

## **Tameside and Glossop PCT**

### **Tameside and Glossop Local Care Records Development Board Meeting**

**Held on**

**Monday 15<sup>th</sup> December 2008  
At Thornley House Medical Centre, Thornley Street  
Hyde, SK14 1JY**

Colin Cohen	Head of Informatics, PCT
Dr Amir Hannan	GP Thornley House MC, PEC Information and Technology Lead
Tracey Dunkerley	PA to Head of Informatics, PCT
John Schooling	Associate Director, Provider Services, PCT
Lynda Lowe	Clinical Governance Manager, PCT
Nasima Begum	Integrated Services Primary Care Officer T&G PCT
Yvonne Bennett	Patient Representative, Thornley House MC
Dr Richard Fitton	GP, Hadfield MC, Caldicott Guardian
Beverley Hutchinson	Information Governance Manager, Tameside Foundation Trust
In attendance	Chris Land

#### **1. Apologies for Absence**

Apologies were received from Dr Anne Rothery, Amir Saleem, Samei Huda, Sheila Caldecott, Mike Leigh and Abdul Amin.

#### **2. Minutes of the Previous Meeting**

The minutes of the previous meeting were agreed.

#### **3. Matters arising**

##### **4.3 Project Tiger**

This will be discussed on the main agenda

- 7.2. Mike Leigh has contacted Intel with regard to a proposal for a supply of these units.

#### 4. Promoting Good Practice

##### 4.1 Secure Transfer of Patient Data

Beverley wanted to clarify that approval has been received from Geoff Berry and TFT regarding the sending of urgent referrals by email. Emailing of Discharge letters etc. are part of a wider project and there is no corporate backing for this as yet. Amir emphasised that Tim Riley, Anne Rothery and Raj Patel want emailed discharged letters and would therefore like to move things forward. The Discharge Project Group at the Foundation Trust would be the forum to discuss this, as Beverley does not sit on this group she will ask them to consider this issue. Amir stressed that the possibility of emailed transfer of discharge letters would be a win / win situation especially if social services were involved as people could receive this information in a timely manner and secure manner. It is also considered that although T Quest is good it should not be the only answer. Governance for the responsibility of rotas for the checking of emails, access and processes in place before emails are deleted need to be confirmed. Beverley agreed to take this matter up with the Foundation Trust Communications Group, chaired by Adrian Griffiths.

**Action: Beverley Hutchinson**

##### 4.2 Telehealth Project Proposal

Following a presentation and discussion with Intel Mike Leigh has received a draft proposal. A pilot study of 6 – 8 practices was proposed, this would require Intel, practice, patient and Emis involvement. Colin has discussed with Heather Harrison the Clinical Governance requirements required before the pilot commences. It was suggested that the pilot should be discussed with Linda Dack at Regroup. The units record blood pressure, pulse, weight, SPO2 and information is sent straight down the line to the patient's GP. Considerations highlighted were: -

- Training
- Who would have access to the data

- Time demands on practices, home-help, care workers, heart failure nurses, advanced care managers
- Costs involved
- Funding
- Cost Effectiveness
- How it would support the Social model
- Employ someone to work across the PCT to carry out the monitoring

Amir or Richard will contact Christine Greenough to discuss this matter and investigations will be made into what validation work has been carried out by the DoH on other such systems.

**Action: Amir Hannan/Richard Fitton**

### **4.3 Project TiGER – Interim Electronic Record**

The project was discussed at the PCT Commissioning and Market Management Executive meeting, and that group supported the principle of the project. The group was especially keen on making sure that the GP Out of Hours service was included in the first phase. However at this stage the PCT has not agreed to fund the project. Colin is now working on estimating the cost for the project, and is also meeting with someone from Active Case Management and with the LMC to discuss the project. Colin will be trying to arrange a demonstration and discussion meeting with key stakeholders towards the end of January, and will include patient representatives on the group.

**Action: Colin Cohen**

## **5.0 Items for Information**

### **5.1 Research Proposal**

A research proposal around record access drafted by Dr Donal Flynn, Senior Lecturer at Manchester Business School was circulated to the group. Upon discussion Colin confirmed that the proposal has been sent to Linda Dack,

at Regroup and that he has spoken to Greater Manchester Research Group to discuss possible sources of funding as it would require a bigger budget than that available to the LCRDB. He has also discussed with Heather Harrison the Clinical Governance side of the proposal. It was agreed that although it could take some time to get it off the ground and would require a high level of governance, it would be advantageous to proceed if we can identify external funding. The group confirmed its support for the proposal.

## **6. AOB**

### **6.1 Records Access**

Amir discussed the two talks held recently to practices with regard to the service of record access, he and Dr Fitton are offering at their practice. He has drafted an information booklet that explains the LCRDB, contacts, objectives, rules for accessing medical records, the consent process and he estimates that these booklets cost about £6.00 each to produce. Amir noted his disappointment that no GPs had attended the meetings although he confirmed that the patients were very interested in the service. The two further practices will be supported in offering the service to their patients. Dr Fitton enquired whether funding would be available again next year to encourage further practices to offer the service.

### **6.2 Budget**

The possibility of the LCRDB providing some financial support for the Telehealth project was discussed, and Beverley pointed out that if the target group was patients with chronic heart diseases this could have an impact on the workload of the specialist nurses at the hospital.

## **7. Date of Next Meeting**

The date of the next meeting will be Monday 19<sup>th</sup> January in the Boardroom at Thornley House Medical Centre, Thornley Street, Hyde at 1.00 – 2.30 pm.