BUSINESS CASE FOR TRANSFER OF PAPER LLOYD GEORGE ENVELOPES TO DIGITAL RECORDS
SUPPORT DOCUMENT

Please Note:

1. This document gives information to support the generation of a Business Case for e-LGS
2. It is not intended to be a complete or comprehensive Business Case.
3. Please use as much or as little of the information as required for your own Business Case.
1. **PROBLEM STATEMENTS**

- A typical GP practice, with 6000 patients will house over 5,000,000 pages in Lloyd George envelopes containing crucial historical medical records for every patient.

- The detailed personal information stored inside means that security and accuracy are critical.

- Many paper records are now over 60 years old and are in a serious state of decay and are becoming unreadable, which is both clinically and legally unsafe.

- Practices are required by law to retain and store Lloyd George (LG) envelopes and their contents. For the most part, they can be very paper heavy and take up storage space on a practice site or in secondary storage areas, sometimes at significant cost to practices.

- Since practices were computerised, the bulk of paper records continue to grow at a significant rate; each practice will print out a patient summary when transferring patients from one practice to another. This “summary” covers all entries on the computer system, also electronically stored letters, and can extend to many pages.

- The administrative overhead in managing and storing these records can be significant, time consuming and therefore expensive. As many records are now held in “overflow” storage situations, there is also a risk of this highly confidential documentation being mislaid in the process.

- The majority of Practices have already run out of proper storage space and are breaching Clinical Governance criteria regarding records storage.

- The one common factor across all Practices is that the Lloyd George envelopes are expensive to retain, is obsolete in the paper format and that it has now become an unsafe means of storing patient records (e.g. where are all the pre NHS 1948 notes?). The deterioration of paper records since 1948 means that this transfer to a digital solution will have to be undertaken sooner rather than later.

- The DoH agrees that computer based storage of old records is a viable alternative to paper. In January 2013, Health secretary Jeremy Hunt has set out a tight timetable for making all records and communications in the NHS paperless. He said that all records and communications in health and social care would be electronic by 2018.

- There is no central funding for the plans, but a report commissioned from consultants PriceWaterHouseCoopers has estimated that more ambitious use of IT would save the NHS £4 billion.

- As the majority of GP Practices converted to computer based records on average 12 years ago, and, in the absence of any DoH or national initiative, now is the time to go fully digital before the current paper records degrade further.

- We would strongly recommend the agreement in Principle for the Practice/Cluster/CCG/Local Area Team of the NHS Commissioning Board to explore the commissioning of a new service with NHS St Helens & Knowsley Informatics Department.
2. PROJECT DESCRIPTION

- We strongly recommend the adoption of the St Helens and Knowsley NHS Trust Informatics Service “model” of transferring all existing GP Lloyd George medical records on to a digital (web based) system that can then be accessed remotely by Practices online.

- This will improve patient safety and reduce risk of litigation and also clinical risk.

- An electronic (web based) archiving system removes the bulky documentation from inside each Lloyd George envelope, turning it into electronic data, meaning that all existing Lloyd George (LG) medical records can then be shredded, with only the original envelope retained at the Practice.

- More importantly this will release significant Administration Staff time to carry out more patient contact work (manning reception; answering the telephones; improving patient access etc.).

- This system will also free up valuable space within the Practice(s) which can be utilised in many different ways, contributing to the revenue generation of each Practice, eg LES/DES initiatives.

- Connection to the on-line Portal will be N3 connection-reliant (broadband connection via BT).

- There is a full audit trail within the system to monitor access to records.

- The deployment of the System at each Practice will be fully project managed by an experienced StHK HIS Project Manager and on-going collections of Lloyd George Envelopes for new patient additions to the Practice will be made by StHK HIS.

- Transfer of patients to other practices will be done in disc format, encrypted to ensure security, with the receiving Practice choosing in what format to retain the Lloyd George contents.

- The Governance of this project has been investigated and documented by StHK HIS with approval from the Trust Solicitors.
3. SOLUTION DESCRIPTION

- StHK HIS currently have 85 Practices commissioned to use the e-LGS service. The records are stored on replicated servers so data is safe, secure and easily retrievable, removing the risk of records being lost or misplaced.

- The system was borne out of the technology and software developed for the Trust acute Hospitals to deploy their hugely successful Electronic Document Management and workflow solution, which has developed a paperless solution for the Trust’s hospitals health records.

  - Development / consultation – A consultation at each individual Practice to agree on implementation timescales, processes, expectations and assumptions of both parties.

  - Project Management - The Project Team will work with each Practice to ensure that all expectations are met and the end results demonstrate tangible results and efficiencies. A Project Implementation Pack will be provided at the commencement of the project to each individual Practice.

  - Secure Collection and Delivery- StHK HIS will be responsible for the collection of the Lloyd George Records from each Practice to our secure Scanning Department and prepare all documents for scanning. During transportation, documents will be secured in lockable boxes tied with security ties.

  - Scanning of documents – StHK HIS staff will undertake the preparation and scanning operation of all documents contained within the collected Lloyd George envelopes. Any records which are unidentifiable e.g. missing an NHS number, will be returned to the practice, without being scanned, for reconciliation. These can be returned for scanning at a later date within the quarterly scheduled collections.

  - Secure On-Line Portal – records can be accessed via a Web Based Portal that only needs Internet Access (N3) on a Windows PC

  - Return of Lloyd George envelopes– StHK HIS will deliver the envelopes back to the Practice following destruction of the clinical information. Destruction of any records by StHK HIS will meet legislative requirements and is supported by a certificate of destruction.

  - Training & Support – StHK HIS Training team will deliver training to Practice staff to include use of the system, administration processes and fault reporting.

  - On-going scanning service – new patient records will be scanned into the e-LG Record Archiving Solution on a quarterly basis. This time period reflects the experience of, and advice from, the pilot Practice but will be kept under review.

  - Information Governance – The security and confidentiality of the patient data is of paramount importance and StHK HIS have devised an Information Governance Policy document to ensure that procedures are in place that will give peace of mind to practices and patients alike.
4. COST AND BENEFIT ANALYSIS

Benefits to Patients
- Electronic records, unlike their paper equivalent, will not deteriorate over time. Accuracy of patient clinical data and patient safety will be enhanced. We will also be able to respond much faster to requests for medical reports and information.

Benefits to the Practices
- We are able to demonstrate substantial time saving in Administration Staff time.

- A typical Practice with 6,500 patients will spend > 1 day per week finding missing LG files/searching for missing files and standing at the photocopier etc.

- Therefore 8 (hours per day) x 52 x £9.36 (Band 2) per hour (inc. On Costs) = £3,893.76 savings in staff time per Practice per annum (that could be better spent doing other patient service work).

- Whilst the primary aim of this solution is to release storage space and staff time, the additional benefits are that:
  - Release of medical records to Solicitors or Insurance companies will now be possible in a truly confidential fashion. Once paper records have been electronically stored, it will be possible to “burn” them to an encrypted CD/DVD/USB memory stick etc. in a matter of minutes rather than hours. A password can be sent via separate mail/email to the solicitor/insurance company and the data sent recorded delivery post. This will ensure that records are transported in a truly secure manner for the first time ever. It is impossible to “encrypt” paper records.
  - NHS St Helens & Knowsley Informatics Department guarantees that electronic reproduction of records will be at least as good as the paper record from which the scan was taken and may be better due to enhancing techniques.

Competitor Comparisons – Benefits of our Service
- Some other, non-NHS, scanning companies will:
  - Charge “per Page” not “Per Envelope”
  - Charge for additional patient record collection and scanning. Our research has shown that an average practice with 80 new patients per month, could potentially require the equivalent of their current Lloyd George Estate scanning again during the course of the contract – effectively doubling the cost of your contract with other suppliers.
  - Maybe charge extra fees for portal access and licenses.
  - Not be in the NHS so cannot give the assurance surrounding Information Governance, Patient Confidentiality and information security that we can give, to the exacting standards of the NHS.
  - Not be experienced in the Project Management of similar projects, our extensive NHS experience ensures a smooth transition from paper to electronic systems.
Clinical Governance Benefits

- A major potential cost saving (not yet quantifiable), is the removal of potentially highly expensive litigation claims due to poor quality records. St Helens & Knowsley NHS Trust Informatics Service report that they have been sent Lloyd George records that had water damage, been subject to silverfish or rodent infestation as well as paper records that were crumbling into fragments or with the ink faded so badly that only the old type face indentation on the paper record was left.

- The Information Commissioner has recently demonstrated that it views lapses in storage and sharing of personal data extremely seriously and has imposed fines of many thousands of pounds (between £70,000 and £325,000) where personal information has been inadvertently shared outside the NHS organisation.

Benefits to the CCG

- In the StHK health economy, a local new build Practice was able to demonstrate potential savings of £100k per annum Notional Rent savings, due to the reduced need for storage space following E-storage of LG records. This could potentially apply to any new builds in our area.

QIPP Information

- **Quality** – Paper records go missing routinely on a daily basis in all GP Practices. The absence of access to old data is unsafe, unsatisfactory and also very costly in terms of clerical and clinical time wasted in searching for the records.

- **Innovation** – This project is innovative in that it addresses an obsolete and archaic process that has not been in day to day use for >15 years. Industry and commerce made this transition more than a decade ago and it is hugely disappointing that there is no DoH/NHS strategic plan in place to deal with this issue.

- **Productivity** – It is estimated that this will release 7.5 hours per week (clerical time) in an average sized GP Practice. This will release resources to cope with the continuing growth in patient demand for access.

- **Prevention** – The quality of medical summarisation of old patient notes can vary significantly across GP Practices. There are currently no mandatory standards for the level of expertise or clinical qualifications needed to be a Medical Notes Summariser. Some Practices (including my own) demand that the summariser must have nursing/clinical background. Others just provide in-house training. This is highly unsatisfactory and rapid access to the old medical notes will help prevent errors and potential litigation claims etc. It is becoming increasingly common for new patients into Nursing Homes to have their old Lloyd George envelopes arrive in a batch exceeding 25/30 cms. in size. An ageing population means this problem will continue to grow for the foreseeable future.
In Summary:

- Instant, safe, NHS level secure access to the medical history of every patient (including new patients registering with the practice on an on-going basis) - for all authorised team members.
- It is easier to see a patient's medical history; meaning faster, more informed diagnostic decisions can be made and requests for information dealt with quickly.
- Administrative Team can focus on tasks that will ensure revenue generation/saving for the Practice, eg ensuring coding is accurate, QOF targets are met etc
- Practices can make better use of space to enhance patient care and safety.
- Lloyd George Contents quality is retained in perpetuity, no further degradation will occur to the paper document.
- A safer healthier environment for our staff.
- The risk of fire or other damage or further or being mislaid or mis-filed is eliminated.
- The records are stored on replicated servers so data is safe, secure and easily retrievable, removing the risk of records being lost or misplaced.

5. IMPLEMENTATION TIMELINE

- St Helens & Knowsley NHS Trust Informatics Service have the capacity of 28 operators who can prepare and scan (double sided) approx. 3,200 pages per day.
- A typical practice of 500,000 Lloyd George envelope documents would therefore take and estimated 5.5 working days to process, subject to other projects.
- The whole deployment would be project managed by StHK HIS.

6. EVALUATION

- Each GP Practice can report on the new usage of the space liberated and a report on the clerical time and staff cost savings over the next 12 and 18 months as the project starts up and then completes.
- StHK HIS also offer very stringent SLA’s on the availability of the system and the legibility of documents once scanned.
7. ASSUMPTIONS

- All IT equipment will meet minimum specification.
- StHK HIS will be able to access an extract of patients demographic from each participating practice.
- Connectivity to the internet will be required, likely to be through N3 and is the responsibility of the customer.
- In preparation for the service deployment and collection of records, the practice will be responsible for collating records into provided, secure boxes, in the order agreed with StHK HIS.
- A minimum 5 year agreement will apply.
- At the end of the minimum term, the contract can be extended. If the Practice wishes to terminate the service at the end of the minimum term, a fee will be chargeable to the Practice for the return, via electronic media, of the data, to the Practice.
- Fees will be payable annually in advance, with the first payment due prior to the commencement of service. Further invoices will be and payable by the contract start date anniversary each year for the year ahead, unless other payment methods are agreed, which will be detailed in the Service Level Agreement.

8. RISK ASSESSMENT

- Aged IT Equipment
- Lack of “buy-in” from Admin Staff
- Condition of Lloyd George envelope contents
- N3 connection reliability
9. CONCLUSIONS AND RECOMMENDATIONS

- The Pilot Practice (Grove House Medical Practice in Runcorn), have been using this service for approximately eight months.

- (Feedback is available from the Practice Manager that they are very pleased with the process and service standards to date).

- (Case Studies and testimonials are available on the website).

- The application is based on removing an archaic and obsolete system and introducing an innovative and web based solution.

- Current systems have used a process that simply relocates the paper records to an off-site storage area with weekly couriers to take away and return records.

- In the absence of any DoH or national initiative, we would strongly recommend the agreement in Principle for the (organisation) to explore the commissioning of this new service with NHS St Helens & Knowsley Informatics Department.

- Our exploration of costs compare very favourably with other private providers.

- This proposal has been made via (organisation) and in the event that the proposal is taken forward will need to be shared formally with (organisations).

- Have any Practices within your CCG already implemented (at their own expense) Off-site solutions?

- Any rise in patient consultations at Practice?

- The release of staff resources would enable us to respond far better to the new and increasing patient demand for access and healthcare in 2013 and beyond.

- In 2011/12 the NHS Litigation Authority paid out £1.28 Billion in compensation and legal fees.