18 June 2015

From your BMA GPs committee chair

Technology to ease your workload

Dear Colleague

At a time of overwhelming pressures on general practice, anything that can reduce our workload while improving patient care should be welcome.

Our practice has recently started using mobile technology that has achieved just this, and has made a tangible and positive difference to the way in which we care for housebound patients.

Until recently, like most GPs, I used to print out a brief two-page summary of patients' records to take with me on home visits. These visits are for patients who by definition are mostly elderly, frail, and have multiple or complex morbidity.

This limited summary of the patient's record significantly compromised my clinical management – I was unable to refer to previous consultations or results, or answer questions from patients regarding a hospital admission or test results, and for those patients with memory impairment I could not rely on direct questioning.

I would scribble handwritten notes and then return to the surgery and duplicate effort by typing the entry into the patient records. If the visit took place after evening surgery, there would be a delay in the information being entered until the next morning.

For many patients, I had to defer making a clinical decision and go back to the surgery to look at the full clinical records, phone the patient back, and in some cases even revisit them. Multiply this rigmarole by a number of visits, and the workload generated and time potentially wasted were significant.

Data on the move

This has all changed now, with the use of EMIS mobile. This is a software program that is loaded on to a tablet (iPad or Android device) and wirelessly downloads the patient's clinical data from the EMIS clinical system.

Other clinical suppliers offer similar products, but only a minority of practices use this nationally. Systems such as this provide a scaled-down but comprehensive version of patients' medical records on the tablet during a home visit, including data on consultations spanning the past year, investigation results, medication, details of referrals, major alerts, quality and outcomes framework reminders, and even hospital letters.

I now record consultations on the tablet while seeing the patient, and with a keystroke this is synchronised wirelessly into the practice clinical records in real-time. No more going back to the surgery to type up the consultation or calling the patient back because I didn't have the vital information during the visit. The scenario is all the more advantageous when visiting multiple patients in care homes.

Not only has this significantly saved on time and work, but has the added clinical-governance benefit of managing patients more effectively and safely with access to their medical records. It has information-

governance advantages of no longer carrying around pages of confidential patient data, and allows contemporaneous remote recording of my clinical entry into the patient's records while visiting a patient.

Our CCG (clinical commissioning group) funded the software and subsidised the costs of tablets. This is a facility I believe should be fully resourced by all CCGs and equivalent bodies in the devolved nations, and I strongly recommend that you ask your CCG to provide this.

At a time when Government emphasis is on managing patients out of hospital, this is an inexpensive investment that can optimise our ability to care for our most vulnerable patients at home, while saving ourselves work and time.

Principles of working together

The BMA GPs committee has just published **guiding principles for GP networks**, which outlines a number of headline 'best-practice' principles that established or emerging GP networks should use to guide their set-up and operational activity. We are aware that GPs are increasingly working at scale, in various collaborative forms, from loose alliances and federations to setting up formal companies.

We believe it is vital that these networks should be underpinned by sound principles. At a time when general practice is under considerable strain, a key feature of networks should be to provide support to overstretched member practices, rather than only focus on extended out-of-hospital care.

Networks could share staff, provide cross cover and have management functions delivered across surgeries, with the aim of also proactively supporting vulnerable practices. Networks should also from the outset encourage inclusivity and engagement of all local GPs, including sessionals to maximise full, collaborative use of a limited GP workforce.

Honoured to represent you

I was genuinely taken by surprise and humbled to be **awarded a CBE** in the Queen's 2015 birthday honours list last Saturday.

I consider this a tribute to the more than 40,000 dedicated, hard-working GPs across the UK, who are the true unsung heroes keeping the NHS afloat daily, and who I feel most privileged and proud to represent. This honour equally belongs to the discipline of general practice — the most treasured jewel in the NHS's crown and the bedrock of our health service, which provides personalised and trusted care to millions of patients every week.

It is vital in the forthcoming 'new deal' the Government delivers on its stated recognition of the value of general practice by providing the resources to rebuild it and enable GPs to work with a manageable and rewarding workload.

For the latest news please visit our website **www.bma.org.uk/gpc**

With best wishes

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