Continuity of Care

Usual GP Tool User Guide

June 2021

Contents

Description of the Usual GP Tool

- The Tool uses EMIS consultation searches on 'All Registered' patients at the practice.
- .
- GP consultation types include face to face, telephone, virtual, home visits.
- The practice data is broken down into groups to help manage the workload.
- Usual Provider of Care (UPC) is calculated on frequently attending patients, (consulting 9 or more times in past 12 months) to provide sufficient data for the UPC calculation.
- SLICC (St Leonard's Indicator of Continuity of Care) is monthly, by practice and GP
- SLICC is calculated on both frequently attending patients and all patients who attended in the past 12 months
- It looks back 12 months from the day the EMIS searches are run. To change the timeline go to 'changing search date'.
- To measure continuity for a particular cohort of patients, refer to 'adding a cohort search'.
- The Tool suggests where the patient workload should be rebalanced across the GP team.
- Use the Frequently Attending patients list to identify patients circulating through the team.

Preparation

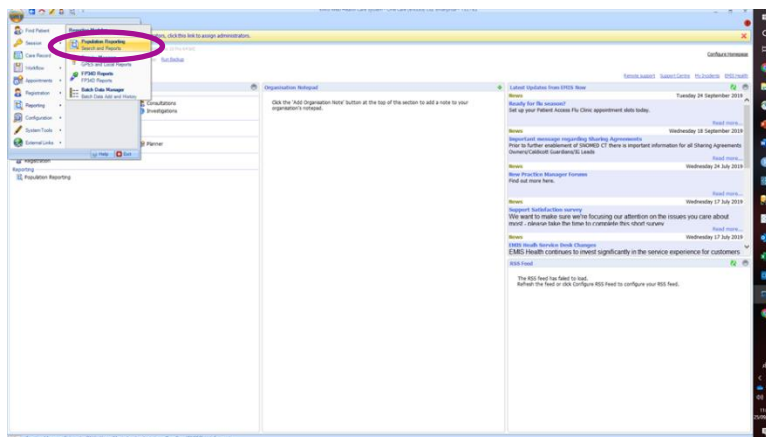On your pc set up a folder called 'Continuity of Care'.

Into this folder:

- save a copy of the Usual GP Reallocation Tool – calling it Master.

- Save the EMIS searches.

- Create a subfolder called 'Results'.

Note: You will need a list of your GP names and their weekly sessions to set up the Tool.
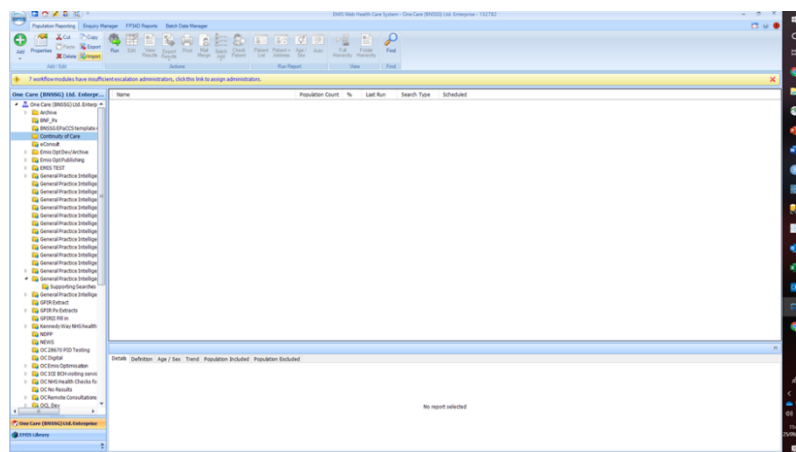
Importing the searches

Having saved the EMIS searches in your folder on your pc, now go to the 'Population Reporting' tab from the EMIS homepage.
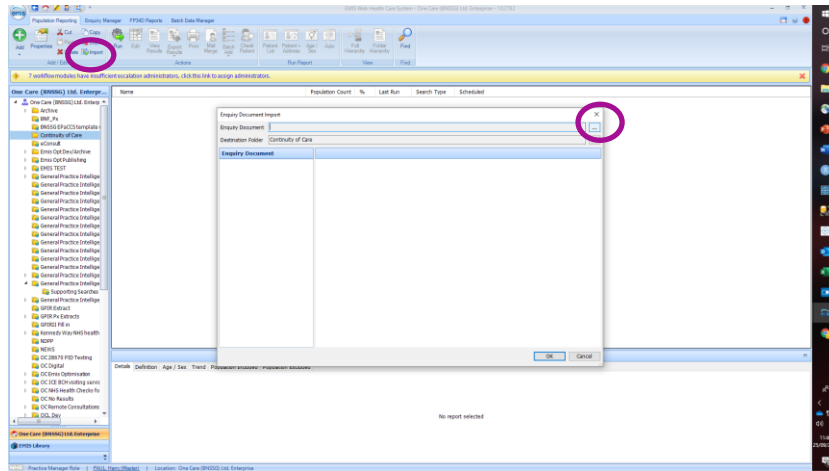

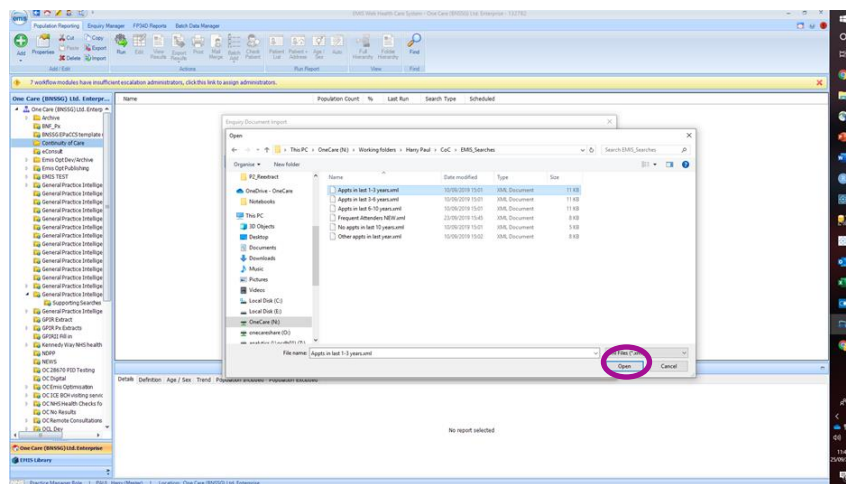In EMIS, create a new folder called 'Continuity of Care' by going to 'Add'.

Click into the Continuity of Care folder once you have created it.

Click 'Import', then click the top (...) button next to the 'enquiry document' line.
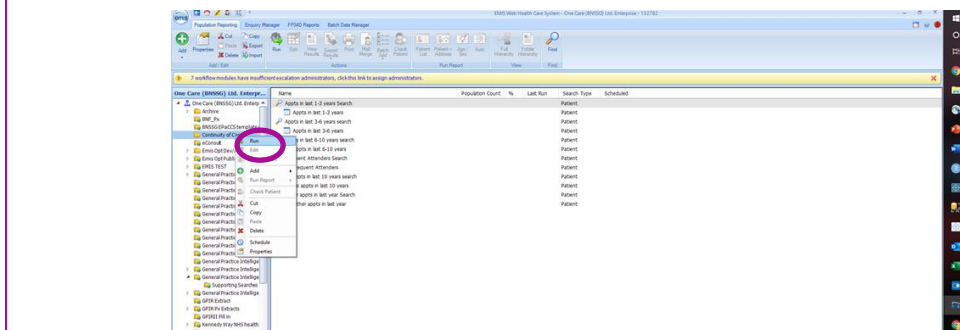

Locate the searches you saved in the 'Usual GP Tool Searches' folder on your pc. Select the top search and press 'Open' to upload and do this for each one.

Running the searches

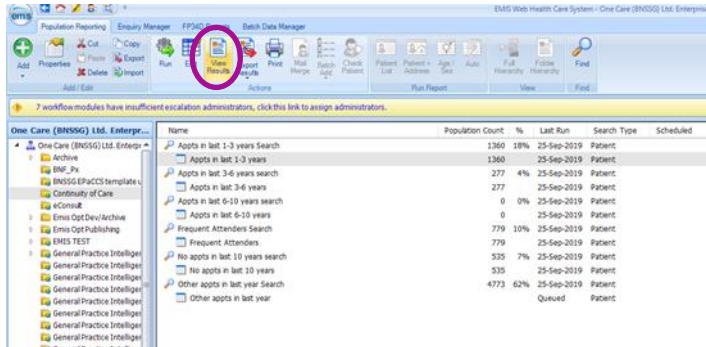In the EMIS 'Population Reporting' tab, right click on the 'Continuity of Care' folder and press 'Run'.

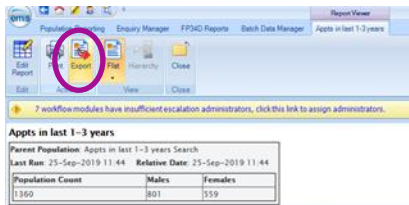When prompted click 'yes' to run all reports in the folder.

Exporting the searches

You will need to export the searches one by one:
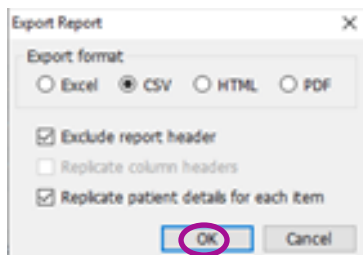Select the report you wish to export and:

a. Click 'view results' at the top of the page.

b. Click 'export'

c. You need to select: CSV, exclude report header, replicate patient details for each item, override hidden patients.

Note:

The options may also include 'show hidden patients' option which should be selected too

Click 'ok'/
Save this in the folder you created on your pc called 'Results'.
It is important only the results are saved in this folder and file names must not be changed otherwise the Tool will not recognise it.
Click 'Save'
Click 'Close'
Repeat steps b-h for all six reports.

Setting up the Tool

Open the Usual GP Reallocation Excel Tool you saved into your Continuity of Care folder.

If prompted, make sure you click Enable Editing and Enable Macros on the Excel Tool.
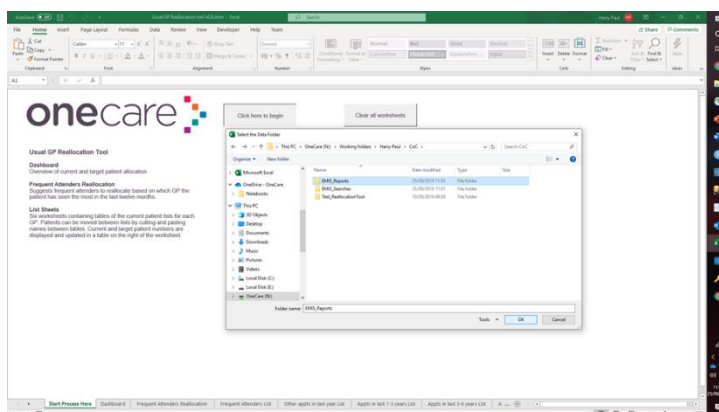
Click the button 'Click here to begin'.

Note the 'Clear all worksheets' button will delete any previous data so ensure you have save a copy of your data before clicking it.
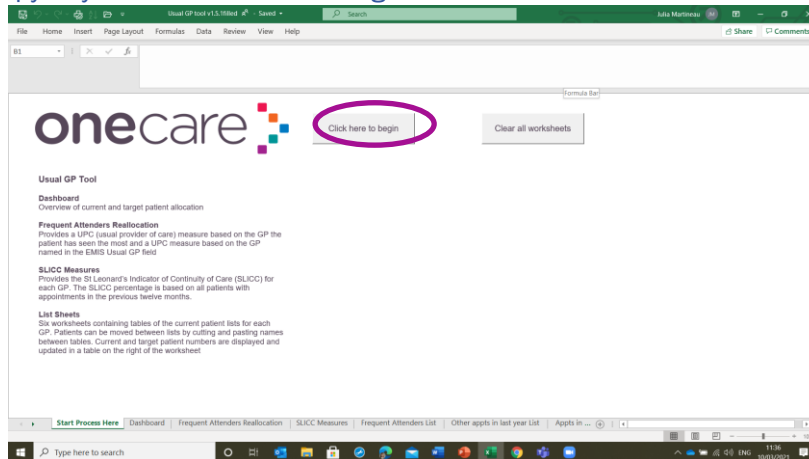
Select the 'Usual GP Tool Reports' folder from your drive.
Do not open the folder, just a single mouse click and select it as shown below.

Click 'OK'.

The data will be automatically be imported into the Tool (estimated time c.5-10 minutes for 10k patients).

When the data is uploaded, save this version of the Tool with today's date, and this will leave the Master unchanged.

TIP: If you double click to open the folder, the Tool may not work, and you may find you need to start the whole process from the beginning.

Enter GP names and sessions

The Tool will ask you to confirm the GPs currently at the practice.

The search is looking at the 12 months prior to the date of running the EMIS searches so consider what you would like to see. For example, you may wish to exclude GPs who have retired within the last 12 months but you may like to retain GPs on maternity leave.
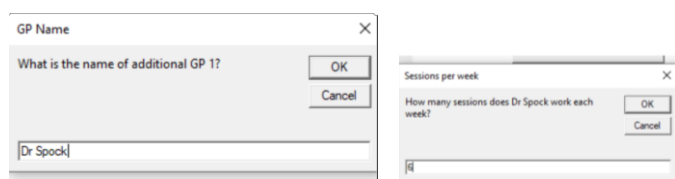
Have a list of the GPs and sessions to hand and tick off on the list as you enter the details for each GP.

If you wish to include a GP, click 'yes' and add the number of sessions the GP works each week as a number (e.g., 4). The Tool accepts part sessions e.g., 3.5 sessions per week.

If you wish to exclude a GP, then click 'no' and the Tool will move on to the next GP.

The Tool will ask if there are any other GPs you wish to include which is why having a list can be useful to check if anyone has been missed. You can now add GPs who were not automatically identified by the Tool.

Add each GP's name and the number of sessions that they work.

When adding a GP set out the name as it is on Session Holder e.g., GREEN, Jane (Dr) Once all additional GPs are entered, click 'ok' and the Tool will process the data.

If you click 'no', the Tool will be ready for use and begins to process the data. Depending on the size of the practice, EMIS etc this may take up to 20 minutes.

*Please note if you click on 'yes' to add GPs but you meant 'no', you will need to start again and enter all the GPs.

Results

The results are given across the 8 tabs in the Tool.
- Dashboard: this gives an overview of the practice.
- Frequent Attenders Allocation: a detailed list of patients and GPs with UPC scores.
- SLICC: gives the monthly SLICC measure by GP and practice.
- Frequent Attenders List of Patients by GP: to use for rebalancing.
- Other consultations in last year – to use for rebalancing.
- Appointments in last 1-3 years - to use for rebalancing.
- Appointments in last 3-6 years - to use for rebalancing.
- Appointments in last 6-10 years - to use for rebalancing.
- No consultations in last 10 years - to use for rebalancing.

Dashboard Tab

The Dashboard provides an overview of the practice.

In the blue box is the 'current' status at the practice. Adding together 'frequent attenders' and 'other appts in last year' gives the practice workload for the past 12 months.

The Dashboard gives a summary of the allocation of patients, based on their activity for each GP, sharing their current, target and change needed and is based on the session that were inputted into the Tool. This may flag where GP colleagues have significantly more (or significantly less) frequent attenders than their colleagues which practice may wish to rebalance.

It may be useful to benchmark your results with the practices that participated in the One Care Continuity of Care Project in 2021.

Consultation Activity Groups	Range from 2020/21 results
Patients who consulted with a GP 9 or more times in past 12 months. (aka Frequent Attenders in the One Care Project).	4% to 14%
Patients who consulted with a GP less than 9 times in past 12 months	39% to 55%
Total number of patients who consulted at least once in the past 12 months	43% to 63%
Patients who consulted at least once between 1 and 3 years ago	8% to 30%
Patients who consulted at least once between 3 and 6 years ago	3% to 10%
Patients who consulted at least once between 6 and 10 years ago	2% to 10%
Patients who have not consulted in at least 10 years.	4% to 22%
Total number of consultations used by Frequent Attender patients	31% to 63%

Frequent Attenders Reallocation Tab

Frequent attenders are defined in this Tool as having 9 or more GP consultations (including telephone calls, care homes and home visits) in the past 12 months.

The frequent attenders reallocation sheet gives the patients name, EMIS number, the total number of consultations in the past year and calculates UPC on 'most seen' GP and UPC on 'usual GP'.

The final column suggests a change is needed if the Most Seen GP is different from the GP named in the Usual GP field. If they are the same, then it is marked as 'no change'.

The details of each GP that the patient has seen is also provided. To view this you will need to unhide the columns by right-clicking on them and selecting unhide. To re-hide, highlight all the columns you wish to hide and right click and select hide.

Frequent attenders list tab

At the top of the column is the GP named on EMIS as the 'usual GP'. In the coloured columns the GP that the patient has seen the most in the previous 12 months is named. If there are 2 GPs who have both equally seen the GP, both names are given.

If you scroll to the far right of this sheet, there is a summary table which will show you a count of how many patients are assigned to each GP for this group of patients. It also gives the discrepancy between the numbers currently assigned and the target number you are aiming for.

The information in this sheet needs to be used in conjunction with the information in the frequent attender's reallocation sheet to make sure that you are moving the right patients, whilst also equalling out the workload across GPs based on the number of sessions that they work.

The Frequent Attenders Allocation may name a different GP that is because the Frequent Attenders Allocation tab will exclude any GPs you have not included when setting up the Tool while the Frequent Attenders List will include all GPs on EMIS during the period of the search.

When you have decided to move a patient, you need to **CUT and PASTE** that patient from the column they are currently in (identified by their current Usual GP at the top of the column) and into the column under their new Usual GP.

Avoid copying and pasting patient information, as this will result in patients being included in more than one column.

You will notice that the colour behind the patient's name will remain the same. This is so you can identify patients where the patient was originally and those that were already with their current Usual GP and do not need to be moved on EMIS.

You can track progress using the box on the far-right hand side of the sheet; this is a live count and will tell you when you have reached the target number for each GP.

Once the target numbers for each GP have been reached, circulate the proposed list to GPs for them to double check. They will know which patients would be inappropriate to move and patients they feel need to stay with them.

Once the GPs have agreed the lists, patient records can be updated with their new 'Usual GP' on EMIS. You only need to move the patients who are a different colour. This manual process is estimated at 100 patient records per hour but very shortly software will be available on the continuity of care website that will do this work.

SLICC

The SLICC (St Leonard's Indicator of Continuity of Care) measures continuity using the 'usual GP' on EMIS.

If the practice does not maintain the 'usual GP' field the SLICC score will be low.

The SLICC scores are given for patients who attended in the previous 12 months and for patients who attended 9 or more times in the past 12 months.
There is a monthly score by GP and for the practice.

A reasonable SLICC score for practices participating in the One Care Continuity of Care project was 40% with the aim of achieving 50% as a minimum level.

Reviewing scores by GPs will show which GPs have higher SLICC scores at the practice and colleagues can learn from them. Note if tracking monthly, the score will be lower in a month where the GP was on leave.

SLICC: All appointments from previous twelve months

Date	BABB, Lisa (Ms)	BURGESS, Neil (Dr)	HARDING, Brian (Dr)	SCHRECKER, Geoff (Dr)	WARREN, Sarah (Mrs)	Practice
Jul-18	23%	5%	0%	29%	28%	19%
Aug-18	16%	4%	0%	14%	69%	23%
Sep-18	37%	7%	0%	29%	24%	21%
Oct-18	40%	11%	0%	19%	23%	21%
Nov-18	28%	6%	0%	15%	31%	18%
Dec-18	32%	8%	0%	29%	23%	22%
Jan-19	33%	8%	0%	17%	31%	20%
Feb-19	28%	11%	0%	25%	33%	22%
Mar-19	37%	10%	0%	16%	29%	20%
Apr-19	29%	18%	0%	17%	26%	19%
May-19	40%	16%	0%	19%	30%	24%
Jun-19	28%	17%	0%	18%	19%	18%
Overall	30%	10%	0%	20%	33%	21%

SLICC: Frequent Attenders

Date	BABB, Lisa (Ms)	BURGESS, Neil (Dr)	HARDING, Brian (Dr)	SCHRECKER, Geoff (Dr)	WARREN, Sarah (Mrs)	Practice
Jul-18	22%	0%	0%	0%	33%	11%
Aug-18	32%	0%	0%	40%	25%	18%
Sep-18	28%	0%	0%	33%	29%	18%
Oct-18	48%	0%	0%	0%	29%	23%
Nov-18	18%	0%	0%	25%	36%	14%
Dec-18	33%	0%	0%	43%	40%	23%
Jan-19	25%	6%	0%	0%	42%	16%
Feb-19	29%	27%	0%	20%	0%	18%

Other Tabs

The practice list is separated out into separate bands. There is a tab or worksheet for each group. The most seen GP is not included as it becomes less relevant with time.
The groups are:

Patients that have attended in the last year but have had less than 9 consultations.
Patients that have attended more than one year ago but less than three.
Patients that have attended more than three years ago but less than six.
Patients that have attended more than six years ago but less than 10.
Patients who have not attended in the last 10 years or more.

Each sheet is set out in the same way and works as described above for frequent attenders.

Reallocating Patients – things to consider

Some families may wish to remain together with the same Usual GP. Whilst there is not a way for the Tool to identify and flag families, it is worth checking families are not being separated. You may like to ask patients to flag to you if they have young children who have been allocated a different GP to them.

Communicating to patients about the change to their usual GP and why it has been done is very important in reducing the risk of confusion and complaints. This can be done by direct contact with patients or by putting posters in the surgery.

Some patients may not be happy with their new 'Usual GP' and ask their remain with their current GP. Be clear on why the work has been done may help but if the patient is still unhappy, then move them back. Patients cannot be forced to accept a new usual GP and any discrepancies in balancing workload will be resolved through new registrations to the surgery.

Re-running this Tool

Every time you re-run the Tool, and have new data, save a copy with the new date eg ddmmyy in the Continuity of Care folder on your pc. This ensures you have the data and can track changes over time.

Each practice decides how frequently they wish to re-run the Tool. This could be annually, quarterly, 6-monthly, or even monthly for those focusing on improving SLICC.

If the Tool is being used to re-balance patients then consider running each time:
- a new GP starts with the surgery.
- a GP retires from the surgery.
- a GP changes the number of weekly sessions that they work.

Adding a cohort search

1. Copy your search for the relevant cohort into a folder containing the Usual GP Tool searches.

Name	Population Count	%	Last Run	Search Type
Cons in last 1-3 years Search				Patient
Appts in last 1-3 years				Patient
Cons in last 3-6 years search				Patient
Appts in last 3-6 years				Patient
Cons in last 6-10 years Search				Patient
Appts in last 6-10 years				Patient
Cons in last year				Patient
Other appts in last year				Patient
Frequent Attenders Search				Patient
Frequent Attenders				Patient
No cons in last 10 years				Patient
No appts in last 10 years				Patient
Relevant Cohort				Patient

2. Right click on each of the Usual GP searches and select Properties. This dialogue box will pop up.

3. In the *Based On* section, click the radio button marked *Results from* and the click on the magnifying glass.

4. Select the Cohort search from the list and click OK.


5. Do this for all the Usual GP searches so that they appear like this in the folder.

6. Run all the searches in the folder by right clicking the folder and selecting run. The results of the Usual GP searches will now only include patients identified by the Cohort Search.

Changing the search date

1. Open EMIS (using globe icon) and select Population Reporting tab.
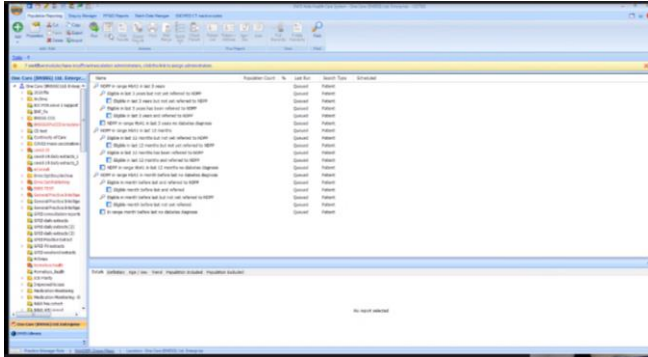
2. Right click on the CoC folder, press 'run'.
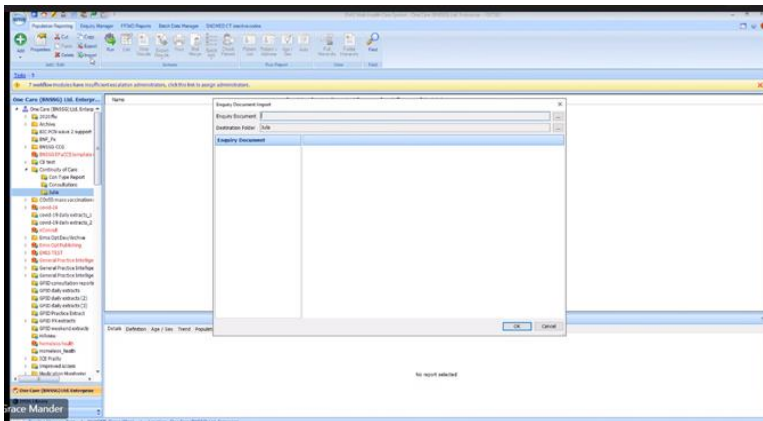
3. The search is set up to run for 12 months from today's date however you can select a different date by opening the calendar. Go to 'advance options' which will enable you to select the date at the end of the 12-month period.
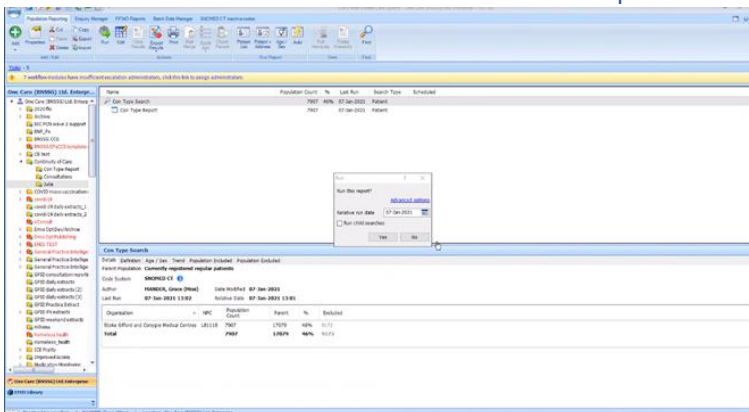
4. Then run the report and export results to CSV format.
5. Save the report as an Excel file, clearly label it with the timeline eg baseline

Building a protocol to trigger a display text screen

With thanks to Whiteladies Health Centre, Bristol, for this guide. Please note to enable this to work, the patient cohort will need the continuity of care code added to their record. How to add the flag is covered in the Resource Toolkit, Step 4b Resource to Support Change

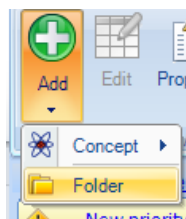A protocol will need to run from a concept.
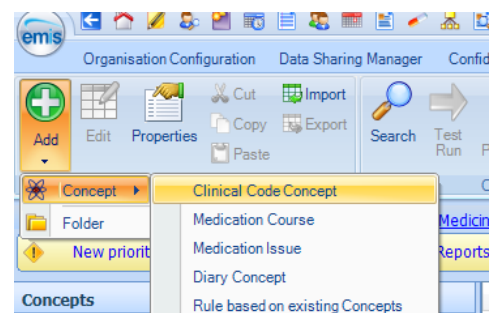The concept looks for a continuity of care code on their record and then the protocol will trigger a pop up.

Step 1 - Creating the concept

1. Go to the EMIS Ball > Configuration > Resource Publisher
2. Select Concepts on the bottom left ribbon
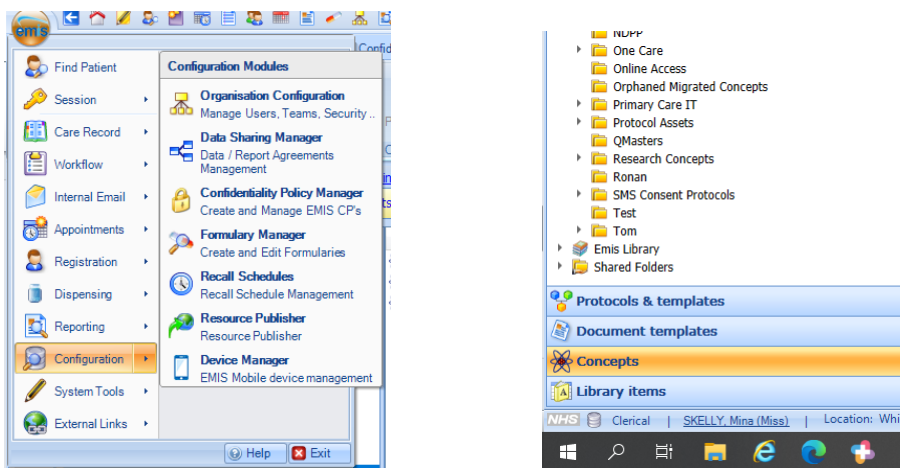
3. Go to Add – then Folder. Name this folder Continuity of Care

4. Select Add – then Concept – Clinical Code Concept

5. Select 'Click to add Filter Attributes' then 'Clinical code'. Search for the Continuity of Care code and double click it and then Ok.
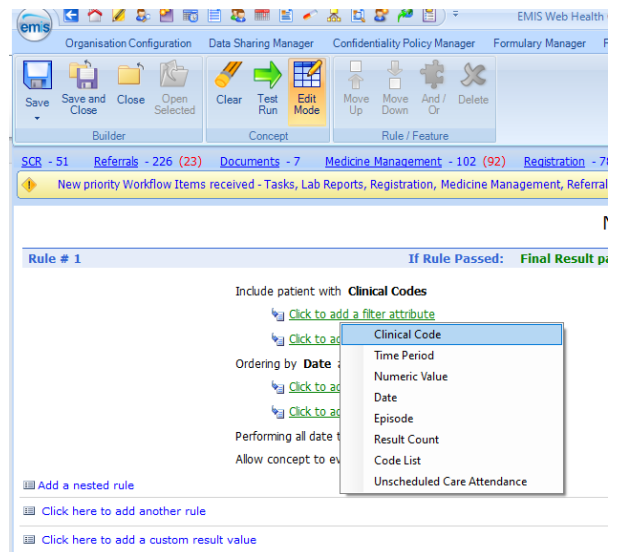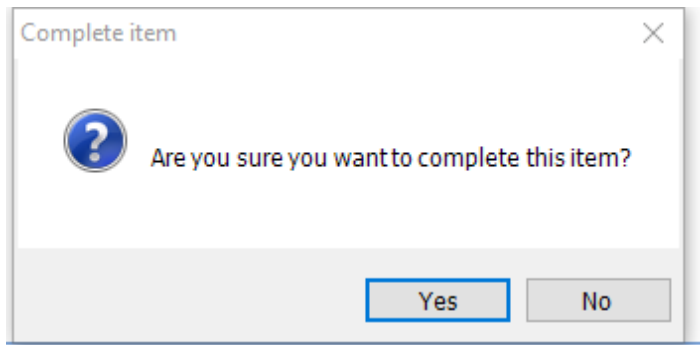

6. Click Save and Close. A box will pop up – select the folder you created 'Continuity of Care' and give the concept a name (e.g Continuity of Care. Click Save
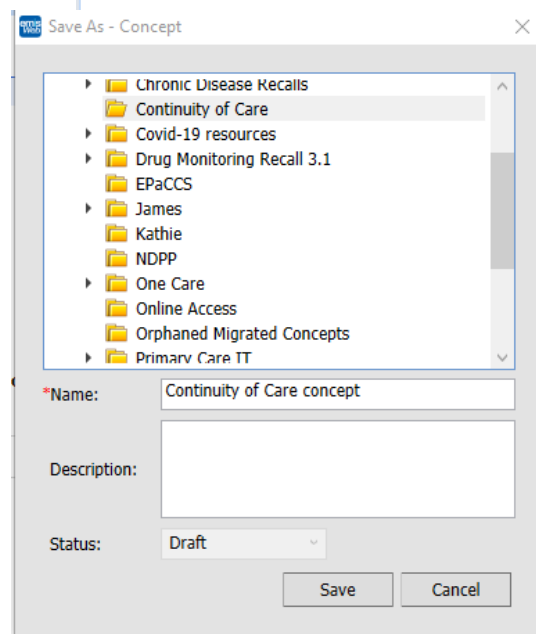
7. Click on the concept and then select 'Complete' in the ribbon bar. A pop up box will come up – select Yes.
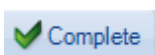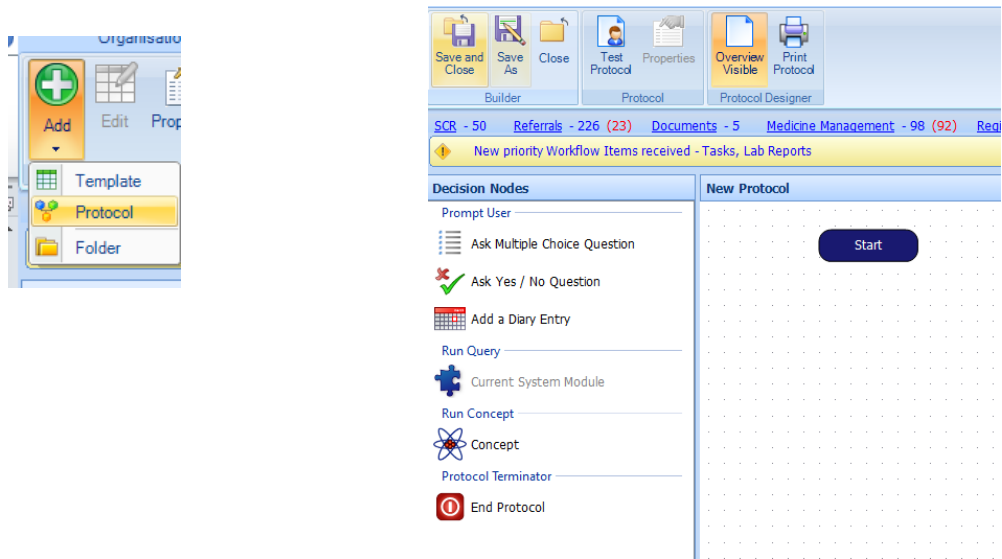
Step 2 - Building the protocol

You can now build the protocol which will run on the concept.

1. Go to 'Protocols and templates' on the bottom left blue menu. Select 'Add' and then Folder – Name this folder Continuity of Care and click Save
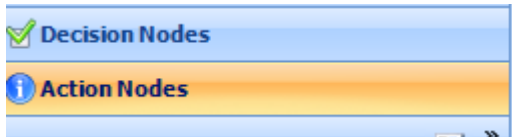
2. Click on this folder and then select Add then Protocol. The protocol builder will launch

3. Select and drag the Concept symbol to below the Start
A search box will appear – type in 'Continuity of Care Concept' this is searching for the concept that was just built. It should look as follows:
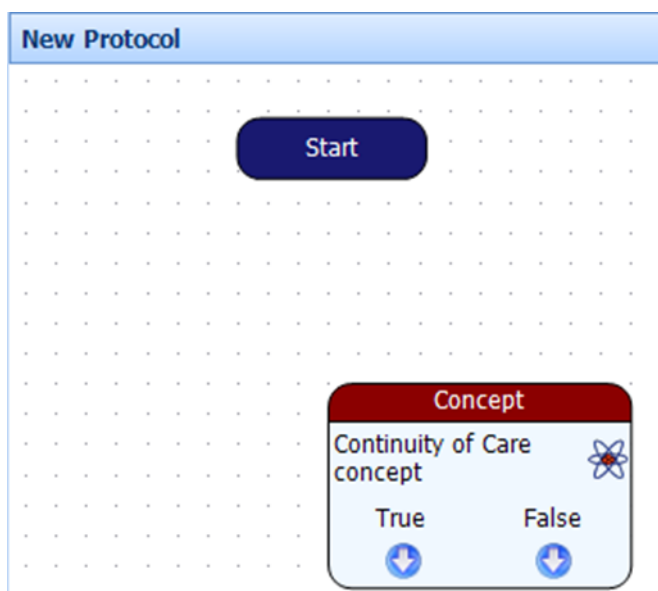

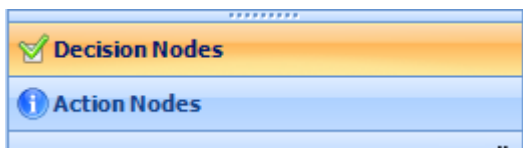4. Select the Action Nodes option on the bottom left menu

5. The following options will appear
   Scroll down and an option to Display Text
   will appear. Drag and drop this below the
   concept box. A screen will appear
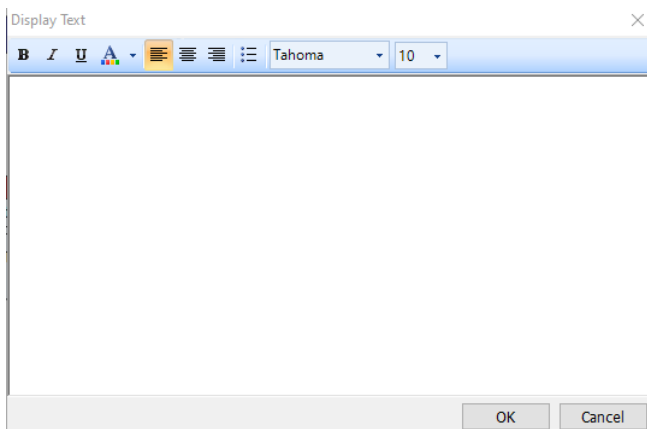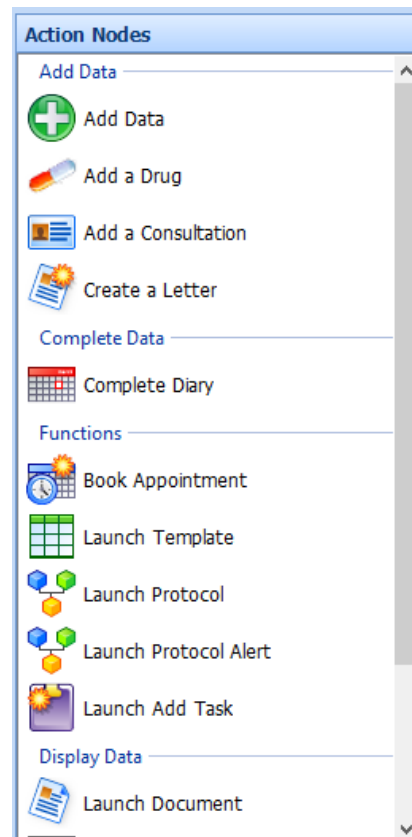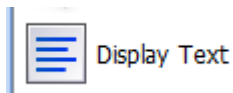
6. Type in the message you want to pop up when the patient's record is loaded.
   You can edit the font and position of the text. Select Ok

Display Text ✕

B *I* U A ▾ ≡ ≡ ≡ ≔ Tahoma ▾ 26 ▾

Continuity of care patient

Please book in with Usual GP

OK   Cancel
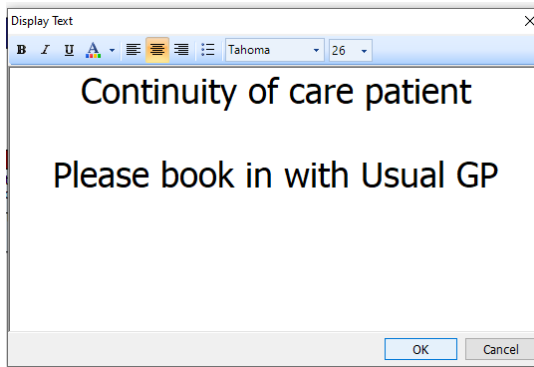
7. Click back to the Decision Nodes Menu on the bottom left

☑ **Decision Nodes**

ⓘ **Action Nodes**

8. Drag and drop the ⭕ End Protocol symbol to the right of the Display Text box.

Start

Concept

Continuity of Care concept ⚛

True   False
⬇   ⬇

End

Display Text

Continuity of care patient ≣

Pl...
⬇
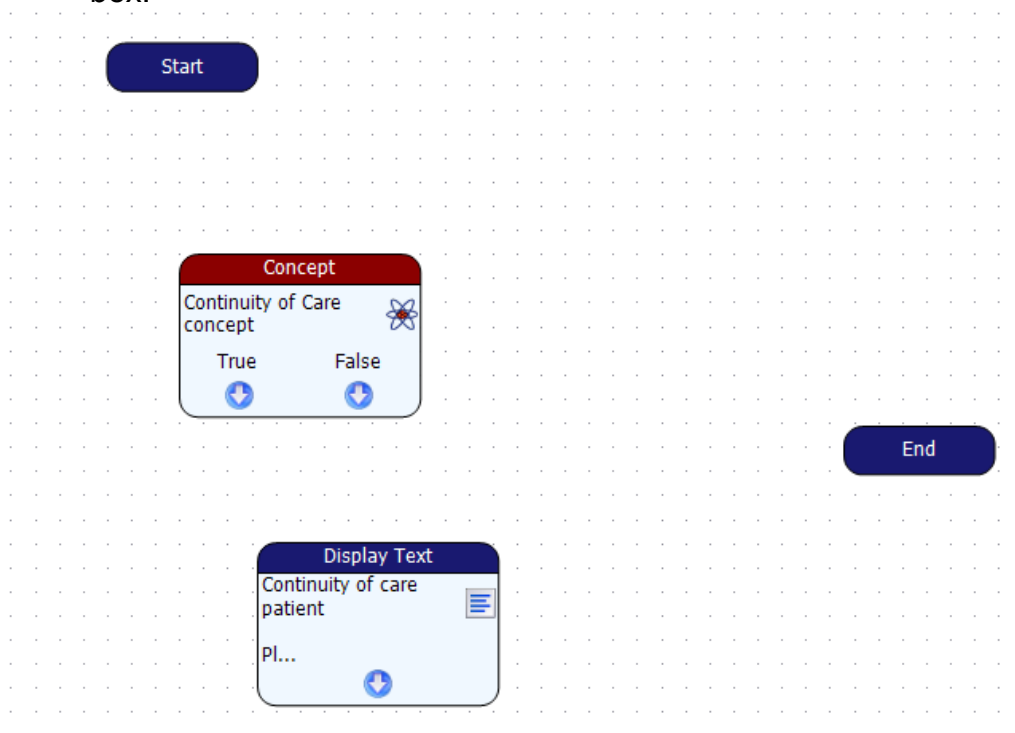
9. Click on the Start box and a hand symbol should appear – drag this to the concept box.
Click on the 'True' arrow of the Concept box and drag to the Display Text box
Click on the False arrow of the Concept box and drag the arrow to the End
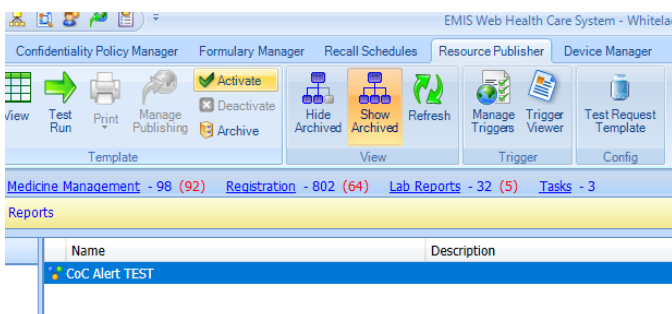Click on the Display Text box and drag the arrow to the End.

Your protocol builder screen should look like this (although the arrows may differ slightly):
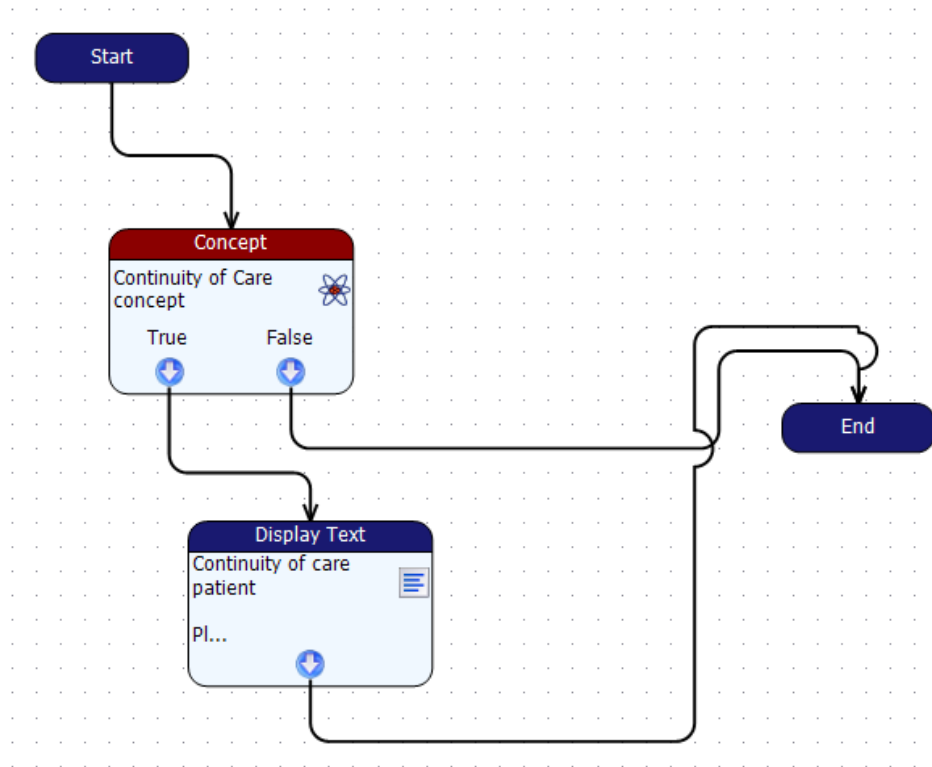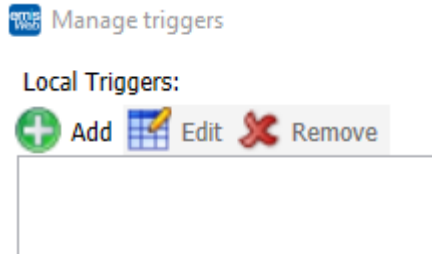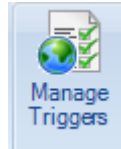

10. Click Save and Close – select the Continuity of Care folder you set up and name the alert e.g. CoC Alert. Click Save.
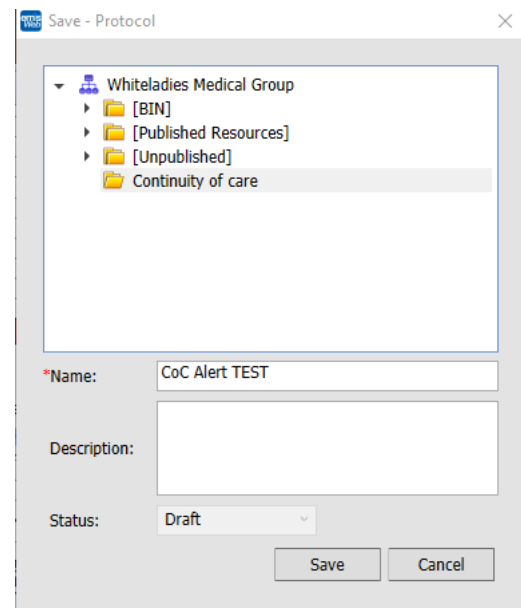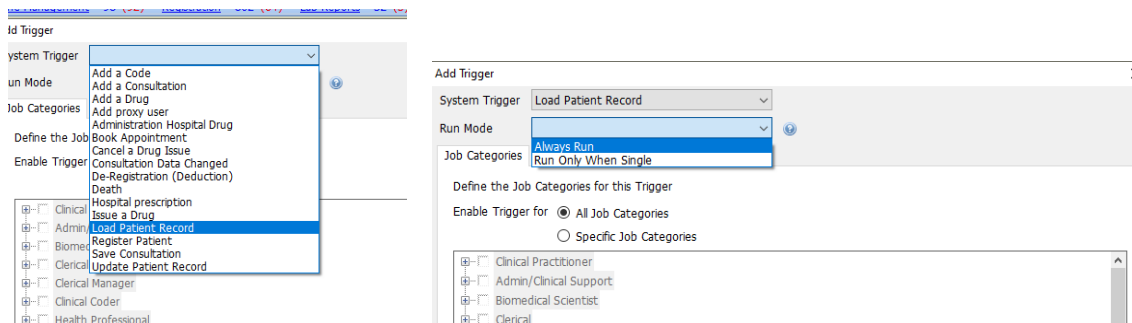

11. Click on the alert and press 'Activate' and then 'Yes'

12. Finally, you need to click 'Manage Triggers' and then Add

13. From the System Trigger drop down menu, select Load Patient Record, and then from the Run Mode drop down menu, select Always Run. Click Ok

14. Select Add again, and from the System Trigger drop down menu, select Update Patient Record. Then from the Run Mode menu, select Always Run. Click Ok.
   You should see the following.
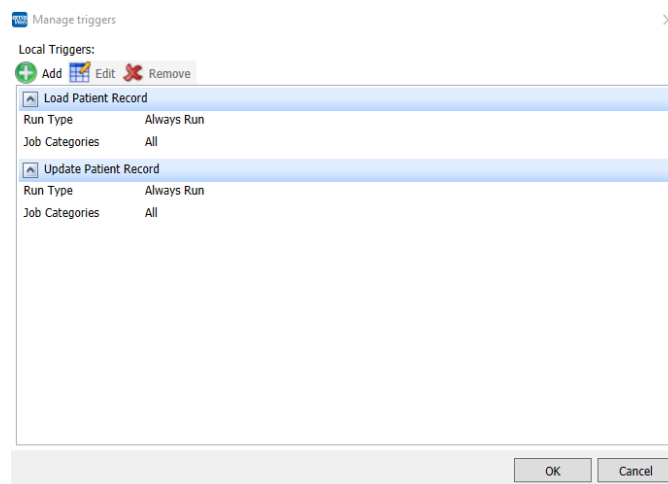
You have now built the protocol. You will need to restart EMIS and load a CoC patient – the display text should now appear. Your system may need a few minutes for resource publisher to fully load to for this to begin.

Working with Cohorts

With thanks to Whiteladies Health Centre, Bristol, for this guide.

You may wish to adapt the Tool so that rather than measuring across the whole practice, it provides results for a particular cohort of patients. To do this, you will need to copy across a 'parent search' for the Toolkit searches to run upon

QOF contract searches in EMIS can be copied across.
Go to the EMIS Ball > Reporting > Population reporting
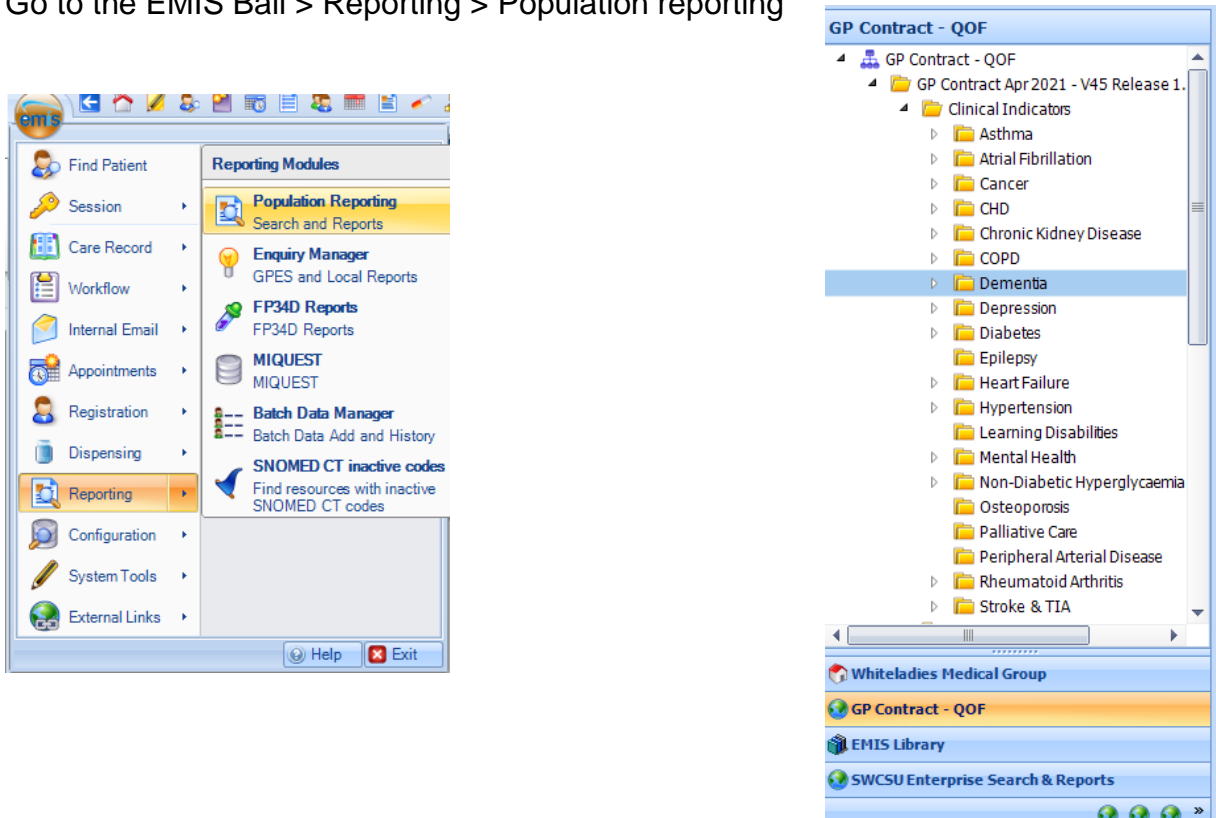
Select 'GP contract QOF' on the bottom left

Select the folder with the cohort you would like to focus on. Select the cohort (e.g. DEM001 – Patients on the dementia register below) – and then click Copy on the Toolbar.
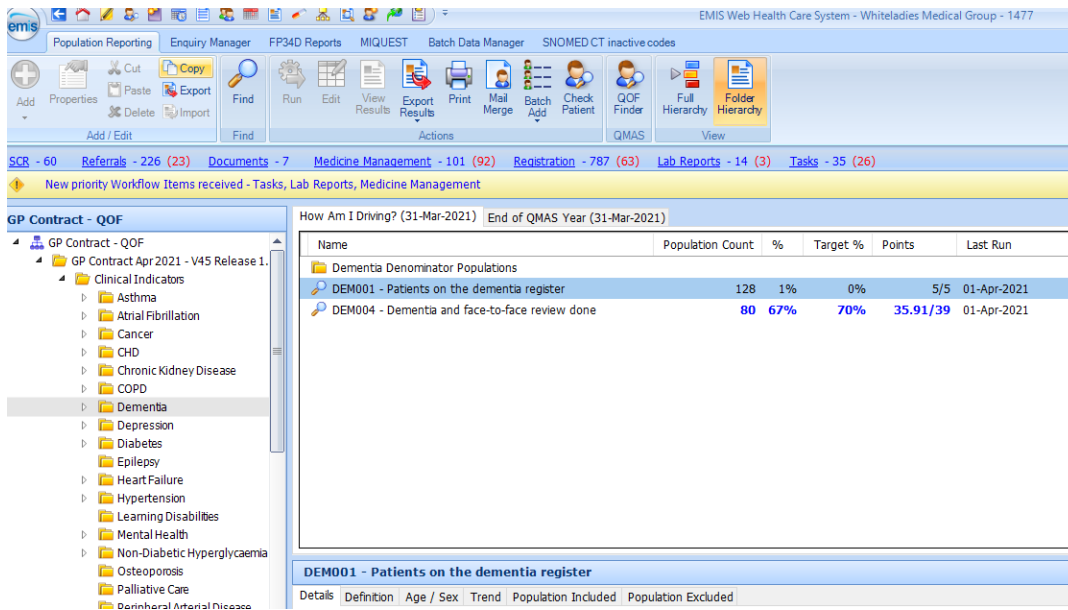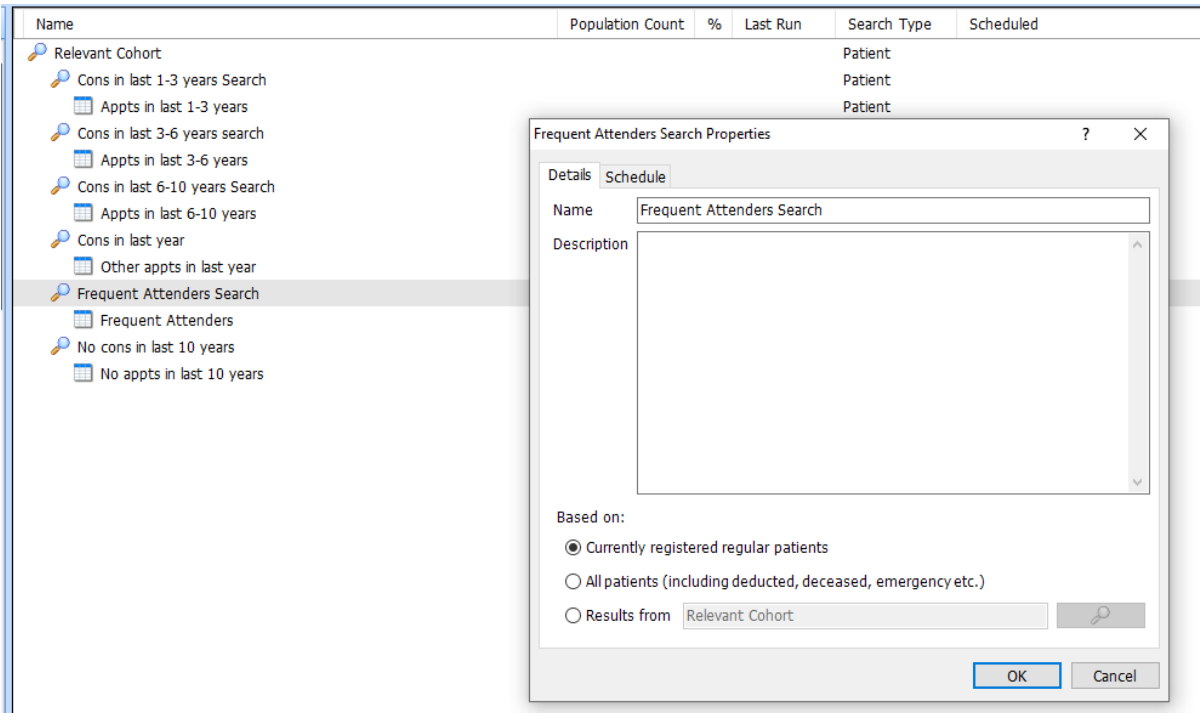
Go back to your practice's searches – select this on the left hand bottom menu (e.g. Whiteladies Medical Group as below. You can then paste this into the folder where you've imported the Toolkit searches.

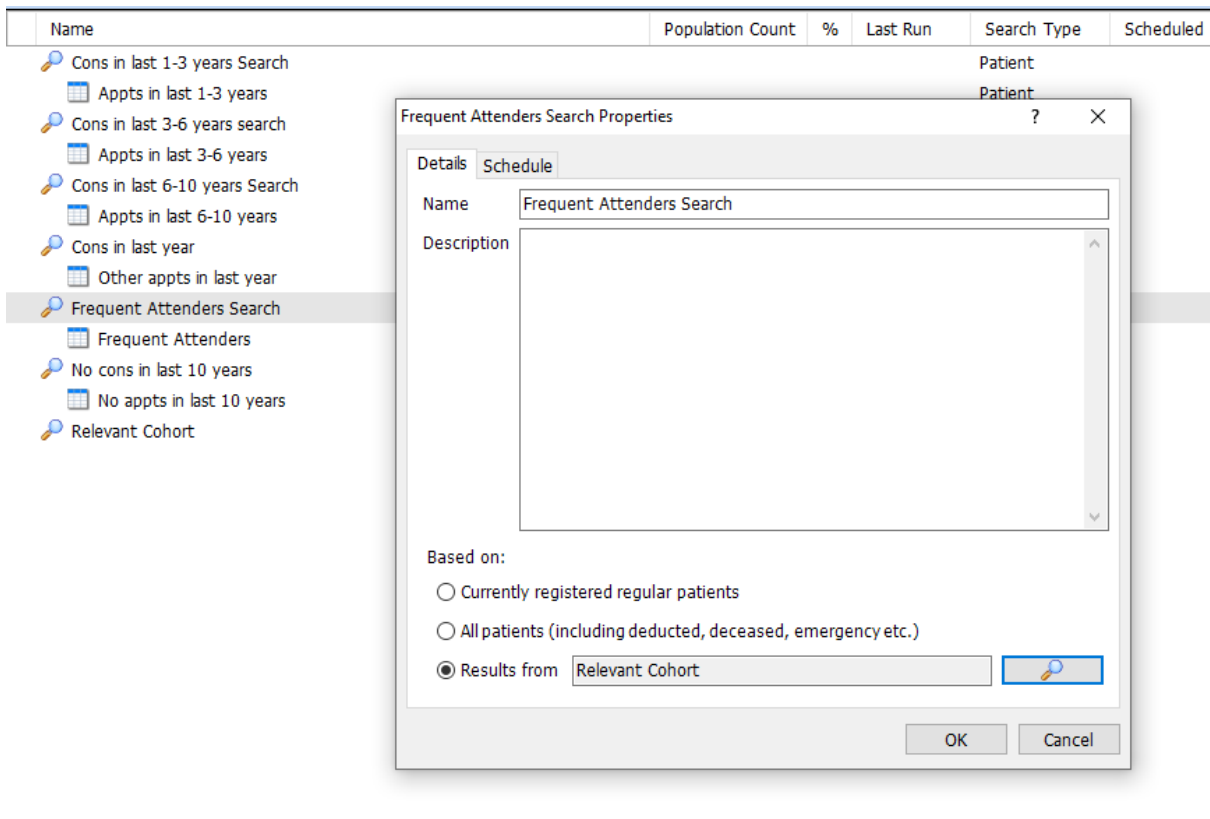Then complete the following to alter the searches to run upon the chosen cohort.

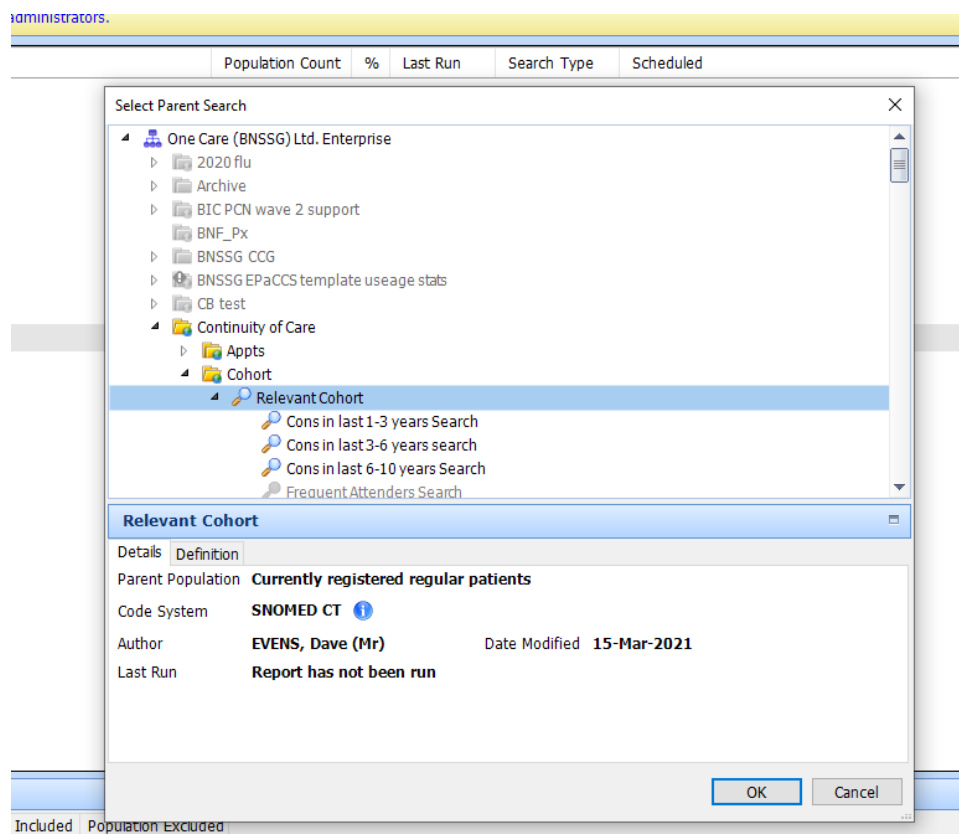In the example below – the cohort is 'Relevant cohort'

1. Right click on each of the Usual GP searches and select Properties. This dialogue box will pop up.

2. In the *Based On* section, click the radio button marked *Results from* and the click on the magnifying glass.

3. Select the Cohort search from the list and click OK.

4. Do this for all the Usual GP searches so that they appear like this in the folder.

5. Run all the searches in the folder by right-clicking the folder and selecting run. The results of the Usual GP searches will now only include patients identified by the Cohort Search.

Name	Population Count	%	Last Run	Search Type	Scheduled
Relevant Cohort				Patient	
Cons in last 1-3 years Search				Patient	
Appts in last 1-3 years				Patient	
Cons in last 3-6 years search				Patient	
Appts in last 3-6 years				Patient	
Cons in last 6-10 years Search				Patient	
Appts in last 6-10 years				Patient	
Cons in last year				Patient	
Other appts in last year				Patient	
Frequent Attenders Search				Patient	
Frequent Attenders				Patient	
No cons in last 10 years				Patient	
No appts in last 10 years				Patient	

Continue then to export the searches following the instructions in this guide.

Batch Adding the CoC code

To batch add the code 'Continuity of Care' to all patients of your specific cohort:
1. Click on the relevant search e.g., Relevant Cohort and select 'Batch Add' and then 'Clinical Code'.

2. Select the magnifying glass next to the *Batch Add row

3. Type in Continuity of Care, and double click on this as the code appears.
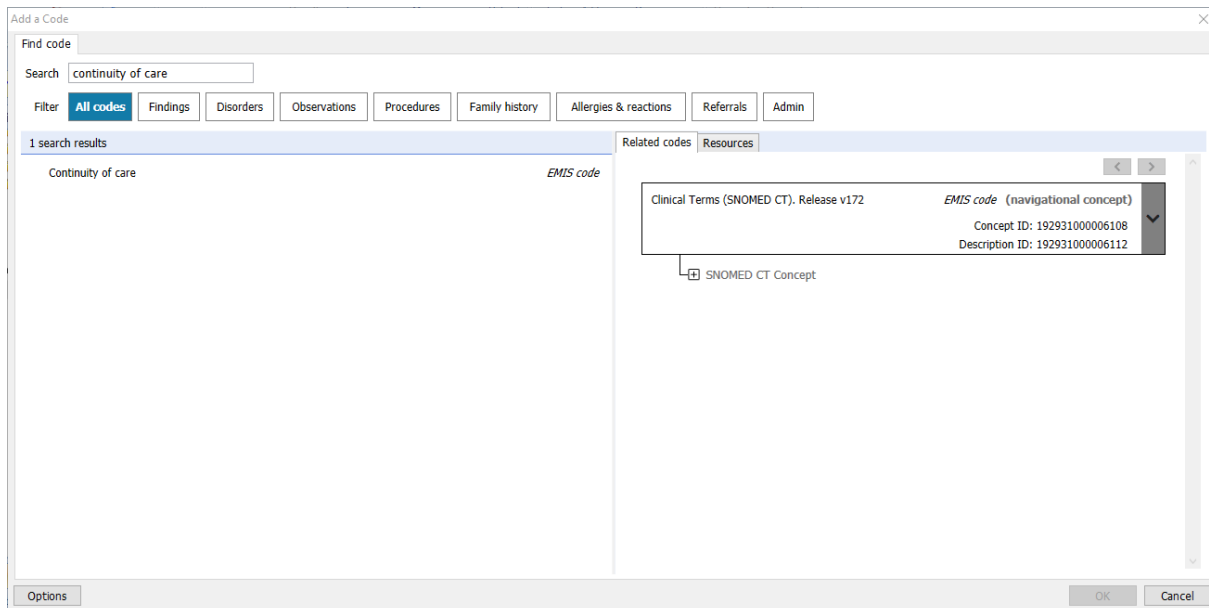
4. Enter today's date and a relevant description e.g., Continuity of Care Patient – on Dementia Register. Click OK.
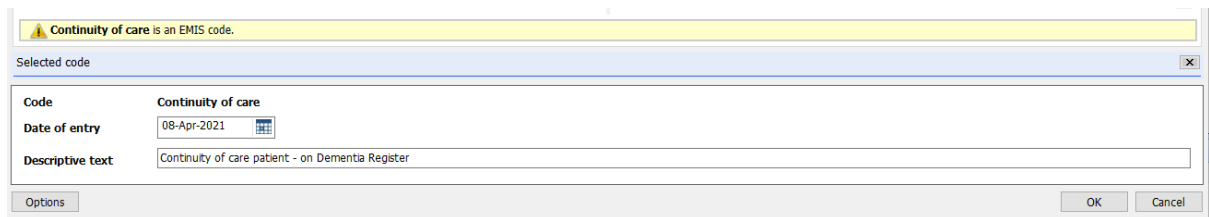
5. Enter a short description into the Description box – this is simply to identify the batch add in case it needs to be reversed. <u>Note that if an error is made, a batch add error can only be reversed within 7 days</u> – please contact EMIS in the event you need to do this.

6. Click on the magnifying glass next to the 'Search Population (Included)' and locate the cohort who you wish to add the code to. Click OK.

7. Click Ok. The batch coding will begin. It may take up to an hour to complete depending on the size of the cohort.

Add Batch Data

Define the data that this batch will add to the Patient Record(s)

Clinical code to Add to Patient Record

* Batch Add	Continuity of care	🔍
* Description	CoC cohort - Dementia register	

List of Patients to Add Data to

List Type	Search Population (Included) ⌄	
* Search Population (Included)	Relevant Cohort	🔍

ⓘ Batch Data Manager will add the Clinical code to **39** patients.

Batch Scheduling

Run Batch   ◉ Immediately
         ○ Schedule   08-Apr-2021   📅   22:00

OK   Cancel

Troubleshooting

Toolkit is not loading:
- Check Macros enabled on your pc.
- Go to File, select Options, select Trust Centre, select Settings and check Enable All Macros is selected.
- Check EMIS Searches have run correctly.
- Check you didn't double-click the folder

Frequent Attender rate is higher than expected.
If the practice has set up multiple GPs on a session, each GP will be counted. For example, a joint telephone triage with 2 GPs is counted as 2 consultations.
If a patient is having telephone triage followed by a f2f on same day, this will be counted as 2 consultations.

Consultations are missing on the Reallocation Tab.
If you find the Tool has not included a GP that you manually entered, check the name was entered in the same format as the session holder details are recorded on EMIS.

Zero return.
If say on tab 6-10 years there is a zero return, this may be due to changing or updating the clinical system.

Patients numbers on 'No Appointments' tab is high.
If the % of no consultation patients is high, it likely reflects a recent transfer of patients onto the clinical system.

Tool gives error message when asked to locate search results.
Check where you have stored your search results. If it is in a folder deeper than 3 levels the Tool is unable to function and gives an error message about 'simultaneous tasks'

Consultation Types used in EMIS Searches

One care Consultation Types

Children's home visit note
Consultation via multimedia
Consultation via SMS text message
Consultation via telemedicine web camera
Consultation via Typetalk relay service
Consultation via video conference
Did not attend
discusson with colleague
E-mail consultation
Email rec'd from patient
Email sent to patient
Emergency appointment
Emergency consultation
Enterprise consultation
Extended hours consultation
Face to face consultation
Face to face consultation with relative/carer
First attendance face to face
First telephone consultation
Follow up attendance face to face
Follow up telephone consultation
GP Surgery
Group consultation
Group consultation via video conference
Home visit note
In-house andrology first appointment
In-house andrology follow-up appointment
Joint consultation
Nurse telephone triage
Nursing home visit note
Other consultation medium used
Pharmacy consultation
Remote consultation
Residential home visit note
Routine appointment
Routine consultation
Same day appointment
Seen in rapid access clinic at GP surgery
Telephone call from a patient
Telephone call from a relative/carer
Telephone call to a patient
Telephone call to relative/carer
Telephone consultation
Telephone encounter

Telephone follow-up
Telephone triage encounter
Third party consult
Urgent consultation