



Royal College of
General Practitioners

Patient Online

long term conditions - diabetes

RCGP Webinar, 2 May 2018

Diabetes Care with Patient Online

Dr Ralph Sullivan, FRCGP, FFCI
RCGP Clinical Champion for Patient Online

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Advanced Diabetes Forum for South Devon and Torbay

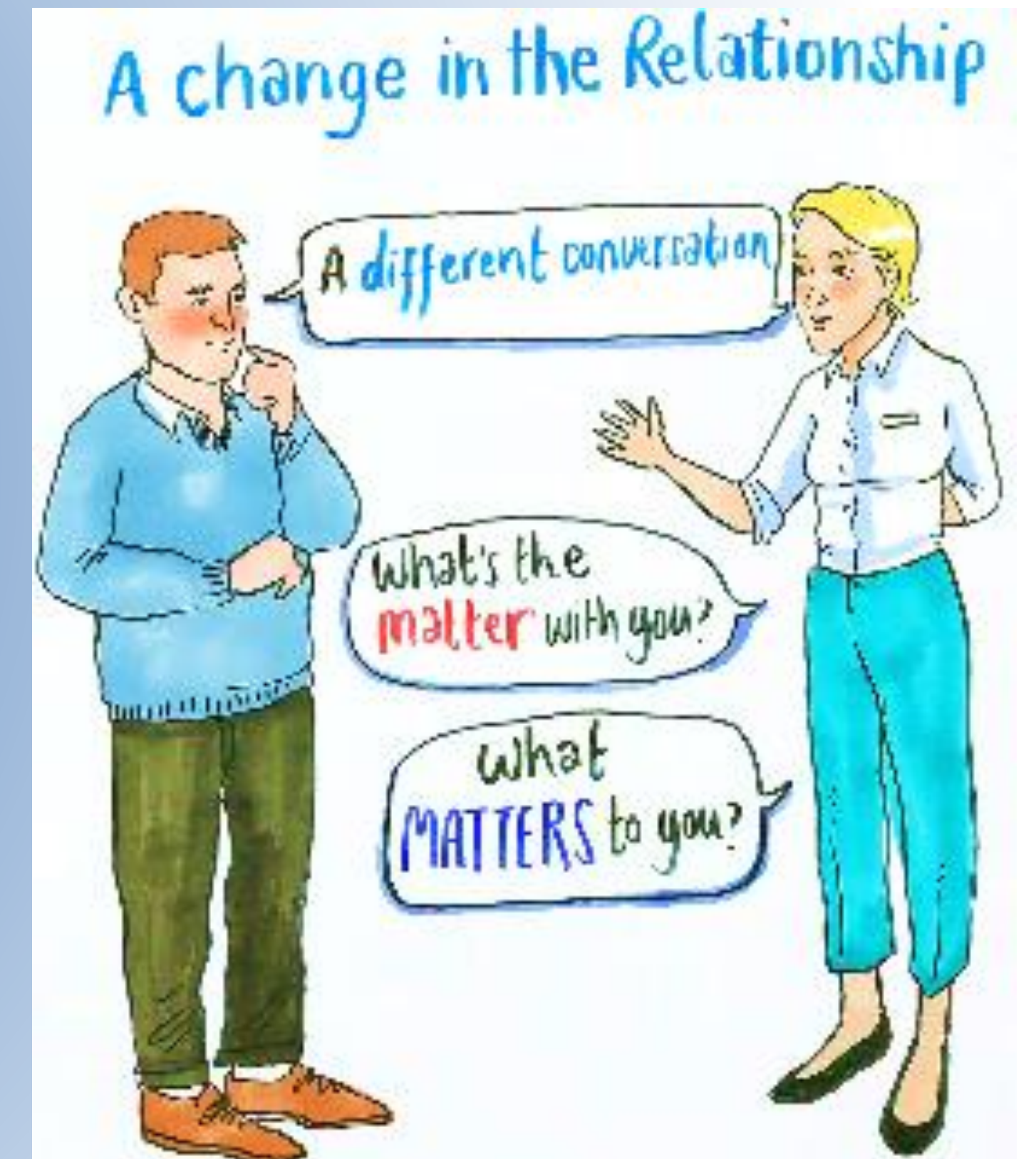
Dr Nutan Patel, MRCP
RCGP Clinical Support Fellow

Person-Centred Care

“Two years ago I was at a stage in my understanding ... that was so limited it placed the entire weight of responsibility for my care on the doctors treating my condition. **I was a passenger, along for the ride.**

Access to my medical data ... in short I am no longer a passenger, I am now very much **part of the management team** for the effective treatment of my condition.”

O.C. Manchester Oct 2017



Learning Objectives

Reasons to recommend POL to patients

1. How to improve self care of patients with diabetes
2. How to improve efficiency and quality of care provided by the practice
3. How to use online record access safely and securely

Webinar programme

1. Introduction to Patient Online for beginners
2. How does POL contribute to standard diabetes care
3. Online patient access to test results
4. Patients preparing for consultations

RCGP Patient Online Programme

- Toolkit of guidance and support materials
- For the whole GP practice team
- Resources to inform and empower patients
- Working with RCN, Medical Royal Colleges and other professional and voluntary sector groups.
- Engage practice teams and increase awareness to POL

POL Patient Services

- Book and cancel appointments
- Order repeat medication
- Detailed care record
- Extended record access (all or part)

The infographic displays seven categories of patient data, each with a corresponding icon:

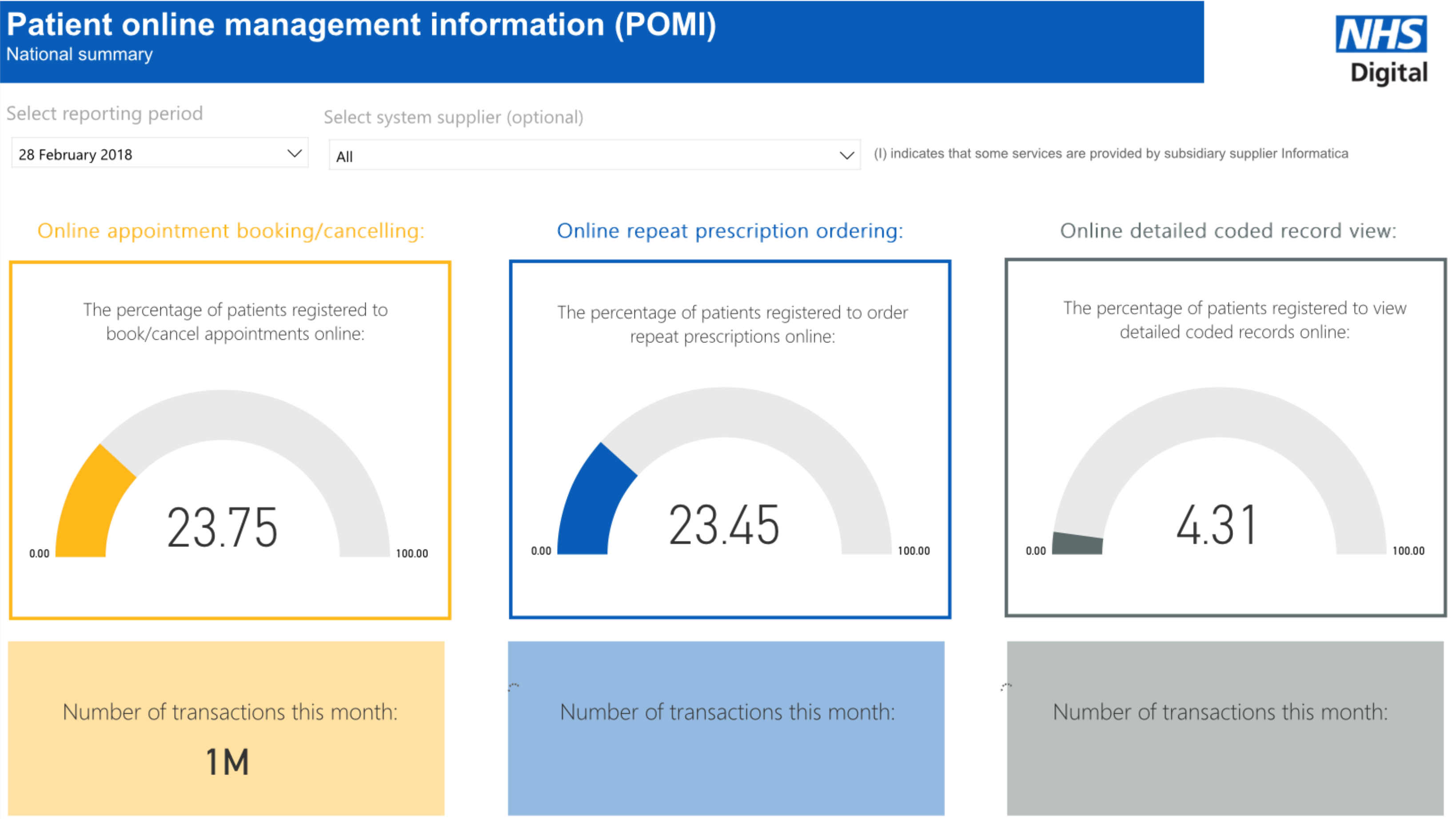
- Demographics**: Represented by a map of the United Kingdom.
- Immunisations**: Represented by a syringe icon.
- Allergies/adverse reactions**: Represented by a lightning bolt icon.
- Results (numerical values and normal range)**: Represented by a clipboard with a pulse line icon.
- Medication (dose, quantity and last issued date)**: Represented by a pill box icon.
- Values (BP, PEFR)**: Represented by a heart with a pulse line icon.
- Problems/diagnoses**: Represented by a magnifying glass icon.

The document is titled "Online services: Data Quality Guidance for general practice" and is published by the Royal College of General Practitioners (RCGP) and NHS England. It includes the following sections:

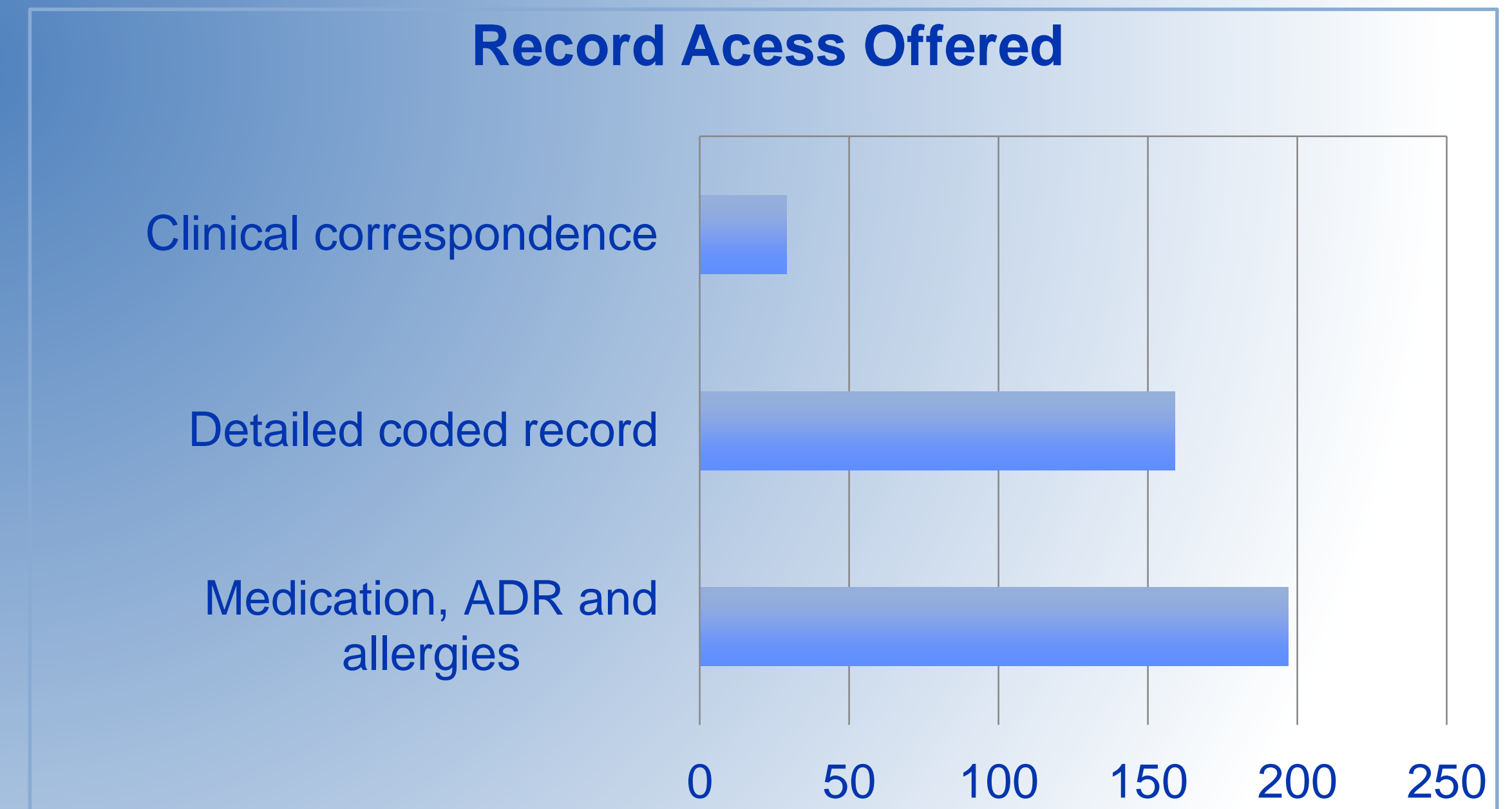
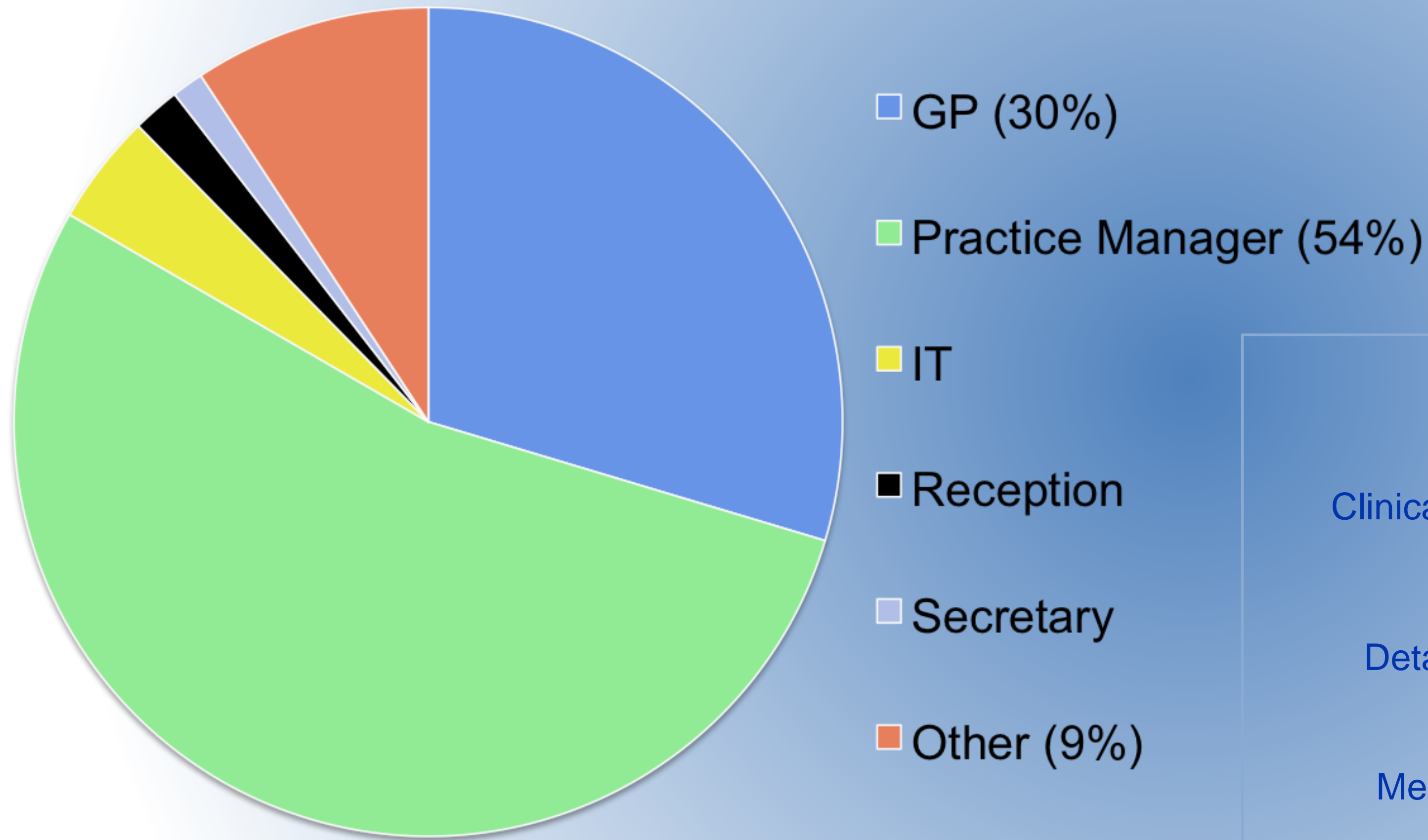
- Executive summary**: Discusses the quality of data in a patient's record, noting that it must be clear and unambiguous for the patient to understand, without displaying information that might be harmful to the patient or others or confidential information to other (third) parties. It states that poor data quality may be confusing and may mislead both patients and clinicians with a negative impact on the patient's health care and safety.
- Definition**: Defines data quality as an attribute of electronic patient records used as a measure of whether a record is fit for purpose. It can be assessed under five headings: completeness, accuracy, relevance, accessibility and timeliness (CARAT).
- Background**: Explains that the quality of the data in a patient's record can only be measured by the extent to which it meets each particular purpose for which it might be used (see Box 1). It mentions that the GMS contract and PMS arrangements for 2015-18 require practices to promote and offer their patients online access to their detailed coded record in addition to the appointments and repeat prescribing services and summary data required in 2014-15. A good quality coded patient record must be fit for this new purpose.

The document also includes a globe icon and the text "(ethnicity, QOF)".

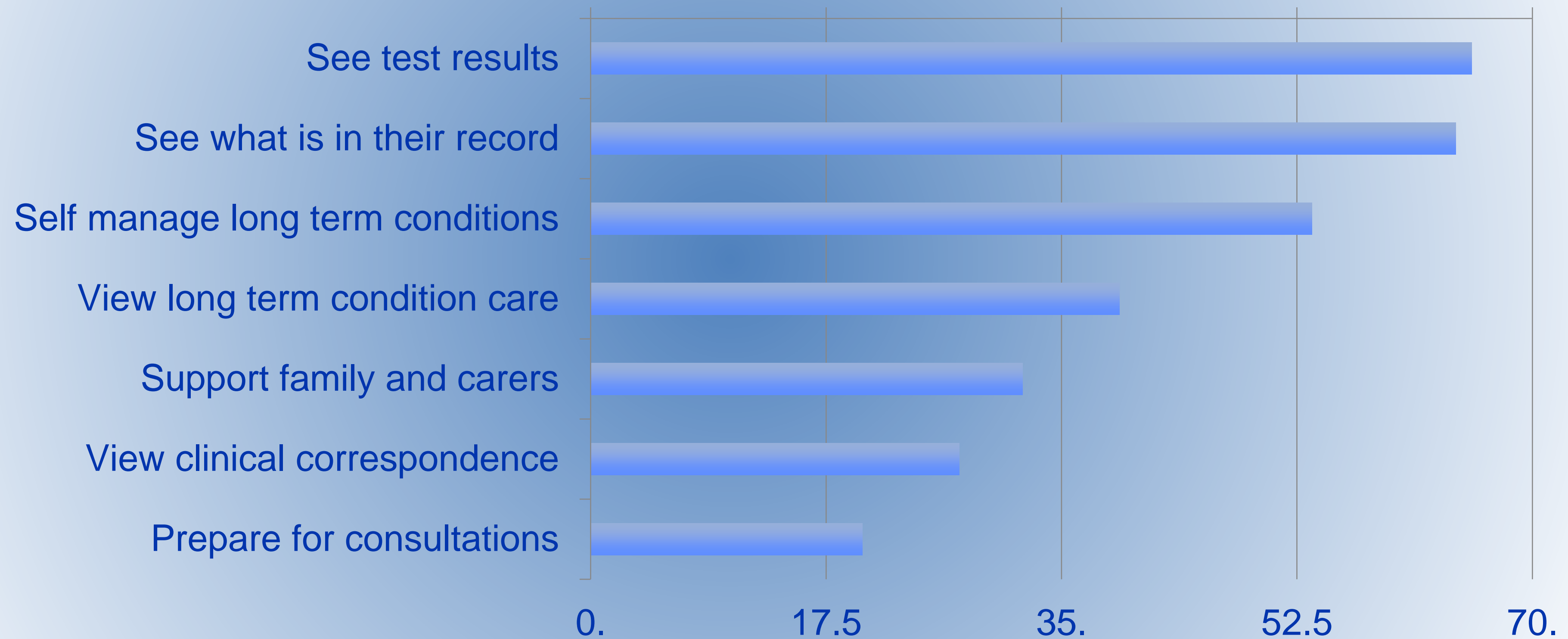
Patients registered for Patient Online



RCGP Survey, August-Sept 2016 (n=211)



Reasons to recommended record access ... (%) 84/211



Record access application

1. Fully inform patient, verbally and leaflet (security, record content and discuss concerns with practice) - patient completes the application form (coercion question)

“Do you think that you may come under pressure to give access to someone else unwillingly?”

2. Records are checked by GP
3. Patient identity verified, log-in details given and agreed access switched on.

Summary

- Resource for patients and clinical staff to provide high quality care.
- Online service for patients to access medical support
- Although numbers are increasing more needs to be done to encourage patients to sign up.
- Support patients to take health ownership
- A 3 step process for patients to register for online access to their notes.

Benefits online record access for diabetes?

- Diabetes is complex, co-morbidity is common
- Good self management = better outcomes
- Health literacy facilitates well informed, shared decisions
- Empowered individuals take an active role in managing their own well-being

Benefits online record access for diabetes?

HbA1c									
48	53	58	64	69	75	80	86	86+	
Date:									
HbA1c:									

Activity Sessions (per week)									
7	6	5	4	3	2	1	0		
Date:									
Activity session									

Blood Pressure									
125	130	135	140	145	150	155	160	165	170
65	70	75	80	85	90	95	100	105	110
Date:									
BP:									

Fruit/Veg portions (per day)				
5-8		3-4		0
Date:				
Fruit/Veg:				

Cholesterol										
2	3	4	5	6	7	8	9	10	11+	
Date:										
Cholesterol:										

Mood Score				
0-7		8-10	11-15	16-21
Date:				
Mood score:				

Body Mass Index					
19-25		26-30	31-35	36-40	40+
Date:					
BMI:					
Weight:					

Kidney Checks				
Date:				
eGFR:				
Urine:				

Waist Measurement					
M:<94cm/37"		M:94-102cm/37-40"		M:>102cm/40"	
F:<80cm/31.5"		F:80-88cm/31.5-34"		F:>88cm/34"	
Date:					
Waist:					

Other Checks					
Smoking:					
Eye Check					
Foot Check					

Appointments and prescriptions

Detailed coded record

Clinical correspondence and consultation records

Complements paper care plans

Detailed coded record

Problems and diagnoses	Relevant comorbidities and diabetic complications
Medication	Complex polypharmacy
Examination results e.g. BP, BMI	View trends, motivates behaviour change
Lifestyle record	Smoking, alcohol consumption
Immunisations and allergies	Influenza, pneumococcal, shingles vaccines
Screening results	Foot and retinopathy tests
Test results	View latest results and trends

Test results in diabetes

cholesterol

BP

weight

Fasting glucose

HBA1c

BMI

fructosamine

Renal function

Urine ACR

Lab result inbox

Who is responsible for viewing and acting on the results?

- How do abnormal results present?
- Check results in a timely fashion
- Practice to adopt rotas/systems
- Messages for patients (with access)

Online access to test results

Do you know what your patients see?

- Live access to latest results
- View trends over time (some systems)
- Share important data with HCPs
- Fewer errors in copying results
- Patients can check results before an appointment

Patients' interpretation

WHY is the test being carried out and WHAT is its significance

- Patient information leaflets for common diabetic codes
- Signpost to information resources
- e.g. UK diabetes, UK Lab Tests Online
- Trends over time, effect of management decisions
- Abnormal results

Incoming test results that need

Communicate clearly with the patient

- Use of free text
- Urgent results
- Safety netting
- Use of free text with non-significant 'abnormal' results
- Abnormal tests are not always harmful

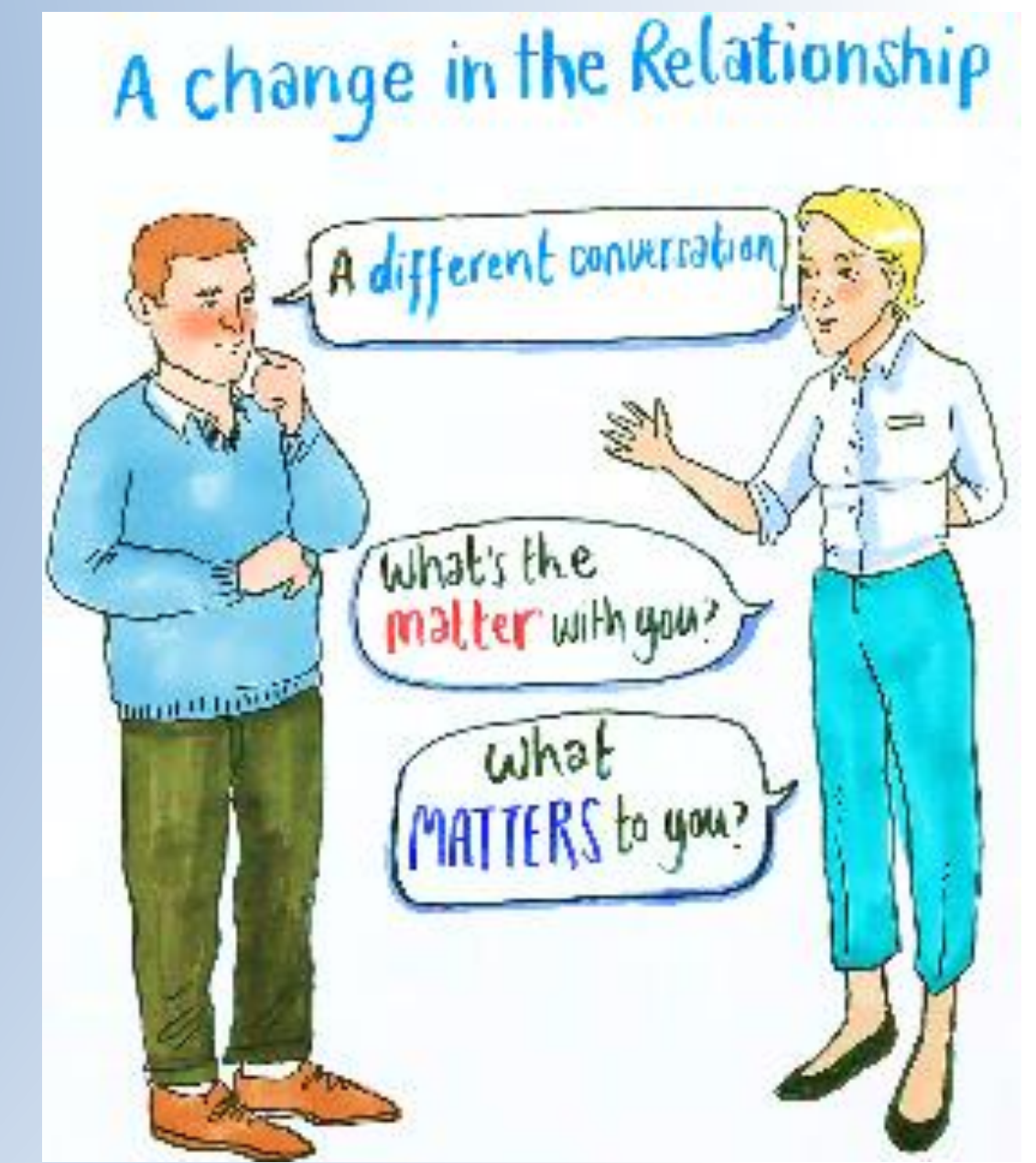


Proxy access

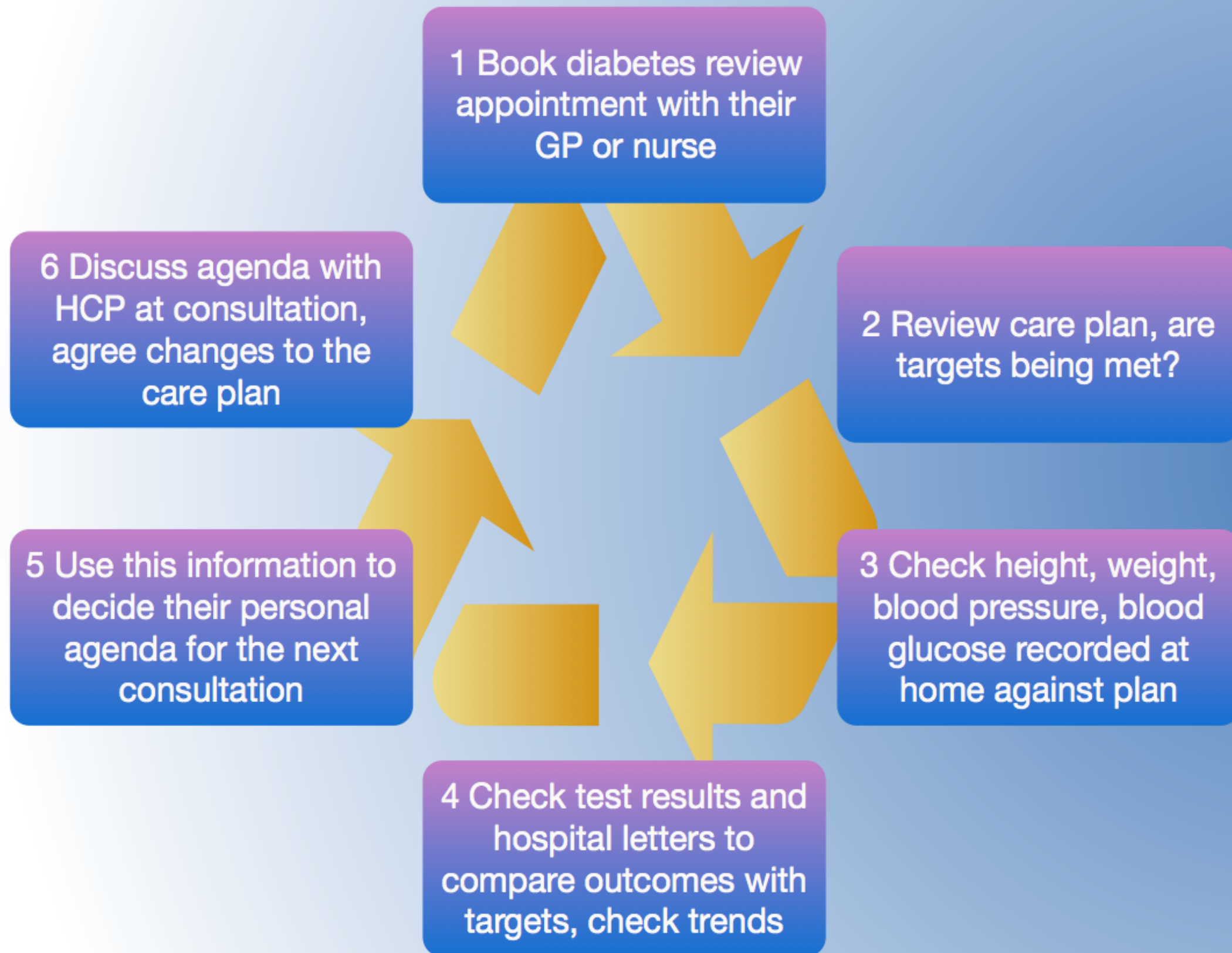
- For family members and carers
- On behalf of patient
- Personal log in details for security
- Patient consent and coercion
- Ease of sharing data with relevant third parties

Patients prepare for consultations

- Online to access relevant information before the consultation.
- Better prepared to make informed choices
- Consultations can focus on what matters
- Collaborative personalised care plan
- Helps carers provide support



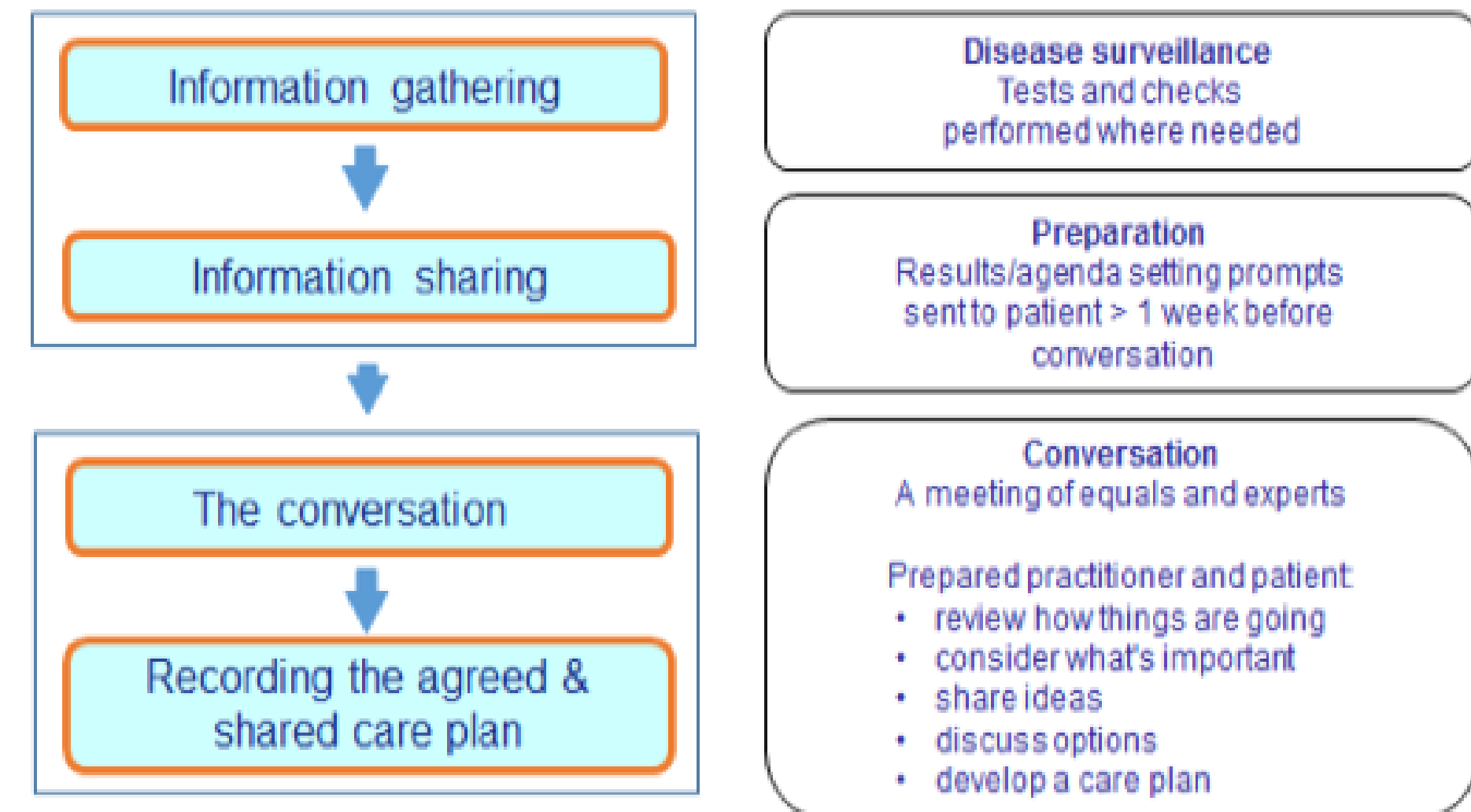
Patients prepare for consultations



Year of Care Partnerships



Care and support planning: the process



Agreed personalised care plan

- Depends on the patient's health literacy
- Agree goals in line with the patient's priorities
- Coded data easily included in the plan template
- Plan access online – record access level - prospective
- A “living document” which will not be lost or forgotten
- Access to the care plan can reduce appointment demand

Agreed personalised care plan

- Depends
- Agree go
- Coded da
- Plan acco
- A "living c
- Access to

literacy

patient's priorities

e
gotten
and

NICE National Institute for Health and Care Excellence

Patient decision aid

Type 2 diabetes in adults: controlling your blood glucose by taking a second medicine – what are your options?

[nice.org.uk/guidance/ng28](https://www.nice.org.uk/guidance/ng28)

Published: December 2015

About this decision aid

This decision aid can help you think about your options for control to reduce the long-term risks of diabetes. It can help you if you are **diabetes** and:

- you have been taking a single medicine to control your blood glucose measured by your haemoglobin A1c (HbA1c) level and
- your HbA1c level is higher than the target level you had agreed with your healthcare professional.

(We use 'healthcare professional' in this decision aid to mean the other professional who is helping you. Different healthcare professionals work in different parts of your care.)

This decision aid can help you make up your mind about 2 things:

- firstly, what new blood glucose (HbA1c) target level is best for you
- secondly, which medicines you might try to achieve this target.

Your target blood glucose (HbA1c) level: weighing it up

Make a mark on the lines to show how you feel about these statements. The more you agree with the statement on the left, the further to the left you should put the mark. The more you agree with the statement on the right, the further to the right you should put the mark. You and your healthcare professional can use this to help decide the best target HbA1c level for you.

Thinking about things like driving, having severe hypos would not be a problem for me*	_____	Thinking about things like driving, having severe hypos would be a big problem for me*
I'm not bothered about the possibility of getting other side effects	_____	Getting other side effects would be a big problem for me
I'm happy to take more medicines if I need to	_____	I don't want to take any more medicines
I don't have any health problems apart from my diabetes	_____	I have lots of health problems
Thinking about my age and my health overall, I'm hoping to see longer-term benefits	_____	Thinking about my age and my health overall, shorter-term benefits are more important to me



*Hypos might also be a problem for you for other reasons, such as if you operate machinery, if you are at risk of falling, or if you find it difficult to recognise the warning symptoms of a hypo.

Care plans can be effective

- Long Term Conditions (LTCs) > 50% GP/PN appointments*
- Only 3% have an agreed care plan**
- Of those, 67% found it useful**
- 29% said they had no input in the plan**

Coalition for collaborative care (Action for Long term conditions), NHS England

** BJGP article - LTCs use 52% of GP appointments, 79% of prescribing costs*

*** GP Survey 2016*

Care plans resources



NICE National Institute for Health and Care Excellence

Summary

- Improved diabetes consultations with potential for reduced demand on appointments.
- Promotes patient health ownership
- Consistent approach regardless of HCP
- Evidence to show patient and family benefit
- Evidence to show best practice

Conclusion and Questions

Online record access
in diabetes mellitus



Person-centred care

Self care

Trust and transparency

Supports carers

Multi-disciplinary care

Improved record quality

**Remember
vulnerable
patients**