Q&As from the GP Apollo drop-in sessions

General impact

Is this session being recorded and will it be made available for colleagues not able to attend?

- Yes, a recording of one of these sessions is now available on the south east London website at: https://selondonccg.nhs.uk/what-we-do/epic-implementation-2023/

Can the FAQ document also be maintained on the website pages dedicated to the Epic rollout?

- Yes, and it will continue to be updated to reflect the questions raised at these drop-in sessions.

Will Lewisham and Greenwich NHS Trust (LGT) be joining with the Epic change?

- Lewisham and Greenwich NHS Trust is not part of this particular Epic roll-out. Lewisham and Greenwich are considering their options for procuring an electronic health record in future.

How are you ensuring all this has been heard by primary care? Can you ensure all relevant info is in primary care bulletins sent by boroughs?

- Information on the launch of Epic and associated changes has been included in regular bulletins to primary care colleagues, and a dedicated Epic readiness bulletin is now also in circulation. Updates have also been provided to the ICS's primary care committees, for further cascade. Letters have been sent from the CEOs of the trusts to primary care, local authority and other local stakeholders.

  Synnovis, the pathology provider which is also launching Epic simultaneously, has been sending regular InSYNc newsletters out with information about this and other updates for some time. These can be found at www.synnovis.co.uk/latest-news-and-updates. They have also been monitoring who has not opened these yet and will be focussing direct comms to some specific practices where necessary or appropriate. A ring-around of GP practices is underway, and a mail out to all practices has been undertaken.

GPs all use EMIS, but we each have our own instance of EMIS. Wil GSTT/KCH/PRUH all be on the same instance for EPIC?

- Yes, they will be on the same instance. This means that most IT work, including interfacing with primary care, can be done once for KCH and GSTT.

Who do GP practices contact if they are finding issues relating to Epic post go-live?

- In the first instance, information on the Epic launch will be made available on the ICS website, here: Apollo Epic at GSTT and Kings - South East London CCG (selondonccg.nhs.uk). This website will include routine information, as well as any key alerts in the event of any unforeseen disruption.

  In addition, to support you during this transition period, we are boosting the capacity and opening hours of our support teams. Between 5 October – 21 October 2023, the SEL ICT service desk and Bromley Healthcare ICT service desk will be open between 8am – 8pm Monday to Friday and Saturday 9-5pm. You'll be able to call us, use the Halo service portal or email us as usual. Staff will be on hand for all technical issues in this period and we'd encourage you to check for service updates or SEL wide reported issues on your Halo portal in the first instance. As a reminder, please don't share patient identifiable data with the service desk.

How can primary care provide feedback on the programme and level of engagement? Will there be post go-live forums?

- The ICB will continue to work with the teams at GSTT and KCH to identify how external providers can continue to provide feedback following the implementation. In addition, we have established a working group, chaired by a GP, and with ICB representation, that will address issues at the interface of primary and secondary care.

Will Consultants be able to prescribe into the community pharmacy thereby reducing burden and workload on GP's?

- There is a workstream looking at this, but this isn't immediately going to change at go-live.

The current version of London Care Record is a lot less rich than its predecessor Local Care Record in Lambeth. Are you saying this will improve?

- Yes, we hope to see improvements to the London Care Record (LCR) moving forwards. For instance, once we have the Epic interface to the LCR, inpatient notes will start populating one of the LCR widgets. We can consider and are looking into other improvements in the future.

It seems the system is in favour of secondary care at present - what benefit will Epic provide for primary care?

- Epic is certainly a secondary care system in its design. However, there will be benefits for primary care – not least standardised, clearer and more timely communication, as well as better communication between secondary care and long-term patients.

  You can also expect to see better information in the London Care Record, as well as improvements in the availability of information to patients using MyChart. GP letter formats have also been re-designed, based on GP feedback.

Are there any patient friendly communication materials being provided so that we can help communicate these upcoming changes to our patients?

- Yes, these will be made available shortly and a MyChart-specific website and leaflets are ready and will be launched at the beginning of October.

Will ICB colleagues reduce burden on GPs if systems fail?

- The systems are administered by GSTT and KCH - not the ICB. The Trusts' system administration teams will take actions to mitigate the risk of unplanned system downtimes. While there may be some disruption during the go-live period, it is expected that the likelihood of unplanned downtime is low.

Will the Epic launch mean changes for your maternity services?

The Epic implementation will mean changes for all services across GSTT and KCH, including maternity.

If prescribing is linked to red/amber/green - does this mean primary care will no longer be asked to prescribe red list medicines such as Sevelamer?

- Hospital users will be alerted if they try to enter a red-list medication as GP-prescribed. The visibility of prescribing guidelines will therefore be greatly improved. This may not stop inappropriate requests immediately, but we expect it to help the situation.

Have any medicines optimisation improvements been made during this IT implementation? Will there be room to amend/improve the discharge process going forward based on feedback?

- Optimising medication management has been an important part of the Apollo programme, and will continue to be a key focus during the optimisation phase. Epic will improve decision support for secondary care prescribers, and enable formulary and guideline-based prescribing. Medication lists will also allow the clear demarcation of hospital-prescribed and GP-prescribed medications.

Why is the transfer of red list medicines not being blocked via the system and being allowed to come into primary care?

- Secondary care prescribers will be alerted regarding red list medications within the system for the first time. Although this may not entirely prevent hospital clinicians from asking primary care to prescribe red list medications, the alert will make this much more difficult. It will be easier to audit this, and direct support to individuals or departments when needed.

GP letters

Will the letters include routine observations such as blood pressure, height and weight?

- At launch this information will not automatically be included all letters from all departments, but many clinicians include this in the notes and the letter templates will pull this information through. This is something we can look at in future developments.

Are sample letters available to see?

- Example letters are available online.

Will discharge letters and follow-up letters be received quicker in practices - how long roughly post appointment?

- Although there is a possibility of delays around go-live as the new system beds in, we expect letter turnaround times to reduce over time. The training includes improved workflows where letters are finalised at the time of the clinic visit, and we will have much-improved capacity to track this.

  In parallel to the Epic implementation, there will be a widespread roll out of Dragon Medical One Voice Recognition software. The intention is that many clinicians (who are not waiting for test results) will do their letters in clinic. Epic will allow the letter to be immediately sent there and then (with no need for secretarial involvement), reducing turnaround times for many clinic letters. Discharge summaries will continue to be sent on discharge.

At present current discharge summaries do not always have clear point of contact to Consultants - will this be made clear and whom to contact for primary care?

- The name of the consultant will be clearly identified on the discharge summary.

What training are you providing your junior doctors with improving the discharge summaries that are being sent out at present?

- There is an ongoing programme of work tackling this. It highlights the pitfalls of copy/paste, exemplars of good practice, etc. We will have user-level metrics on document length, proportion of copy-pasted text and are looking at how we can better embed this in training and appraisal.

Will there be any delay in GPs receiving letters while the changes are taking place in October?

- Routine outpatient activity will be reduced to varying degrees in different departments, but we aim to hit the ground running with the new letter communication workflows. There may be some slight issues in the immediate go-live period, but we will be monitoring this closely and ensure any issues are communicated.

Will all GP letters, from all different departments and the different hospitals, now be in the same format? Will we be able to feedback if we can think of improvements?

- All letters across KCH and GSTT will share the same basic format, including important features such as GP and patient actions clearly highlighted at the top of the letter. However, specialties will be able to use different templates based on specialty-specific content: for example, a new patient letter from Memory Clinic will appear differently from a follow-up letter from Fracture Clinic.

Pathology

Have you been liaising with Lewisham and Greenwich NHS Trust (LGT) so that their community phlebotomy can be adjusted in advance of these changes?

- Synnovis has been liaising with LGT for phlebotomy provision in Bexley, Greenwich and Lewisham.

What communication has taken place with local phlebotomy providers? Are they aware of this? Can we raise requests as urgent, as this is currently not possible?

- Synnovis has been liaising with LGT for phlebotomy provision in Bexley, Greenwich and Lewisham and we will confirm arrangements for taking urgent bloods during the activity reduction period. Synnovis has also been working with the Bromley GP Alliance on similar arrangements in that borough. Synnovis runs the phlebotomy service in Southwark and Lambeth.

Where can we find information about the new haematology reference ranges?

- The haematology reference ranges for Guy's and St Thomas' laboratories can be found on the Synnovis website here: https://www.synnovis.co.uk/transformation/gstt. They will also be included in our primary care pathology bulletin later this week.

  Please email LetsTalk@synnovis.co.uk to be added to our mailing list.

Will tQuest forms generated before 5 October still be valid after that date? Will it make any difference whether the forms are printed or if they are saved?

- All tQuest orders placed and forms printed before Beaker go-live will be processed. Bromley / PRUH tQuest forms will be changing in layout and this information has been sent out to all Bromley practices in the GP information pack that has been circulated. You can find more information about the tQuest consolidation and how saved orders will work here.

With the change in barcoding on tQuest forms, will any forms printed prior to 5 October still be useable after the change? I understand that if forms are saved but not completed they will not move across, but I'm not sure if the lab will be able to use the old barcodes.

- Any tQuest forms printed before 5 October will be useable after the go-live date - Synnovis colleagues will manually book them in when they arrive in the laboratory to help ensure a smooth transition period.

  Any order which has been saved but not completed by 4 October will no longer be available after 5 October. Though the saved orders functionality will be available to use within the consolidated version of tQuest, saved orders pre-dating 5 October will not transfer across and will have been lost.

How is making a request to reduce blood tests safe? Do we send everyone to A&E in that case and are you laying on extra clinics to facilitate bounce-back demand?

- Synnovis is asking that routine samples are not taken between 5 and 9 October, as its pathology laboratories will have a significantly reduced capacity during the transition period. This reduction in activity will support Synnovis to effectively provide an urgent service to primary care and the acute Trusts.

  You can still order non-urgent blood and urine tests during the activity reduction window, but please ask patients not to book a blood test appointment between 5 and 9 October, as they cannot be processed by the laboratory and may degrade. We are working with phlebotomy providers to find additional ways to share this message with patients.

  We recognise that in some circumstances, you may need to order urgent or critical tests, so please continue to request these where you believe they are clinically justified for the safe clinical management of your patients. All urgent samples must be marked as 'urgent'. Please note that turnaround times may be slightly longer than normal during the activity reduction window.

  More information is available here: https://www.synnovis.co.uk/primary-and-community-care

For tQuest requests and the new stationery required, what date should this be used from?

- The new print proforma stationery is for practices in Bromley only and should be used from 5 October (it has been available to order since 19 September). Practices in Bromley will also receive a delivery of the new stationery. More information is available here: https://www.synnovis.co.uk/tquest-consolidation

At the moment, my patients can only go to KCH for blood tests, and I can only request from KCH. Do the changes give more flexibility to me and my patients?

- Thanks to the move to a consolidated pathology system, bloods taken at any site could in the future be processed at any Synnovis laboratory. Swiftqueue, the electronic blood test appointment booking system recently introduced by Synnovis in Southwark and Lambeth, gives patients more flexibility in terms of where they can go to have their bloods taken.

  More information about Swiftqueue is available here: https://www.synnovis.co.uk/swiftqueue

Who do we contact if there are any problems?

tQuest and pathology IT requests for GP practices in Southwark, Lambeth, Bexley, Greenwich and Lewisham
tquest@synnovis.co.uk

tQuest and pathology IT requests for GP practices in Bromley
kch-tquestsupport@nhs.net

Clinical queries about testing services or results
customerservices@synnovis.co.uk

Questions about activity reduction, reference range changes or tQuest consolidation
LetsTalk@synnovis.co.uk

Please note Synnovis is only able to respond to queries about pathology services.

ICE

Do all primary care clinicians that order investigations or imaging need to attend ICE training pre-go live?

- No, ICE is very intuitive and to support Go Live we've provided a range of training options and support, including a short training video, quick reference sheet and FAQs. Full details are available on the website: https://selondonccg.nhs.uk/what-we-do/epic-implementation-2023/

Is Lewisham switching to the new radiology system from 5 October too?

- Following a robust clinical and technical review, a decision has been made to delay the ICE go-live for LGT. Patient safety remains our primary concern and we are keen to ensure configuration is finalised and secure ahead of switching over to ICE for LGT. In the interim please continue to current radiology referral process for LGT and we will share a revised timeline in the coming weeks.

  For GSTT and KCH, the ICE go-live date of October 5 remains.

From October do we request Lewisham and Greenwich radiology through ICE or through TQuest as currently?

- TQuest as is current practice

How do we access IRMER training and who needs to do it?

- You can find details on IRMER training requirements, including those who need to complete it, [here.](#)

Is there a grace period for IRMER training and will we get notified when it is coming to an end?

- Yes, a six-month period of grace is in the SOP for all non-medical referrers. This will end 5th April 2024

When we request on ICE, what do we tell patients will happen next? Will they be contacted with appointment, or do they walk in for bloods/ radiology?

- A generic information sheet will be available to give to patients and will be shared in due course.

Why is the option of 'Routine' or 'Urgent' not available?

- There are three options available routine, urgent and cancer pathway.

MyChart

Is the MyChart app available now?

- The app is due to go live for patients on 5 October.

Will the MyChart app integrate with the NHS app?

- At launch in October, they will be separate, but technical discussions are underway between Epic and NHS England about integrating the two apps. The hope is that there will be closer (or full) integration in future.

Who will be responsible for training staff and patients on the use of MyChart?

- There is no formal training but, a MyChart webpage, along with printed and video resources to explain the new MyChart app and how to will be available in early October. A helpdesk will also be available to answer any queries from patients. GPs will be provided with a MyChart tip sheet and a 1-pager that can be given/send to their patients. This information will be available at https://selondonccg.nhs.uk/what-we-do/epic-implementation-2023/ soon.

Can we post a question in MyChart that a patient has asked us for their hospital clinical team to answer? will this be monitored?

- GPs will not have access to MyChart. It is a patient app and web portal.

If the information they see on MyChart is wrong will there be a dedicated line they can call?

- Both GSTT and KCH will be providing a dedicated MyChart helpline for patients. Websites with full information will launch at the start of October.

Will there be a target for the uptake of MyChart? Will General Practice be expected to support this?

At present there is no target. GPs will not be expected to support this as they do for the NHS App. However, for your patients that receive a lot of care from GSTT and KCH, GPs may think it valuable for the patient to advise them to consider registering for MyChart – and the trust websites, and dedicated patient help desks can support patients to do so.

Will there be information we can share to patients via our website about joining the MyChart app.

- Yes, full details for you to share will be available soon and will be communicated via the GP bulletins on the website here soon: https://selondonccg.nhs.uk/what-we-do/epic-implementation-2023/