25,000 active system users
- Approx. 2.25 million patient records accessed in past year (April 18-April 19)
- Rules define what a user can see and do on the system



# Medicines Reconciliation/ Immediate Discharge Letter

Dr Alastair Bishop

NHS Greater Glasgow & Clyde

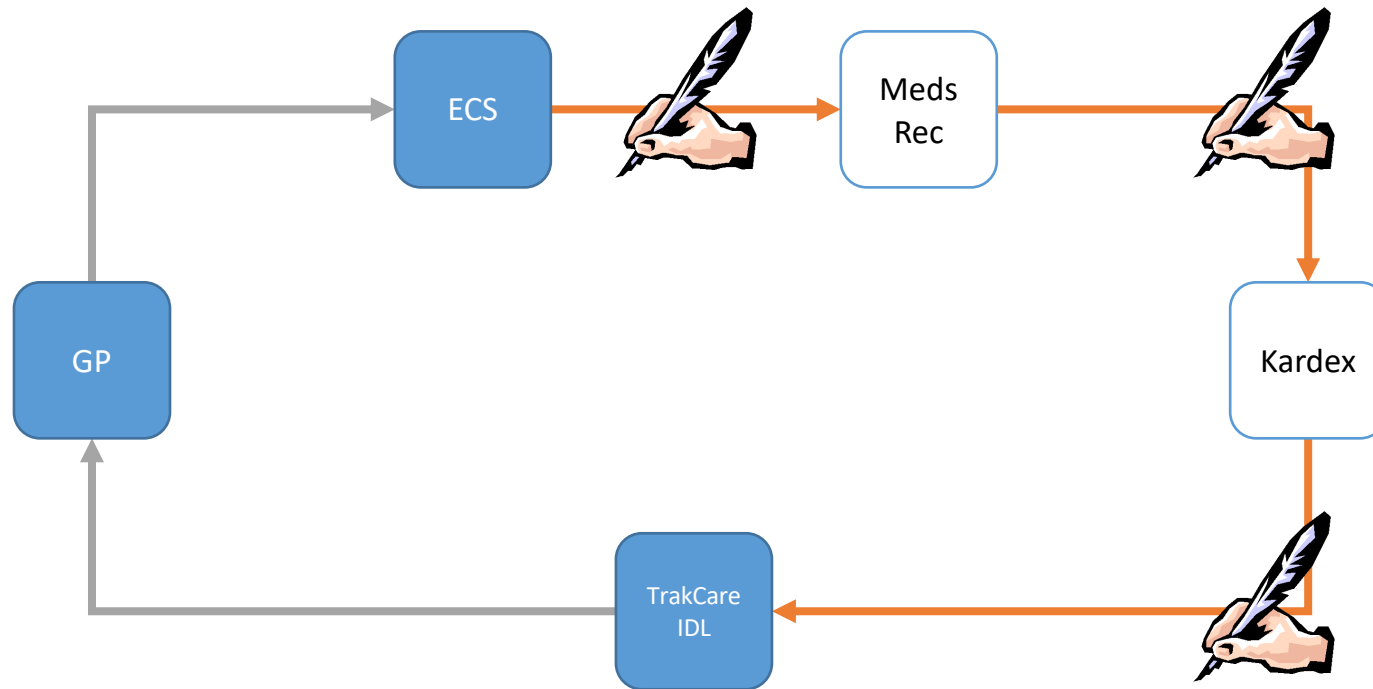
# Project scope

- Approx. 350 wards
- Approx. 6,000 beds
- Approx. 10,000 users
- Approx. 400,000 admissions / discharges per year
- Approx. 9 million dispensing events per year

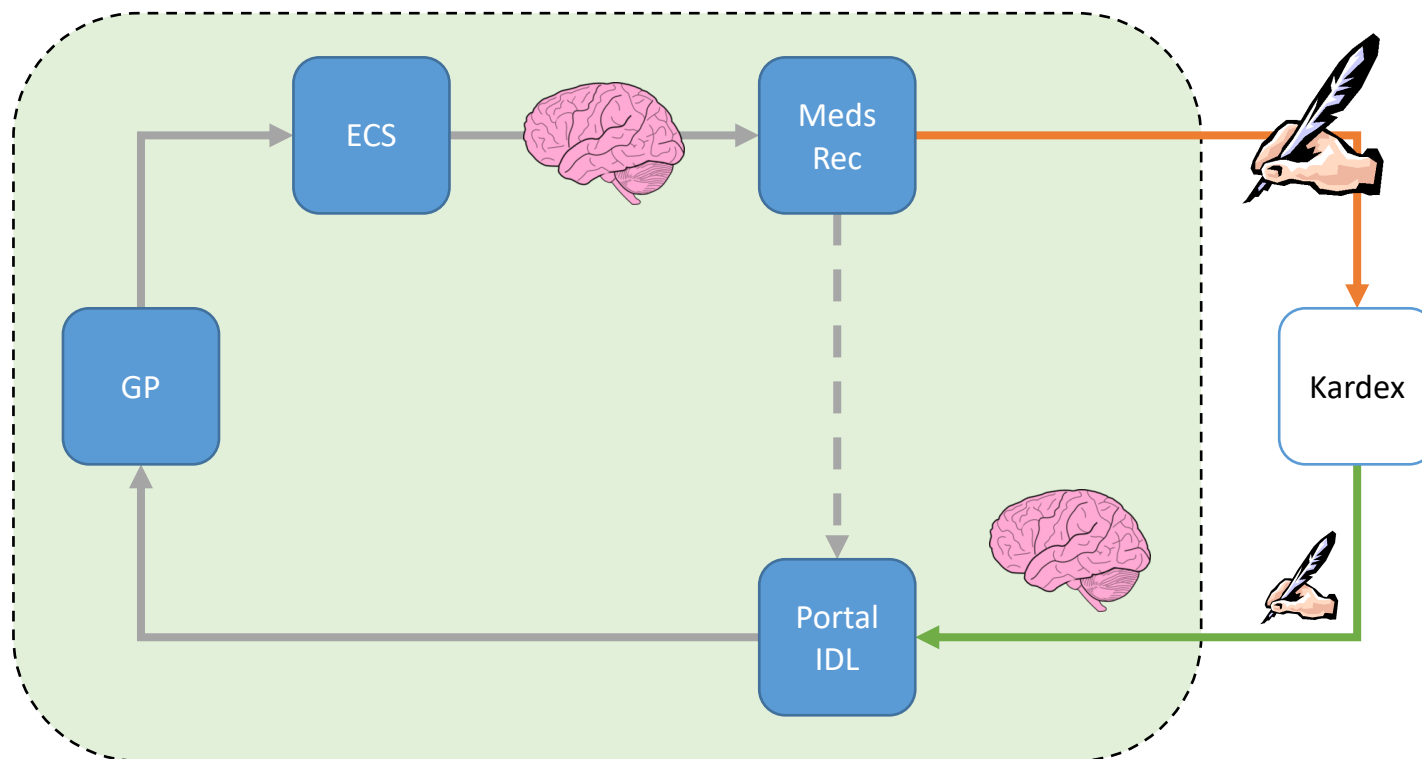
# What problems are we trying to solve?

- Reduce manual transcription of medicines information in hospital
- Join up medicines information between GP and hospital
  - Medicines reconciliation at admission
  - GP communication at discharge
- Start to build a single shared medicines record

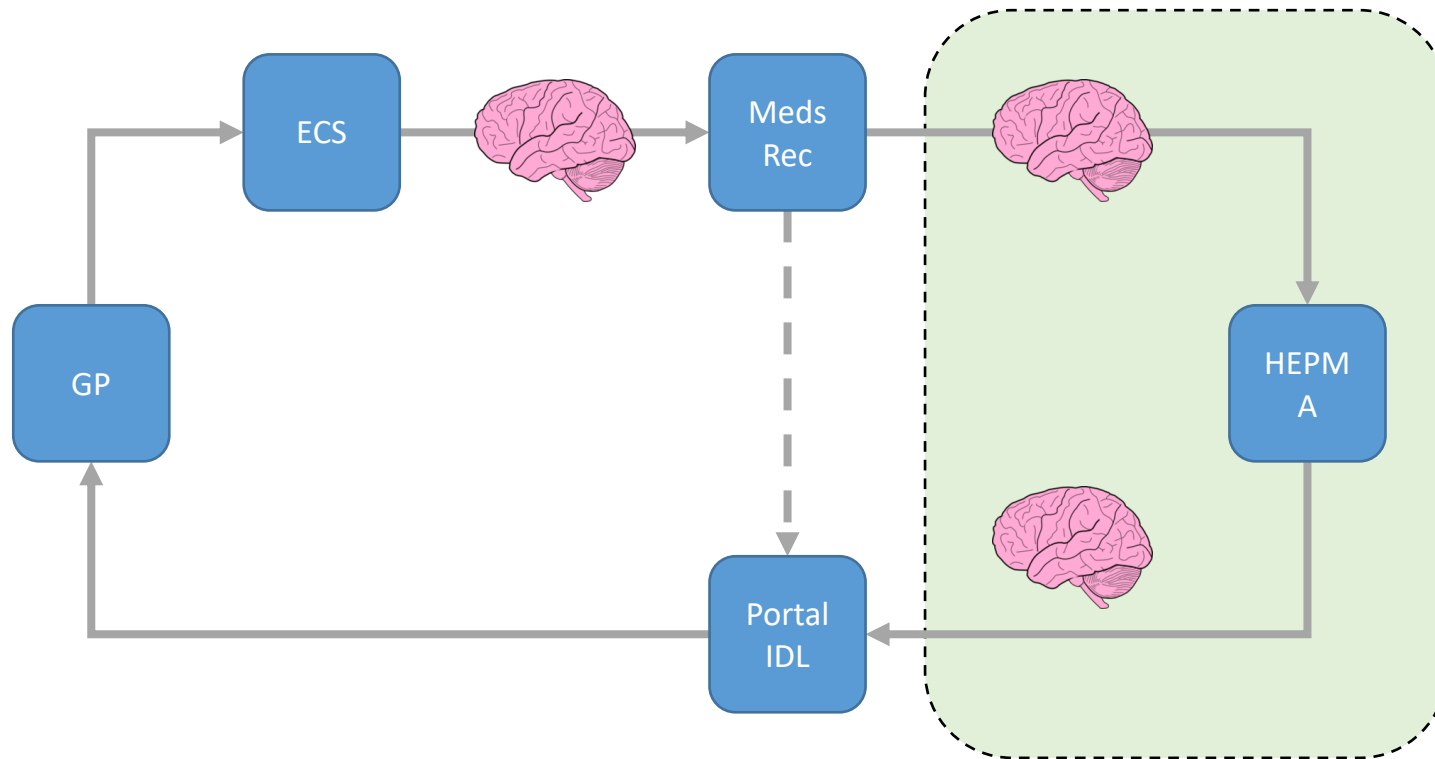
# Previous process (Meds Rec on paper)



# New process

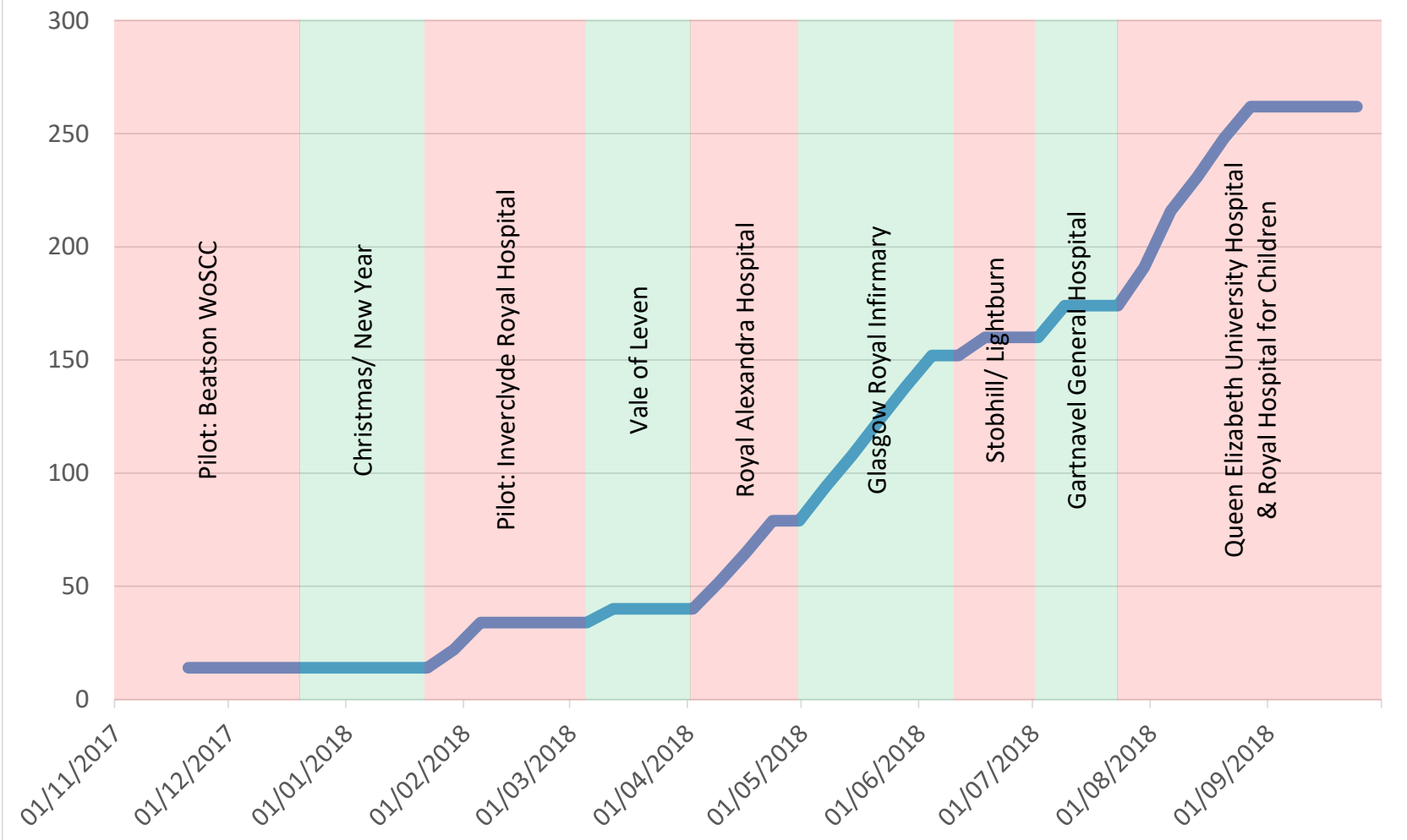


# HEPMA



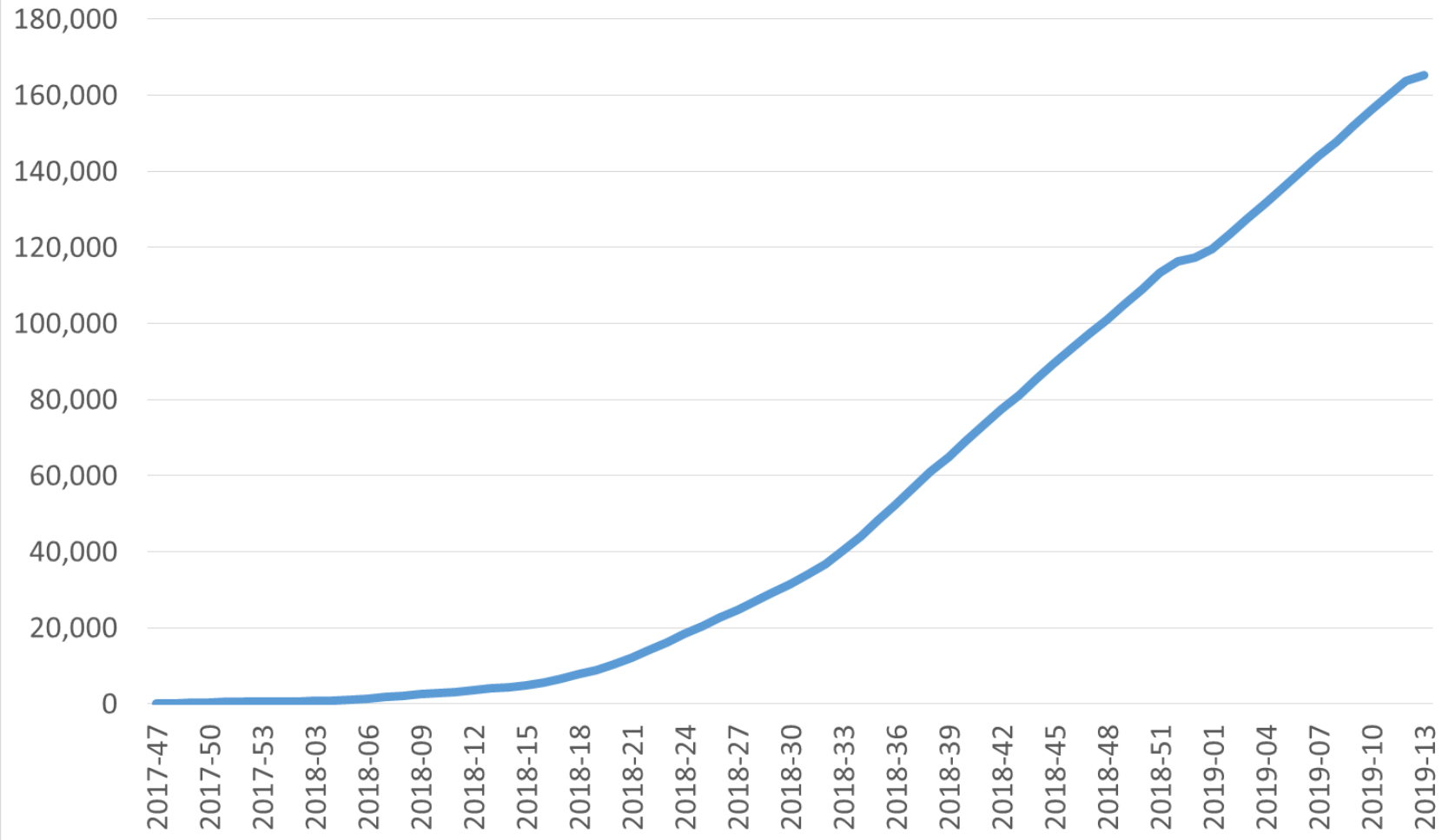
# Where are we now?

# Live wards





# Completed IDL pathways



# The rollout in numbers

Completed pathways	162,959
Medicine reviews	479,336
Individual medicines	4,896,756

# Remaining rollout

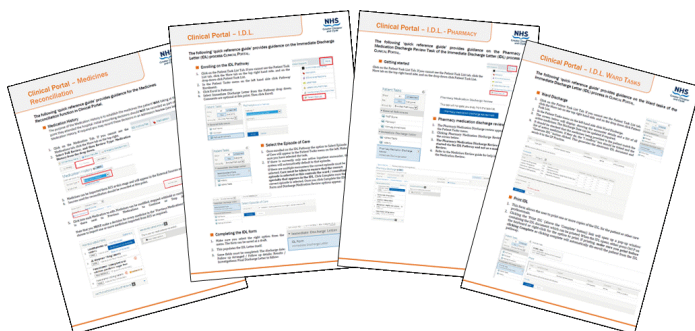
- Rollout to Mental Health inpatient areas underway
- Due to be completed by end May 2019


# What did we do?

- Two pilots:
  - Specialist cancer hospital
  - General acute hospital
- Rolled out in “slices”
- Front door first
- Rapid pace: 10-15 wards/ week
- Training and support on the floor

# Training materials

- Project website
- Quick Reference Guides
- FAQs
- Video guides





Safer Use of Medicines Programme  
Medicines Reconciliation/Immediate Discharge Letter project


MedRec/  
IDL

WE ARE INTRODUCING NEW FUNCTIONS IN Clinical Portal to allow electronic medicines reconciliation (MR), which will in turn populate the electronic immediate discharge letter (IDL) which will be produced in Clinical Portal rather than TrakCare.

The aim of the project is to reduce manual transcription of medicines information in hospital.

**Links**

- [Learning & Support materials](#)
- [Frequently Asked Questions](#)
- [Super-Users](#)
- [Back to Clinical Portal main page](#)



**Benefits**

- Reduce the risk of transcription errors
- Reduce clinical time spent on transcription
- Eliminate some duplication of medicines recording
- Faster discharge medicines process
- Better quality information on the IDL
- Better communication between clinical teams about a patient's medicines, including specialist/ high risk medicines.

With the new system, medicines reconciliation and production of IDLs will be done in **Clinical Portal**. This will impact doctors and other prescribers, pharmacy staff and ward nurses. The system will link to the **Emergency Care Summary** (GP medicines information) and the reconciled list of medicines at admission will become the starting point for the IDL medicines: **the junior doctor will only have to update the changes that have happened during the hospital stay, rather than manually enter every medicine.**

**Pilot and Roll-out**

- The new system will be piloted in Beatson WoSCC during November-December 2017, and in Inverclyde Royal Hospital in January 2018. If the pilot is successful then the aim is to rapidly roll out the system across **the Board** from **February 2018**.

# What did we learn?

# What did we learn?

- Build a strong team
- Build in “down time” for the team
- Users liked the “on the floor” approach
- Need to also provide eLearning
- New process is more robust
- More benefits when used to full potential
- New system doesn’t magically change clinical practice

# What next?

- Complete the rollout to Mental Health
- Continue to enhance the system in light of user feedback
- Procure and implement HEPMA (electronic prescribing)
- “Close the loop”



# Conclusions

- Joining up is difficult but it can be done
- Lessons learned will help with future projects
- A different approach to training and support worked well
- It is possible to implement technology-enabled clinical change at scale and pace

# Regional Portal

David Dougan

NHS Greater Glasgow & Clyde

# What problems are we trying to solve?



1. Analysis of patient flows indicated that approximately 1 in 10 care episodes in the West of Scotland (WoS) have a cross–boundary element
2. Clinical requests for better access to information, e.g. to support regional and national MDTs, Golden Jubilee
3. Electronic patient records were available across the region – how can we improve access for clinicians?



# What did we do?

West of Scotland Regional Information Sharing Project  
established 2015:

- Organisational and system boundaries should not be barriers to patient centred care
- Clinicians within a region should have access to information for any patient, regardless of where and when the patient receives care in order to support care decisions
- Patient care pathways should be managed through shared regional / national workflows

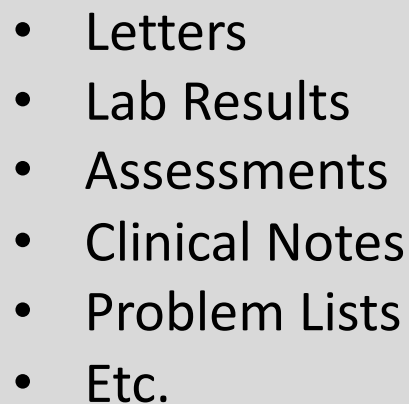
# What did we do?

- Engaged practitioners across all participating Health Boards to develop use cases and outline benefits
- Local project leads in the Boards appointed to drive forward the implementation
- Developed a longer-term strategic view – a single regional Clinical Portal for the WoS...**BUT**
- ...started with a pragmatic solution that could be delivered in the short-medium term: build on what we have and connect the existing Clinical Portals, use the CHI, give users something (as long as it is safe it doesn't need to perfect) – a journey

# Where are we now?

From 2016 to present: a virtual Electronic Health & Care Record covering approx. **3.4 million patients**

- NHSGGC
- NHS Lanarkshire
- NHS D&G
- NHS A&A
- NHS Golden Jubilee
- North of Scotland
  - Highland
  - Grampian
  - Orkney
  - Shetland

- 
- A grey rectangular box containing a bulleted list of data types.
- Letters
  - Lab Results
  - Assessments
  - Clinical Notes
  - Problem Lists
  - Etc.

# How has it been received?



# How has it been received?

“For those of us who have a regional commitment this has been a very positive development”

“Multiple examples of where I have avoided blood tests as can see them already done usually in patients with multiple complex conditions”

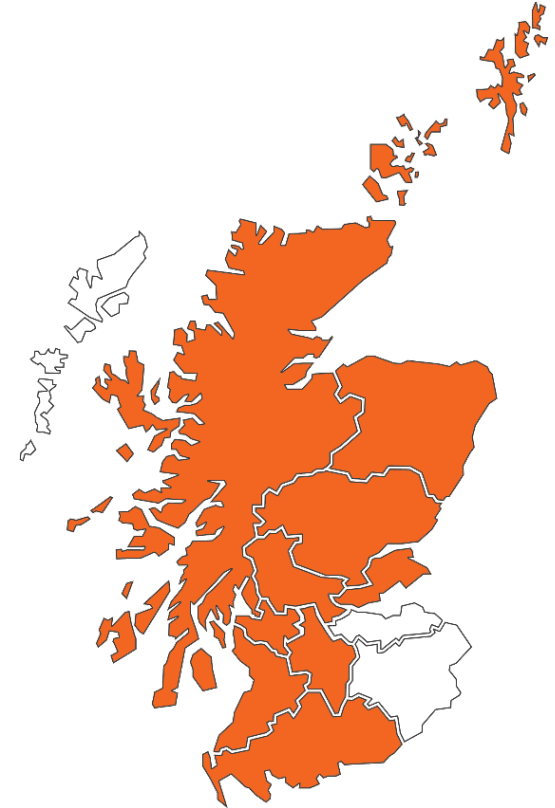
“Having this access reduces significantly clinical risks in assessing and advising patient care remotely”

“The positive clinical experience here we see as clear evidence of how patient care is made safer and better”



# What's Next?

- NHS Forth Valley to join (approx. 280,000 patient population)
- NHS Tayside to join as part of North of Scotland (approx. 415,000 patient population)
- Other enhancements, e.g. CHI remote search
- Aligning to National Digital Platform?



Thank you

[NHSGGC Digital Strategy Video](#)

# Sharing the Power of Music: Using Playlist for Life to Reach People with Dementia

# Playlist for Life's mission

*For everyone living with Dementia to have access to a personal playlist by 2020....and for..*

*Those who love and care for them to know how to use it.*

# Playlist for Life

To play the video please click here:

<https://vimeo.com/347470314/da1e3327cf>

# Benefits of using personalised music

- Increased communication and connection, alertness and engagement.
- Improved nutritional intake and promotes continence.
- **Decreased pharmacological intervention.**
- Decreased agitation and anxiety and associated injury incidents and falls.
- Elevated mood and increased perceived happiness and calmness during and after activity.

# Finding and using the right music



- As the person, family or friends
- Music detective skills:
  - The memory bump
  - Inheritance tracks and identity tracks
- Use throughout the dementia journey
- Easing transitions through health and social care



# Playlists as part of care

- **Based on the Gerdner (2013) Protocol**
  - Shared activity promoting person-centred care
- **Therapeutic scheduling**
  - Helps manage difficult parts of the day
  - Uses will change over the course of the disease
- **Integrate into care plans**



# Taking Playlists to scale

- Trained over 4,500 care professionals
- Set up over 300 Help Points within community organisations
- Linked with NHS and care systems

# Playlist for Life in the NHS

- Community and mental health hospitals
- Modified Playlist for Life in acute hospital wards and A&E
- Help Points at Dementia Carer Café's



# Keep in touch

[www.playlistforlife.org.uk](http://www.playlistforlife.org.uk)

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