

## **EMIS NATIONAL USER GROUP YORK 26-27<sup>th</sup> SEPT**

### **AIMS**

To better understand developments with EMIS and allied products to facilitate PCN and neighbourhood working.

Scoping exercise for online consultation, video consultation, data capture and analytics, medical report writing/management and other useful products.

### **Options for Community Nursing moving to use EMIS**

**EMIS X is the new system in development.** -This will ultimately replace EMIS web and will be cloud based. There were some early demonstrations but at this stage EMIS are still wishing to understand their customer's requirements for the new system. It looked like the intention is for EMIS X to fully support integrated and community working.

**EMIS for community working** - this option would involve 2 separate note systems for GPs and DNs but would each be visible within each other's version of EMIS, giving each other read-only access. (Appears as a tab on the left hand pop out menu once DSA in place) Seems that fully integrated notes are not yet possible, unless we give direct access to each practice's EMIS system to each of the community nurses via remote access or 'EMIS remote consultations', but there would be significant governance issues to overcome with this.

There are various stand-alone EMIS modules which may help:

EMIS CARE PLANS, useful for services where patients can plan and manage their own care  
PATIENT ADMINISTRATION, to manage from referral to treatment to discharge.

PATIENT TRACKING

CROSS ORGANISATIONAL TASKS

CROSS ORGANISATIONAL DOCUMENTS

### **VOICE RECOGNITION**

'Crescendo' - is a system which looks very slick for VR, with built in contextual intelligence e.g. "Mr. Payne put his head through a pane of glass and is now in pain".

Can navigate around EMIS using voice commands and set voice activated macros for large chunks of text. Uses the Dragon medical engine.

### **ONLINE CONSULTATION**

When Somerset was deciding how to use its transformation funding to commission online consultation software in 2017 the winning bid went to Wiggle amps' as it was then, 'Engage Consult' with EMIS's imaginatively named 'Online Consult' only narrowly missing out. The issue with EMIS's version was that bizarrely it didn't integrate with EMIS web! It was otherwise very impressive.

Uptake of EngageConsult has been disappointing for a variety of reasons but overall it doesn't function as we had hoped it would. Given that there is a contractual requirement to offer online consultations from 4/2020 we should consider a change.

- Product manager for EMIS online Consult is keen for a couple of practices in Somerset to trial it and practices represented by attendee GPs will pursue this.
- ADVANTAGES over other options;
- accessible to patients via 'Patient Access app' which is widely used by our patients already (NHSApp integration to follow)
- Can also be accessed via a website link
- Is 'forms based' and has been specially designed by experienced GPs (Sarah Jarvis) to present a user friendly report for the clinician to respond to.
- Intercepts red flags
- Practices can communicate back to patient via AccuRx app but EMIS are working on their own integrated 2 way communications function
- 36% of accesses lead to self-help advice and therefore do not even produce online consultation forms
- Forms are PDFs which arrive into EMIS workflow manager either into a specific folder from the app or into unsorted folder from weblink.
- Stratford village practice: 50% of contacts are via online consult and 25% conversion rate to F2F appointments.

### **MEDICAL REPORT WRITING PACKAGES**

iGPR vs eMR

Both systems will auto-redact 3rd party references but overall iGPR was more impressive and has added bonus of being able to produce digital DWP reports and firearms or bespoke medical reports (if the deluxe package is purchased for £500). Most insurance companies are represented by both companies. eMR imports patient record into their system whereas iGPR software processes locally so some suggestion by iGPR that their competitor may be selling the data for marketing etc.

iGPR cost =£500 for the deluxe version and same amount again for a day's training which can be split between PCN practices and delivered at scale.

### **EMIS DOCUMENTS MANAGEMENT SYSTEM**

Unfortunately no plan to develop this until EMIS X is released.

One good suggestion was to use Windows snipping tool to pull sections of clinical documents onto second screen rather than opening a second instance of EMIS which causes problems with 3rd party software like lexacom.

### **DATA CAPTURE AND ANALYTICS**

We were impressed by 'Primary Care Pathways' as a potential alternative to Arden's QMaster? (CCG funded for 1 year only)

<https://www.primarycarepathways.co.uk>

A suite of tools/documents/searches/protocols developed by 2 EMIS enthusiasts with a very useful and user-friendly looking analytics package.

### **VIDEO CONSULTATIONS**

It will be a contractual requirement for practices to provide video consultation services from April 2021. A consultation exercise is underway on 'Digital First' services and changes in the system for patient registration to account for new ways of working. Digital First services pose a threat as they attract essentially young, well patients who are low demand and essentially prop up primary care funding to be able to support high demand patents for whom these services are not appropriate. It is essential that Somerset practices are prepared to offer video consultation to enable this demand.

There are several options and this clearly is an expanding area in the run up to Apr 2021; these include the X-ON phone system – which has fancy video phones with this capability. This may appeal to practices which already have the X-ON system. It is anticipated that Patient Access will enable video consultation in the near future to integrate with EMIS. EMIS also offer their own video-consultation service.

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