



Health  
Innovation  
Manchester

# Digitisation of the Heart Failure Care Plan

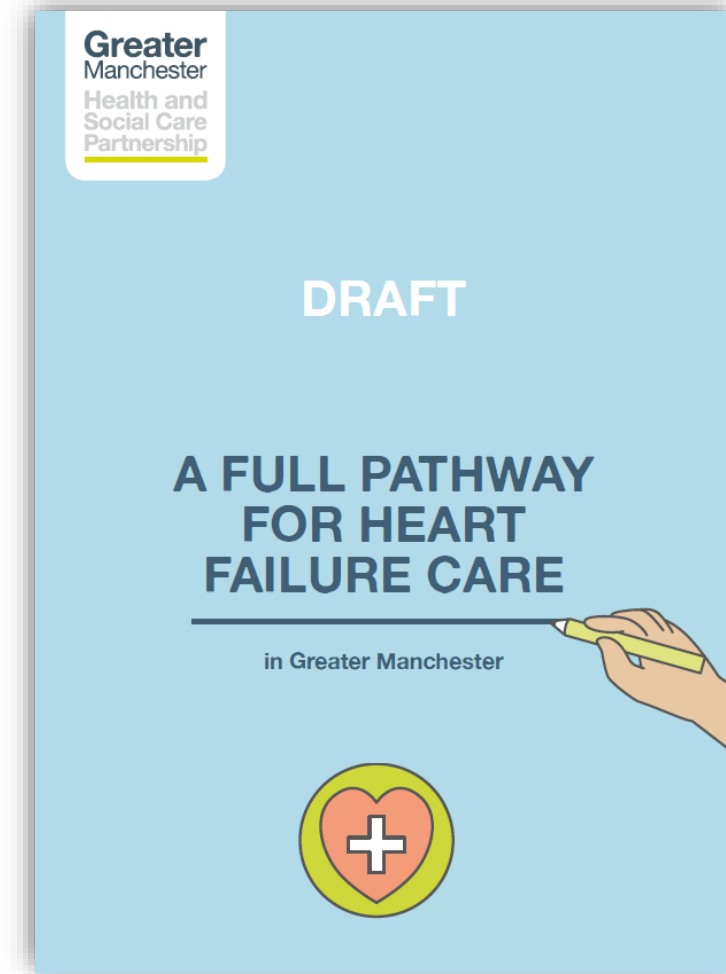
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# Purpose

- To provide the system with information on the digitisation of the GM Heart Failure Care Plan and next steps to assist localities in deciding how they wish to progress to the next stage of the program.
- This will involve retrospective patient level data being entered into the new digital HF Care plan within General Practice.





# Background

- In 2018/19 Greater Manchester Strategic Clinical Network approached Health Innovation Manchester to digitise a paper-based Heart Failure care plan
- The paper-based care plan was previously developed by Heart Failure leads from across GM and the Charity Pumping Marvellous Foundation, which led the user engagement and involvement of the paper-based and digital care plan development.
- In 2020/21 HInM secured funding from NHS X to fund this development.
- GME SCN requested localities support to implement and demonstrate a Proof of Value with two localities - HMR and Tameside - volunteering to be the first.





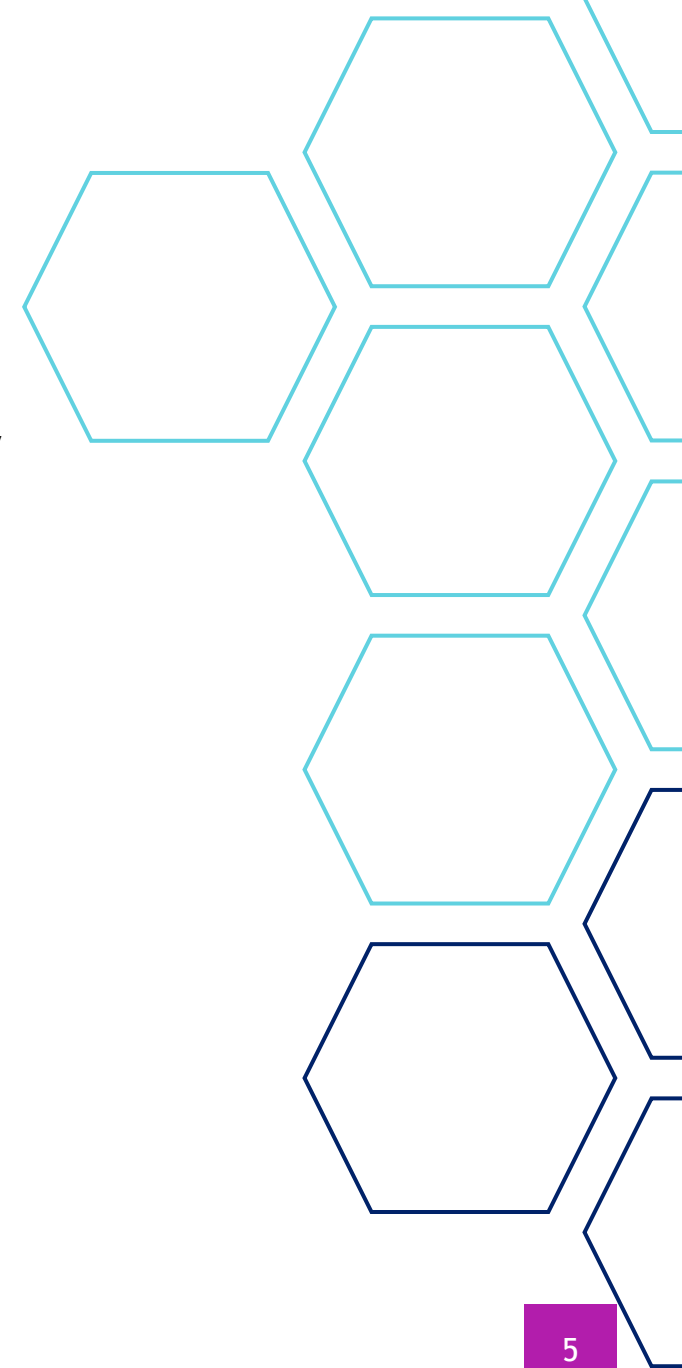
# Heart Failure in Greater Manchester

- Approx. **30,000** people live with heart failure across Greater Manchester
- **£16.4m** cost of HF hospitalisations to CCGs (£3,796 HF tariff)
- **4,334** acute HF admissions across GM in 2015-16
- **34,000 - 39,000** bed days per year (median LOS 8-9 days)
- **8.9%** in-hospital mortality (UK)
- **26.7%** mortality at 1 year (UK)
- Currently the management of Heart Failure (HF) is reactive, which often results in poor patient outcomes
- If heart failure-related problems were detected and treated earlier, with proper care planning, we could improve patient outcomes and reduce treatment costs



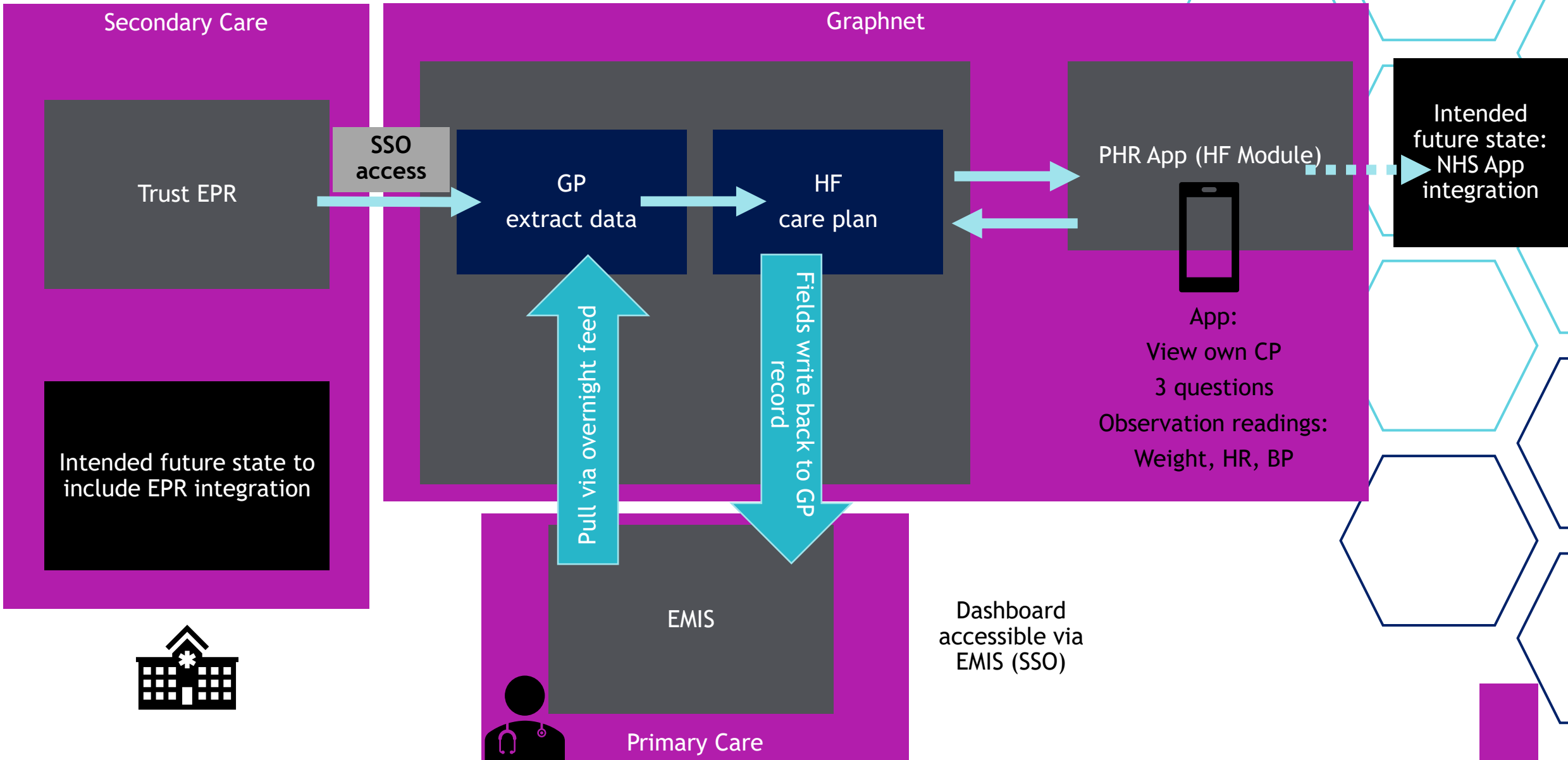
# Secondary Care Involvement

- It is expected that the majority of heart failure care plans for newly diagnosed patients will be created by Clinicians in Secondary Care, in addition to Community Heart Failure Specialist Nurse run clinics, where these are available.
- Clinicians in secondary care will update the heart failure care plans during their out-patient heart failure reviews. This will provide clinicians in primary care with instant access to any changes in management of the patient's heart failure.
- Current guidance by the British Medical Association (BMA) states that clinic letters following an outpatient appointment should be sent to GPs within ten days - by using the heart failure care plan, the Consultation details will be available in primary care instantly.
- GPs will have access to information inputted by the patient into the patient app prior to conducting a heart failure review
- Cardiologists and Heart Failure Nurses will have instant access to any changes for patient management made by the GP.



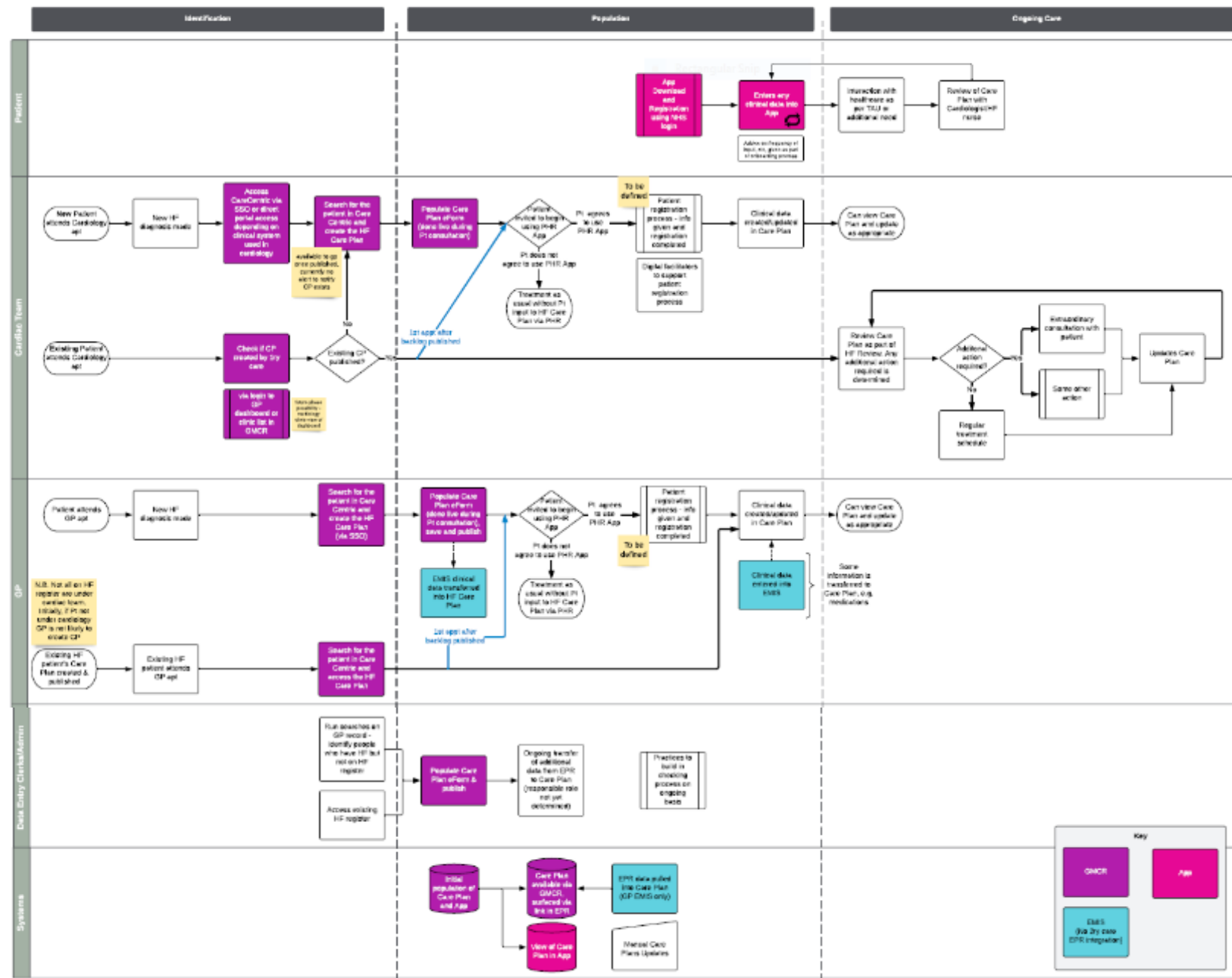


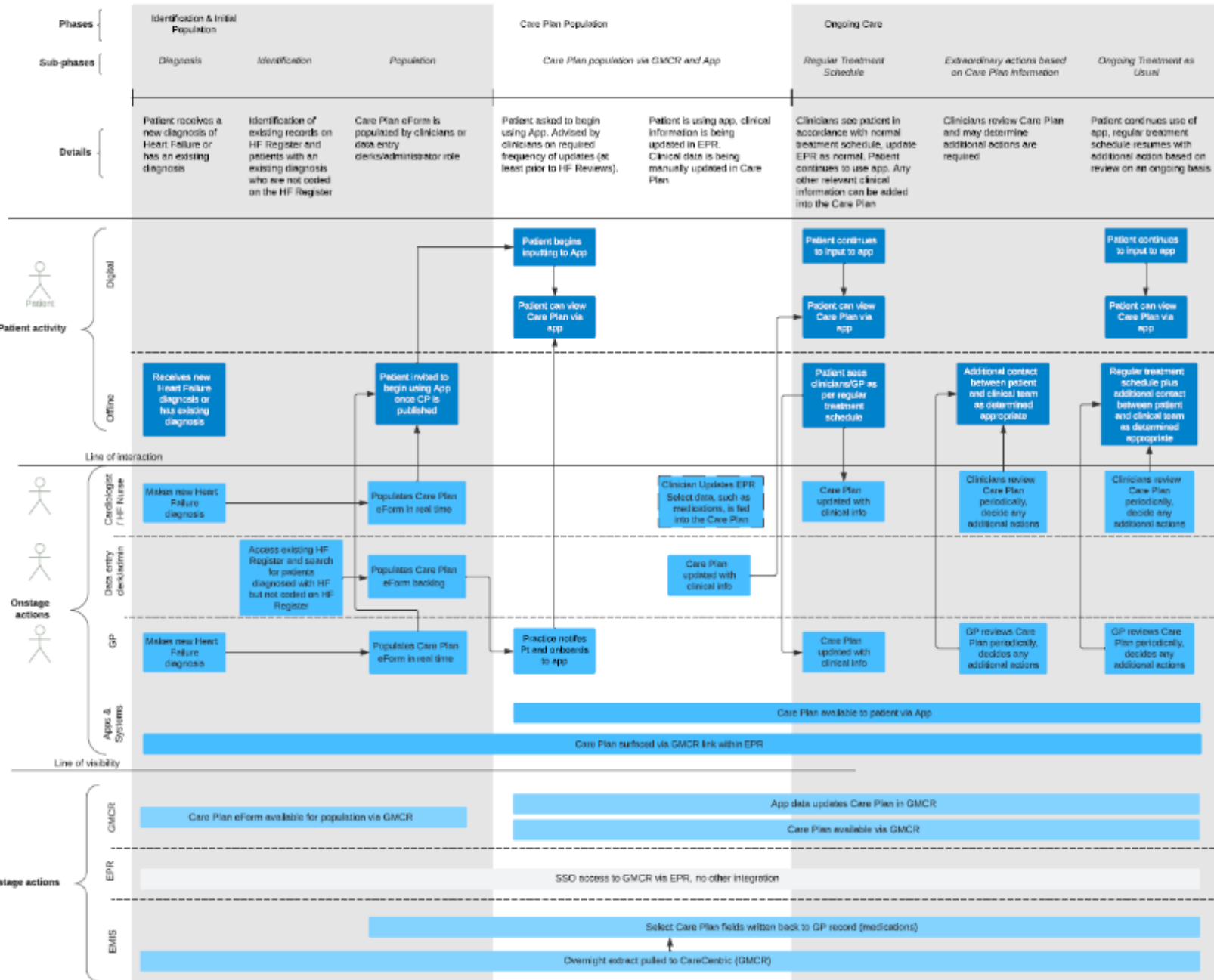
# Heart Failure Care Plan Data Flows





# Heart Failure Care Plan Digitisation Process Map





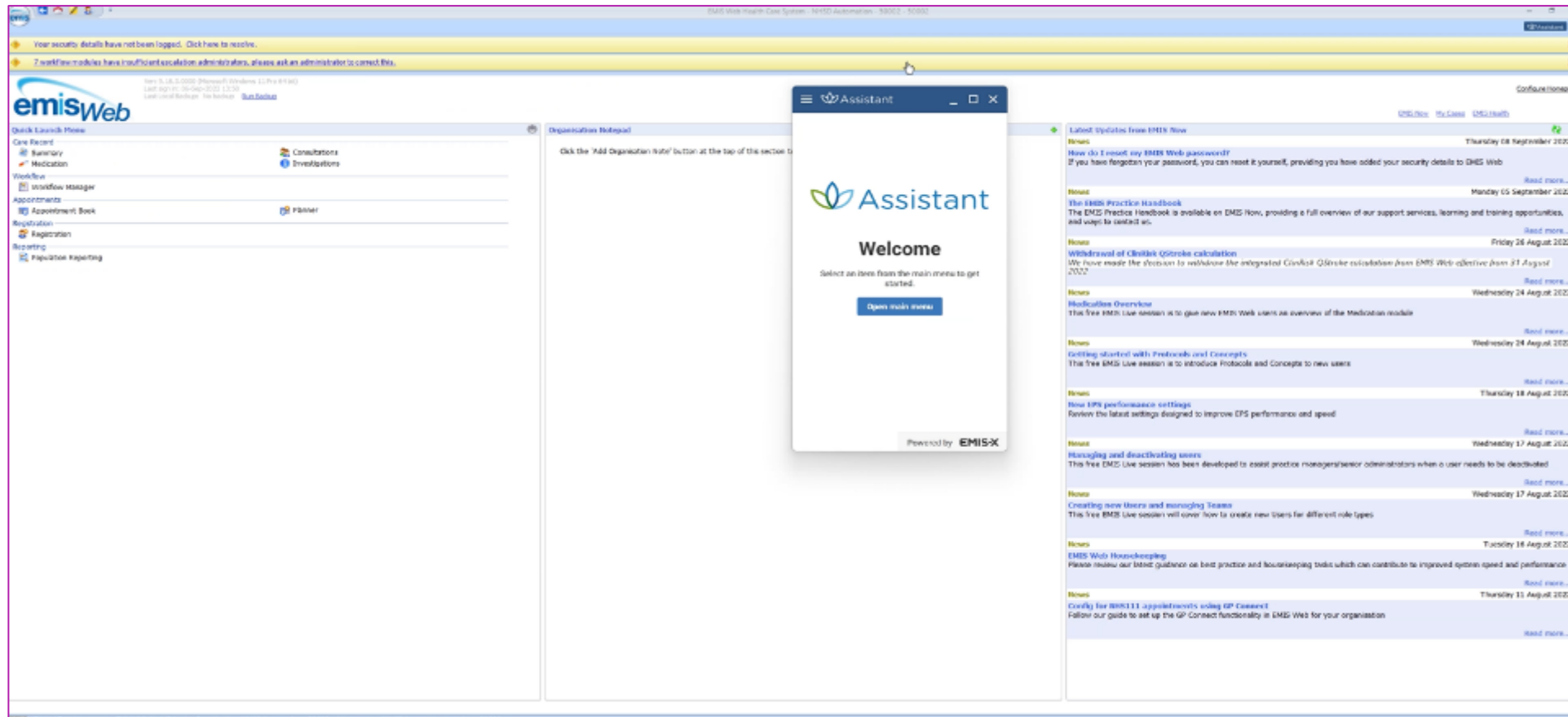


# Single Sign On (SSO) Capability to access HF Dashboard from EMIS WEB

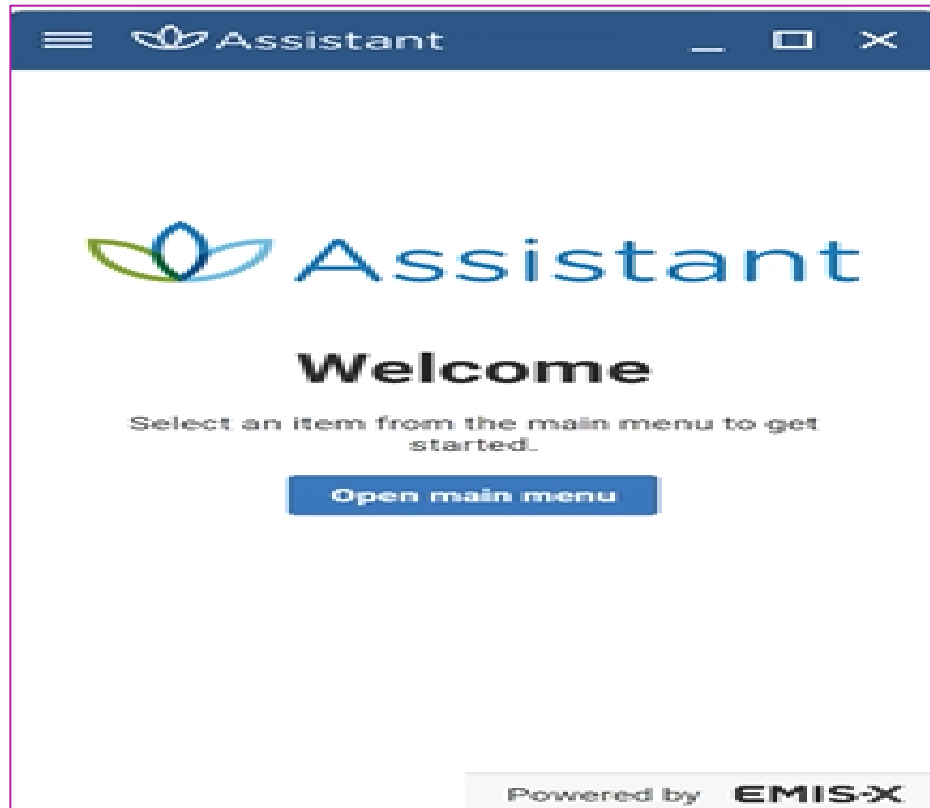
Launch EMISWeb and enter credentials to Sign in



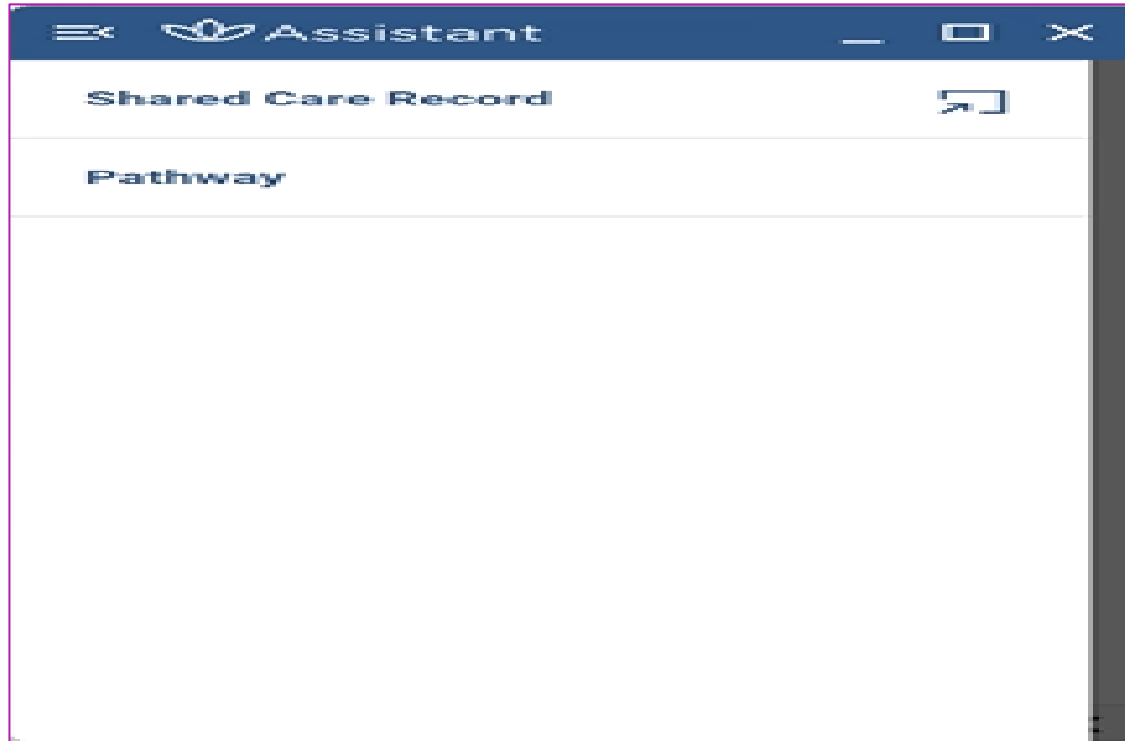
EMISWeb will launch into the default landing/Home page. The Assistant application will load automatically.



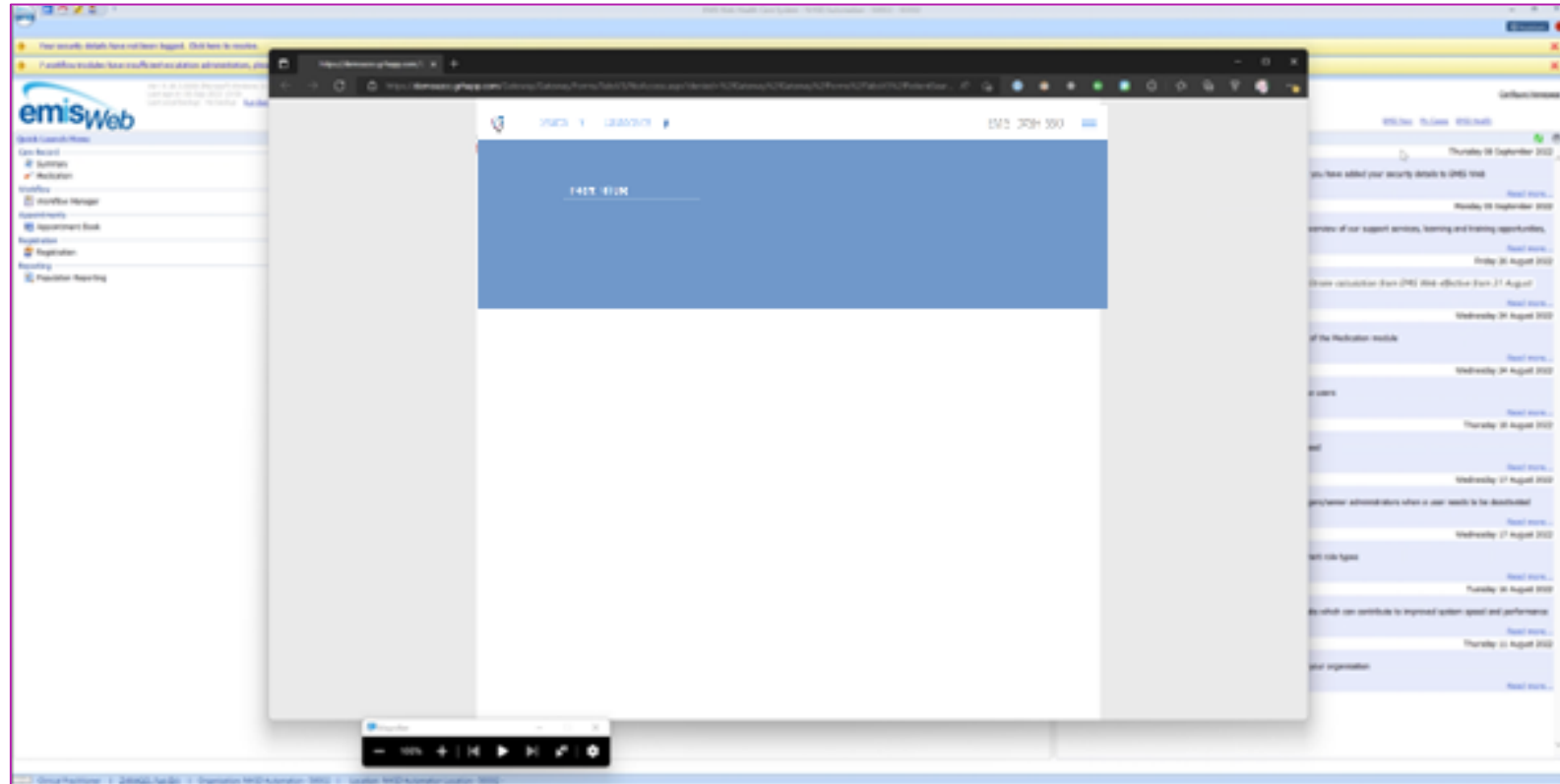
Click Open Main Menu to navigate the Assistant



Click on Shared Care Record



An external browser will be launched into CareCentric to access HF dashboard displayed on next page of this slide. ***Please click on the play button at the bottom of the next slide for a video demo of this functionality.***



This PC, Authy Desktop, EMIS Web, Documents, Slack, Assistant, Network, Adobe Acrobat, Google Chrome, Recycle Bin, Group IT Info, EMIS Hub, Microsoft connecting healthcare Edge

Ver: 9.18.3.0000 (Microsoft Windows 11 Pro 64 bit)

# emisWeb

Username:

Password:

Organisation ID:

[Reset password](#) [Username reminder](#)

Current connection: [Primary](#) [Having problems? View our Status Page](#)

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Transformative Collaborative Supportive Responsible

# Heart Failure Management

Patient Monitoring Dashboard

Show Filters

Clear Filters

No Filters Applied

Patients

127

NYHA Class 4

5

GFS Stage D

2



NHS Number	Forename	Surname	Date of Birth	NYHA Class	GSF Register	Management Plan	MP Date	MP Status	Change of Medication	Date of Change
222 777 4444	Craig	Abbot	01 February 1972	Class 3	Stage A	Refer to cardiac rehab	22 February 2022	Active	Medication change description	22/02/2022
444 555 7771	James	Brown	01 February 1978	Class 3	Stage A	test test test plan	17 October 2021	Complete	Medication change description	17/10/2021
999 555 7771	Stephen	Brown	01 February 1978	Class 3	Stage A		22 February 2022	Active		
111 222 9999	Chris	Daniels	01 February 1973	Class 3	Stage B		22 February 2022	Active	Medication change description	23/11/2021
777 444 8888	Monica	Green	01 February 1974	Class 2			20 February 2022	Active		
555 111 4444	Brendon	Harris	01 February 1972	Class 1	Stage A	Refer to Dietician	10 September 2021	Complete	Medication change description	10/09/2021
222 111 7777	Christy	Harris	01 February 1974	Class 1		Refer to cardiac rehab	17 October 2021	Active		
555 777 4444	Daniel	Hopkins	01 February 1971	Class 2		Refer to specialist	10 September 2021	Complete		
777 333 4444	Gregory	Jackobs	01 February 1983	Class 2	Stage A	test test test plan	10 September 2021	Active		
333 777 2225	Greg	Jones	01 February 1978	Class 3	Stage B	test plan test plan	10 September 2021	Active		
333 222 4444	Robert	Jones	01 February 1983	Class 4	Stage C	Refer to cardiac rehab	17 October 2021	Complete	Medication change description	17/10/2021
888 777 4444	Jenifer	Keith	01 February 1971	Class 4	Stage D		20 February 2022	Active		
111 777 4444	Richard	Moore	01 February 1983	Class 1			17 October 2021	Active		
333 777 2225	Tony	Richards	01 February 1978	Class 3	Stage B		10 September 2021	Complete		
999 222 9999	Jonathan	Rogers	01 February 1972	Class 1		Refer to Dietician	17 October 2021	Active	Medication change description	10/09/2021
555 444 2225	Anthony	Smith	01 February 1970	Class 1		Refer to Dietician	10 September 2021	Active	Medication change description	10/09/2021
111 444 2225	Jon	Smith	01 February 1970	Class 1		Management plan 1	10 September 2021	Complete	Medication change description	10/09/2021
444 555 7777	Joanne	Stephens	01 February 1971	Class 2		test test test plan	10 September 2021	Active		
222 111 8888	Martin	Stephens	01 February 1978	Class 2	Stage B	Refer to specialist	10 September 2021	Complete		
333 777 4444	Rose	Thompson	01 February 1973	Class 3	Stage B	test test test plan	10 September 2021	Active	Medication change description	10/09/2021

# Heart Failure Management

Patient Monitoring Dashboard

Show Filters

Clear Filters

No Filters Applied

...

NHS Number	Forename	Surname	Date of Birth	NYHA Class	GSF Regi
222 777 4444	Craig	Abbot	01 February 1972	Class 3	Stage A
444 555 7771	James	Brown	01 February 1978	Class 3	Stage A
999 555 7771	Stephen	Show as a table	78	Class 3	Stage A
111 222 9999	Chris	Include	73	Class 3	Stage B
777 444 8888	Monica	Exclude	74	Class 2	
555 111 4444	Brendon	Copy	72	Class 1	Stage A
222 111 7777	Christy	View Patient Record	74	Class 1	
555 777 4444	Daniel		71	Class 2	

By right clicking on a patient you can drill through to the CareCentric record. Alternatively a dashboard quick launch can be configured to open a specific view such as the Care Plan view.

Lists View Search Dashboards Population Health

Latimer Albert Male Sex 05-Feb-1942 (79y) Born 637 322 3738 NHS No.

TIMELINE SUMMARY CARE PLANS MEDICATIONS RESULTS ACTIVITY PROBLEMS CLIN. LETTERS COMM. MENTAL

Summary View

Allergies

Showing 1 - 2 of 3 items

Penicillin 13-Dec-2018 Severity: Reaction: not recorded Orglinks

Latex 13-Dec-2018 Severity: Reaction: not recorded Orglinks

GP Medications

Medications Issued

Showing 1 - 3 of 4 items

Otomize ear spray Dosage: One spray to be used to the affected ear(s) three times per day

Date: 15-May-2015 Quantity:

Cinnarizine Dosage: 15mg Two to be taken three times a day

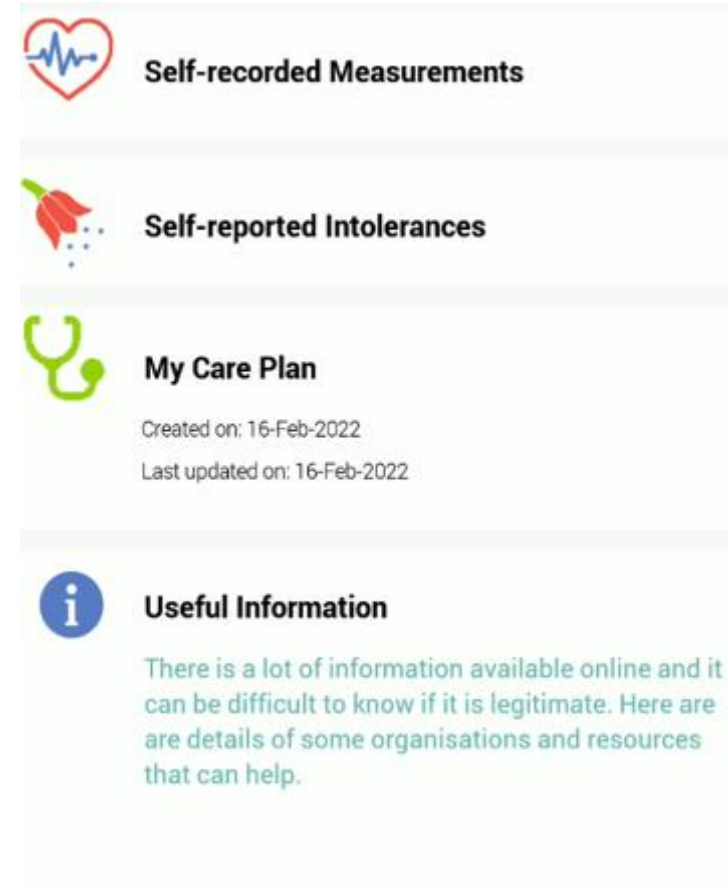
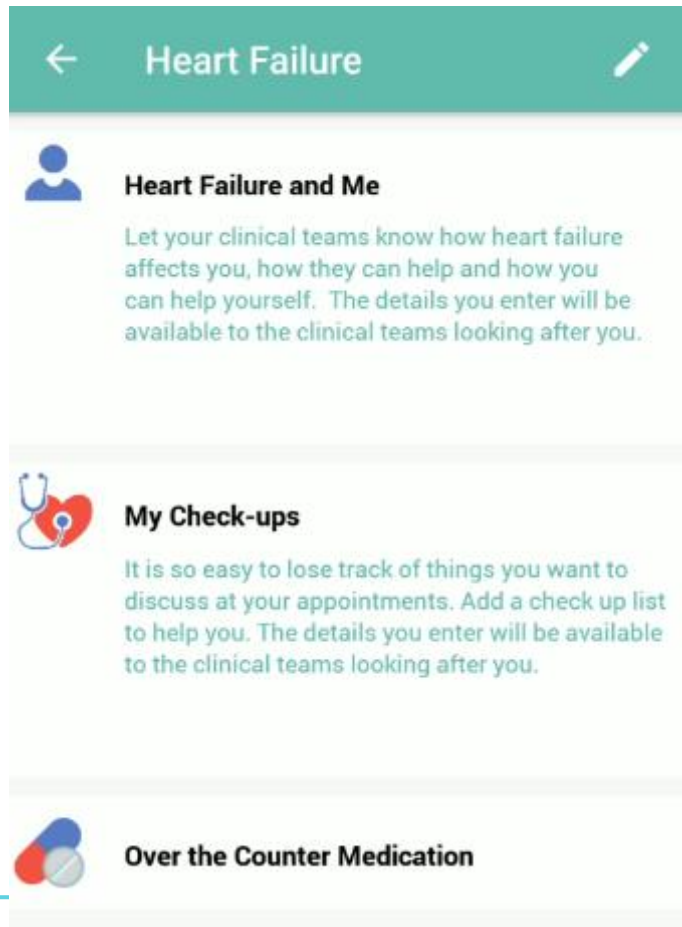
Date: 20-Feb-1995 Quantity:

Oxybutynin Dosage: 5mg take one twice daily





# Patient Held App Landing Page





# Heart Failure and Me

✕ Heart Failure and Me SAVE

## Heart Failure and Me

**How heart failure affects me**

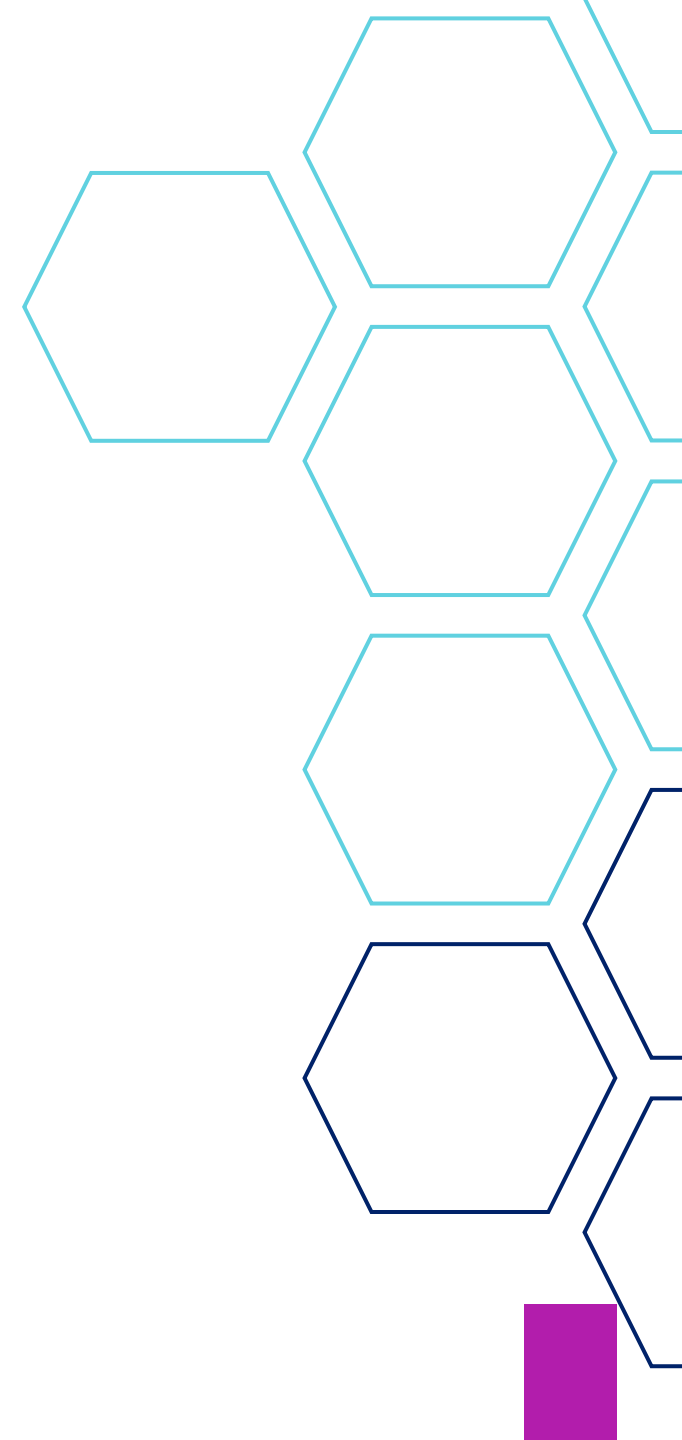
I have very little energy and I get anxious when out and about

**How the care team can help**

Point me in the right direction to access proper advice

**How can I help myself**

Take my medication and try to stay as active as possible





# My Check Up

← Heart Failure Check Up SAVE

## My Check Up

For discussion at my appointment on:

04-Apr-2022 13:30

With:

Mr Jones

How has your breathing been over the last month?

Better  Same  Worse

How has your breathing been at night over the last month?

Better  Same  Worse

← Heart Failure Check Up SAVE

In the last month has there been any change in your ability to do your normal activities, e.g. walking, climbing stairs, household chores?

Better  Same  Worse

How has the swelling in your ankles, legs or tummy been over the last month?

None  Same  Worse

How has your weight been over the last month?

Gone down  Same  Gone up

Over the last month have you experienced any dizziness, palpitations or feeling faint?

None  Same  Worse

*The NYHA Class is normally used by clinicians to assess you. However you are the only one who knows how you feel so it is a great way of explaining to clinicians what has been going on while they are not there.*

- I can perform all physical activity without getting overly short of breath, tired or having palpitations
- I get short of breath, tired or have palpitations when performing more strenuous activities. Eg walking on steep inclines or walking up several flights of steps
- I get short of breath, tired or have palpitations when performing day to day activities. Eg walking along a flat path
- I feel breathless at rest and am mostly housebound. I am unable to carry out any physical activity without getting short of breath, tired or having palpitations



# My Care Plan

← My Care Plan

## My Care Plan

**Next Appointment**

03 Mar 2022 09:00 St Mary's

Bring Meds

**Progress Notes**

**Latest Progress Note**

Weight stable, feeling a little anxious. 19-Feb-2022

[View All](#)

**Management Plan**

**Latest Management Plan**

Refer to Physio 19-Feb-2022

[View All](#)

## Next Appointment

DATE AND TIME	03-Mar-2022 09:00
LOCATION	St Mary's
WITH	Rose Smith Doctor (Other)
TELEPHONE	09007787654
ADDITIONAL DETAILS	Bring Meds

## Progress Notes

19-Feb-2022	Weight stable, feeling a little anxious.
16-Feb-2022	Jean is doing well. Weight down 2kg.

[Click to view older notes](#)

## Management Plans

	ACTIVE PLANS	COMPLETED PLANS
19-Feb-2022	Refer to Physio	
16-Feb-2022	Refer to Cardiac Rehab	

## ← Progress Notes

### All Progress Notes

19-Feb-2022	Weight stable, feeling a little anxious.
16-Feb-2022	Jean is doing well. Weight down 2kg.

1-2 of 2 items

## ← Management Plans

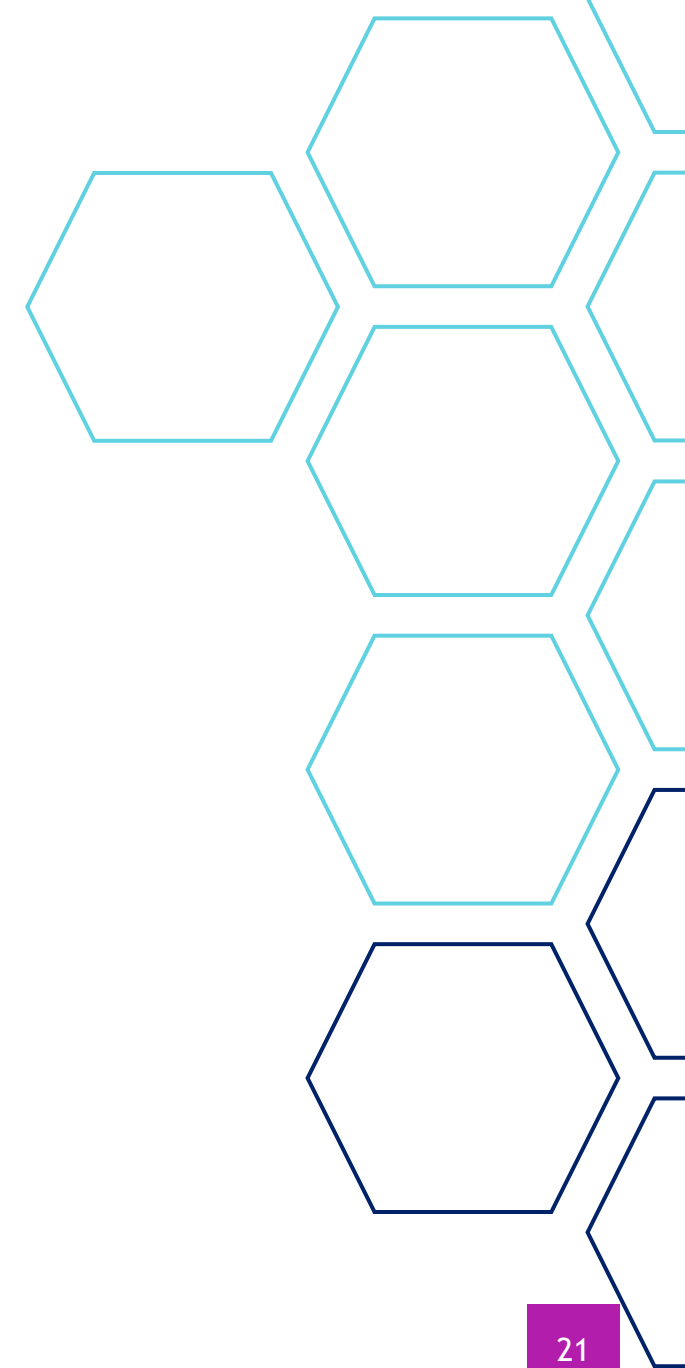
### Management Plans

19-Feb-2022	ACTIVE
Refer to Physio	
16-Feb-2022	ACTIVE
Refer to Cardiac Rehab	
16-Feb-2022	COMPLETE
Increase diuretics	

1-3 of 3 items

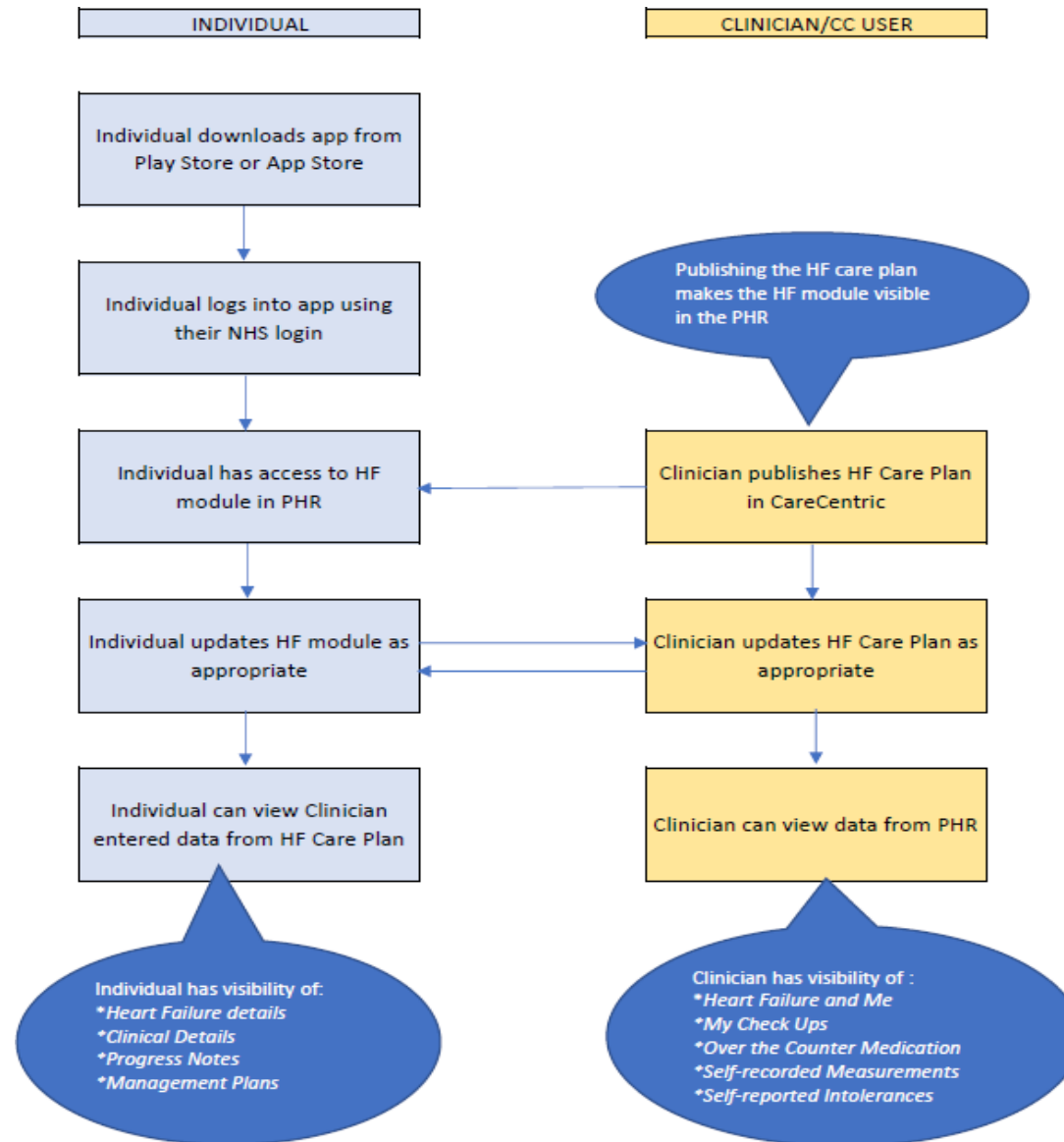


# Demo of the Heart Failure Care Plan on the GMCR





# End User and Patient Onboarding Process Flow Chart





# Onboarding Budget for General Practices

- General Practices are required to start a care plan for all patients on their heart failure register.
- There is also a requirement to support patient with information on accessing the patient Held Record (PHR).
- A budget of £50 per patient onboarded is available for General Practices.
- The funding must be used strictly for starting a digital care plan for patients/onboarding onto the patient held app, and for no other purpose.
- Health Innovation Manchester will make payment directly to Practices/PCNs in scope of the project.
- Invoices should be emailed to: [finance@healthinnovationmanchester.com](mailto:finance@healthinnovationmanchester.com) and [accounts.payable@mft.nhs.uk](mailto:accounts.payable@mft.nhs.uk)



HInM	GME SCN	Commissioner Leads
<p>Dr Saif Ahmed - SRO/Digital Clinical Lead</p> <p>Dr Shelley Gumbridge - Primary Care Lead</p> <p>Mark Wright - Chief Technology Officer</p> <p>Mark Reader - Programme Director</p> <p>Dai Roberts - Senior Programme Development Lead</p> <p>Ola Obafaye - Project Manager</p>	<p>Dr Farzin Fath-ordoubadi. Consultant Cardiologist, MFT</p> <p>Dr Colin Cunnington, Consultant Cardiologist , MFT</p> <p>Catherine Cain, Programme Manager</p> <p>Dr Craig Frame, GME SCN GP Lead</p> <p>Toni Weldon, Cardiac Nurse, GME SCN Nurse lead</p>	<p>Tameside</p> <p>Chris Martin</p> <p>HMR</p> <p>Kylie Thornton</p> <p>Ryan Staniland</p>
<b>Graphnet</b>	<b>Public Involvement</b>	<b>EMIS</b>
<p>Mark Carrington - Customer Executive</p> <p>Michelle Burdett - Solution Owner</p> <p>Matt Garcia - Programme lead</p> <p>Lee Fenlon - Project Manager</p> <p>Hetal Pattani - Implementation Specialist</p>	<p>Nick Hartshorne-Evans - CEO Pumping Marvellous Foundation</p> <p>Project Patient Advisory Group</p> <p>Public Engagement Network (Tameside)</p>	<p>Paula Turnock - Partnership Director</p> <p>John Gregg - Principle Architect</p> <p>Sarah Rose - Project Manager</p>