

An evaluation of the roll out of a new documentation system, the Clinical Summary Portal (CSP)



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Aims and Hypothesis

This baseline project aimed to provide oversight and support to the “go live” process of a new documentation method, intended to facilitate the NHSX strategies of ‘digitisation’, including reducing the burden on the workforce, and improving patient safety and staff productivity. It also addresses the NHS Transfer of Care project, which requires the direct transfer of information to GP systems. Fields are defined by the Professional Record Standard Body (PRSB) and the Clinical Summary Portal (CSP) has been aligned to this (1).

Background

Introduced in September 2019, the CSP is a novel configuration of the Electronic Patient Record (EPR) highlighting a core summary of each patient. Key aspects of the psychiatric history are prominent and there is a particular focus on introducing a standardised formulation. The CSP aims to provide a clear and consistent understanding of each patient that is comprehensive, person centred, easily viewed and entered onto the electronic record and easily shared with other providers. Duplicated and non retrievable narrative is avoided by building the record over time, with multidisciplinary input from different teams. In this way core data is easily available, and repetitive questioning can be avoided. Once started, information can be easily shared across different electronic systems as it is semi-structured and easy to understand, which also lends itself to an increase in functionality by automating letters. The combination of a standard formulation with a narrative risk assessment means risk can be integrated with other important issues for patients, broadening understanding which focuses on outcomes rather than risk. Immediate and longer term care planning is also included in the portal, allowing teams to be aligned in their approach. Success is dependent on all MDT staff editing each section successively.

Methods

Organisational leadership was assessed using the NHS Elect Sustainability Questionnaire (2) which can identify strengths and weaknesses in implementation plans and predict the likelihood of sustainability for the initiative.

Staff in early adopter teams completed an edited version of the Computer System Usability Questionnaire (CSUQ, Jim Lewis, 1995).

This was supplemented by focussed feedback sessions and comments from team leaders.

Results

The Sustainability Questionnaire was completed by the Project Board (n=8) and Steering Group (n=10). The Senior and Clinical Leadership domains were where greatest improvement could be made. After these were Infrastructure and Staff Behaviour Involvement.

The CSUQ (n = 35, from 5 teams) showed 71% had received in person training and 17% no training. Staff with no training felt uncomfortable using the portal.

Being simple and easy to learn to use scored highest. Efficiency and being able to complete work quickly were the lowest scoring. Slow navigation, cluttering and unfamiliarity were noted for low efficiency.

The comments sections were positive for focus on summary and formulation.

The qualitative feedback revealed a reluctance to move away from unstructured narrative and for different staff to build the record over time. Nonetheless, staff commented that they found clinical benefits when other teams had added to the portal.

Conclusions and Next Steps

Despite staff increasingly recognising the value of the CSP there are many barriers to implementation. This has significant implications for the NHSX digitisation strategy.

It seems that the initial roll-out and training were not sufficient to install confidence in the system. A common concern was of the medico-legal implications of entering information into a ‘built on’ record, despite reassurance that each edit was auditable. The findings of the system being slow to use is to be expected at this stage, as staff familiarise themselves with the system. It is hoped that the focus on formulation will manifest in a change in the approach of assessing patients and making risk management plans.

Further evaluation will now take place following these actions in response to the initial findings:

- Enhanced senior leadership and establishment of ‘Task and Finish’ groups.
- Improved training through a recorded webinar with many key clinicians.
- Linking the CSP to mandatory risk training and a successful business case to fund a band 8 & 7 post to support this.
- Focussed discussions with teams using the CSP based on the usability questionnaire.
- Agreement for a comprehensive roll out to all teams simultaneously.

1. Simon Eccles. 20th April 2021. *NHSX frontline digital engagement session*. NHSX, [Powerpoint Slides].

2. NHS Elect, 2010 NHS Institute for Innovation and Improvement. Accessed most recently on: 27/04/2021. [<https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/NHS-Sustainability-Model-2010.pdf>]