Inquiry into Clinical Portals and Telehealth

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Outline of paper
This paper sets out RCN Scotland’s views on why clinical portal technology is important to nursing, before considering the specific questions asked by the Health and Sport Committee on the progress of the clinical portal technology project in NHS Scotland. The views of members of the RCN Information in Nursing Forum and feedback from Nursing, Midwifery and Allied Health Professions (NMAHP) eHealth networks have informed our answers to these questions. The paper ends with a summary of our position.

Overview of clinical portal technology
The Scottish Government eHealth strategy for 2008 to 2011 has a commitment to give NHS Scotland clinicians access to a clinical portal. Clinical portals offer the opportunity to use technology to improve access to patient information and therefore offer benefits to delivering patient care.

Described as an ‘electronic window’, a clinical portal is not a single product. A clinical portal is a set of capabilities and services which will help to deliver what to users will seem like a single system. Technology enables information from existing electronic systems to be viewed by the end user, with the benefits of single sign on, robust user identification and access control.

Nurses are the largest group of healthcare professionals in the NHS, and because of their particular role in co-ordinating as well as delivering care to patients, nurses are already major generators of patient information and will be major end-users of clinical portals. It is vital that NMAHPs are fully involved in the development of clinical portals, as they have the appropriate knowledge and skills to obtain, hold, share, use and store sensitive information about patients.

Benefits of clinical portal technology
Clinical portal technology has the potential to benefit patients and clinicians. Patients, nurses, allied health professionals and other staff are already experiencing the benefits of this technology within the sites in NHS Greater Glasgow and Clyde and NHS Tayside where clinical portals are being established.

Benefits for patients include:
• improving patient safety by reducing clinical risk;
• improving links between primary, community and secondary care;
• improving availability of results which may reduce unnecessary duplicate tests;
• providing summarised essential clinical information reducing the number of times a patient has to repeat their own story and history;
• supporting more efficient patient care;
• providing patient centred information;
• reducing delays in processes such as referral vetting; and
• reducing adverse drug events due to availability of medication information.
Benefits for clinicians, and therefore benefits which impact on patient care, include:

• reducing time spent searching for and retrieving clinical information;
• sharing information between different groups of clinical staff;
• providing electronic access to patient information;
• assisting with informed clinical decisions;
• providing summarised essential clinical information on one screen;
• providing easy-to-use access to different information on the same screen;
• widening access to electronic information across clinical staff groups;
• providing a single sign on for authorised users - which will be a considerable improvement from the current requirement to have multiple log-ons and passwords for different systems;
• less reliance on paper based records and processes;
• more secure and appropriate access that is traceable; and
• opportunities to address data quality, clinical information standards and to standardise documents – issues of data accuracy, compatibility and updating must be addressed.

Progress made in developing clinical portal technology since 2007
While there are many potential benefits of clinical portal technology, a realistic and achievable programme is essential. Clinicians can become disillusioned when systems do not deliver. The recent Scottish Government clinical portal survey highlighted that clinicians are looking for a workable system rather than a sophisticated system that is not available to all.

There must be recognition that there are limitations to current systems, and that not all boards have appropriate electronic systems in place to link by a clinical portal. Clinical portal technology is also one part of the eHealth programme with other complimentary systems being taken forward on patient data and supporting clinical communication.

In addition to the work in NHS Tayside and NHS Greater Glasgow and Clyde, there is ongoing work in other health boards and across NHS Scotland to prepare for the implementation of clinical portal technology. We understand that the current ‘discovery’ project involving a consortium of health boards led by NHS Lothian is due to report in January 2010. As this project aims to identify current capabilities, products and services within NHS Scotland, the outcomes will have implications for all health boards and will be the next key stage towards identifying funding and procurement direction for the clinical portal project. This discovery phase is intended to inform the main programme, and we look forward to hearing more about assessment of current technology and services available to NHS Scotland, and plans to build a pilot solution.

RCN Scotland would welcome an outline from the Scottish Government eHealth programme of which health boards are planning to implement clinical portal technology during 2010/11.

What is apparent from our members is the need to communicate feedback about the pilot initiatives and share regular updates widely with frontline staff. There also
needs to be recognition that portal work is likely to be implemented on an incremental basis, for example in NHS Tayside where use of the portal is being expanded by including additional GP practices. Progress on such projects can also be delayed as more time is taken to standardise information, and projects can become much bigger exercises than originally anticipated. It will be important for the national programme to drive progress forward, so that clinicians are not frustrated by a lack of progress in delivering this further. Clinical portal training is essential.

In Scotland, substantial steps forward continue to be been made in the understanding of the benefits of portal technology and also development of systems to support it. For example, within new ambulatory care hospitals in NHS Greater Glasgow and Clyde much work has been done and NMAHPs are using the portal. While information available is limited patient consultations are being undertaken using the electronic note rather than paper records. The clinical portal does deliver and is valued by NMAHPS who have access to pilot portals.

**Information required by clinicians**

A clinical portal connects existing electronic systems and delivers information via the single sign-on to integrated systems. Access is made available to a personalised portal with clinicians only able to view patient information for which they have permission to access. The *Information Access Programme* and *Role Based Access* are essential parts of clinical portal development for NHS Scotland.

The Scottish Government conducted a survey of clinicians across NHS Scotland this year, with the results published in August 2009. RCN Scotland encouraged nurses to complete the survey as an opportunity to inform the Scottish Government clinical portal programme and over 700 nurses completed the survey.

The survey of clinicians has demonstrated a consistent view of information to be made available. Nurses’ views corresponded with this core information set defined across clinical groups, with the additional inclusion of access to single shared assessment. In order of priority for nurses were:

- allergies;
- current medication list;
- alerts;
- current problem list;
- past medical history;
- treatment or care plan;
- local clinical guidelines;
- nursing notes;
- national clinical guidelines;
- biochemistry;
- resources sources, e.g. British National Formulary;
- haematology;
- inpatient final discharge letters;
- microbiology/virology;
- admission assessments;
- clinical measurements;
- events and procedures;
inpatient discharge letters;
- single shared assessment; \textit{and}
- clinic notes.

There is a need to recognise that the minimum information needed will vary from specialty to specialty, will vary by clinical staff group, and from patient to patient. This has been reflected in the ordering of information groups by clinical groups in the clinician survey. Portal technology allows staff to view fields that they need to appropriately care for patients.

Each clinical group recorded a requirement for their own notes. The inclusion of a nursing problem list (i.e. not just medical diagnosis) is an important aspect of a complete and accurate healthcare record.

Keeping initial implementation simple and using the commonly used electronic systems first means that more immediate benefits can be realised and boards can then build on that success.

\textbf{Potential budgeting implications of the development of clinical portal technology}

With each health board tasked to prepare a business case to support local delivery plans for the development of clinical portals, we do have concerns that the current financial climate could lead to boards focusing on short term benefits, rather than looking at the long term benefits that clinical portals could deliver. Lack of funding in some health boards could result in wider inequalities. If all boards cannot develop portals, clinicians will not have similar access to the right information to support the development of patient care.

Health boards will have different reasons for progressing clinical portal technology, and different starting points. For example, NHS Tayside has based its developments on primary care including GP systems in combination with secondary care, while NHS Greater Glasgow and Clyde has focused on acute secondary care with the clinical portal project based in two new hospital environments drawing together existing acute systems. Some boards may develop a clinical portal to reduce clinical risk and improve patient safety, while others may focus on opportunities to increase electronic communications between clinicians and reduce the focus on paper based systems.

It is likely that health boards will progress at different timescales, given financial pressures, local capability, and scope of existing electronic systems. The benefits of clinical portal technology however suggest that there needs to be a clearly defined national way forward, and the NHS Scotland eHealth programme has a key role in supporting boards to deliver clinical portal technology to ensure patients and clinicians in each board area can realise the benefits. Investment in health boards to help realise the benefits of clinical portal technology is needed.

The aim of the national programme of providing health boards with a catalogue of services and products to enable the creation of locally appropriate portals will require investment in new products. The outcomes of the 'discovery' project in early 2010 are intended to ensure investment is correctly focused on procuring products and
services that will contribute to those to be made available by the national eHealth programme to health boards. We can see that this approach should ensure budget spend is focused, and enable customised access from a standardised approach.

Health boards will need to invest in local capability to ensure staffing to lead and develop the portal system, and will need to invest in change management and training to support implementation and staff skills to work with the clinical portal. There will also be requirements for investment in computer hardware to ensure accessibility for clinicians across the board area. Delivery of clinical portals in each health board will depend on health board readiness to take on and deliver clinical portal technology.

The Scottish Government draft eHealth budget for 2010-11 has increased from the 2009-10 actual budget of £97.2 million to a 2010-11 draft budget in real terms of £132.7 million. However the eHealth budget has decreased by 3.8% from the original comprehensive spending review prediction for the 2010-11 draft budget. Given the recognition by the Scottish Government of the pivotal place of clinical portal technology within the eHealth strategy, RCN Scotland is keen to establish from the Government which eHealth programme projects are being deferred or planned over a longer timescale to accommodate this budget change, and whether any adjustments have been made to the clinical portal proposals to reflect the reduced budget available.

eHealth has the potential to dramatically improve patient care, and therefore save money in other areas of the NHS. It is essential that this budget is maintained. Investment in eHealth and in clinical portal technology is a case of ‘spend to save’. Financial investment in health board capability to deliver clinical portals plus the investment and support from the national eHealth programme is money well spent as the benefits outlined earlier suggest. We understand there is significant commitment from the eHealth programme that clinical portal development is a key focus throughout the timescale of the current eHealth strategy.

As clinical portals provide access to existing systems and services, this development avoids the procurement of multiple duplicate systems. Therefore instead of funding being allocated to develop new systems, clinical portal technology enables links to be made between existing systems reusing functionality. This enables NHS Scotland to preserve its investment in existing systems and ensures clinicians keep using familiar tools, while wrapping the disparate systems in a new, easy-to-use interface.

Clinical portals will require cultural change within organisations, for example in respect of staff changing from paper based documentation to electronic systems. Ongoing funding is required for training and support for computer skills and clinical portal developments. Investment is needed in this technology for the future. Without this NHS Scotland could struggle to cope with increased patient need based on demographic change and the resulting prevalence of long term conditions. There is potential for a more cost effective use of staff time, and therefore enhanced productivity.

Clinical portals are essential to patient care, but also in respect of data security, to facilitate controlled and managed access to information. They may help to rationalise
use of the plethora of systems currently available as these could be refined to avoid
duplication of data entry. The portal provides the ability to use the clinical systems
that have been developed with much clinical input over the years, and share their
summary content with other clinicians.

How is the debate on the development of such projects shaped by the use of
wider definitions such a telehealth, telecare, eHealth, etc

To achieve the desired outcomes for patients in the provision of services, clinicians
and providers must work together closely. NMAHPs must be engaged at board level
in the development of clinical portals and participate in each board site to ensure
locally determined clinical relevance. Within Scotland the NMAHP eHealth leads
network has an important role as an effective operational network providing clinical
advice and leadership, influencing and communicating about eHealth with clinical
colleagues.

We support the principle of role based access control to the clinical portal, with the
factors of location, roles and categories of information ensuring secure and
appropriate access to patient and clinical information. As clinical professionals,
registered nurses, midwives and allied health professionals will have significant role
based access, alongside other clinical staff. Professional codes of conduct for
NMAHPs, including the Nursing and Midwifery Council Code of Conduct, provides
confidence on the professional approach towards patient information.

The recently established Clinical Portal Programme Board will meet for the first time
this month. We recommend that the membership of the board includes NMAHP
representation to ensure the breadth of clinical views, including nursing, are included
in the strategic direction of this project.

The RCN supports the approach of the Scottish Government to eHealth, and the
national eHealth programmes in England, Northern Ireland and Wales. There are
opportunities for each UK country to learn from each other’s national programme and
clinical portal developments.

The technology which will support clinical portals also enables exploration of
complementary ‘patient portals’ which could enable patients to access health
information and services securely. Nurses have a key role to play as knowledge
workers supporting patients to find and understand relevant health information. A
complimentary development to the clinical portal will be patient portal development.

eHealth encompasses telehealth, telecare and developments such as clinical portals.
There is potential for confusion about terminology. Straightforward language should
be used and appropriate resources allocated for training. All these terms can be seen
as part of a patient journey which need information access at each stage. There may
be a need for a common minimum dataset which would cover all eHealth projects
underpinned by data standards so that they are shareable and have the same
meaning to all users. The portal should compliment telehealth and telecare.

The clinical portal facilitates these strategies in the development of patient
information being easily accessible and the provision of care being seamless and
timely for patients. With information readily accessible to clinicians when required,
resulting in improved, cost effective, efficient and effective healthcare services for patients.

**Conclusion**

In summary, RCN Scotland believes that the Scottish Government eHealth programme and the health boards should ensure that:

- nurses, midwives and allied health professionals – who deliver the vast majority of patient care – are fully involved in decisions at board and national levels concerning the development and use of clinical portal technology so that developments are clinically informed, deliver value for money and improve patient care;
- NMAP representatives must be included in the membership of the newly established Clinical Portal Programme Board to ensure all clinical views are included in the strategic direction of this project;
- adequate resources in terms of money and time, including backfill requirements, are allocated to the education and training of nurses, midwives, allied health professionals and other clinical staff to enable appropriate use of clinical portals;
- health boards must ensure that frontline staff have the time and skills necessary to ensure that patients are able to make fully informed decisions about the safeguards and choices related to information sharing; and
- regular feedback is provided to clinical staff on progress towards development and implementation of clinical portal technology.