GP Care Patient Record Network (PRN)

A Series of Case Studies

Since May 2011 GP Care has been piloting an innovative local data sharing initiative which allows GP practices in Bristol, North Somerset and South Gloucestershire (BNSSG) to share their patients’ full GP records, including tailored Care/End of Life Plans, with approved clinicians working for approved local NHS organisations such as hospital trusts and Out of Hours care providers.

The Patient Record Network (PRN) already provides access, on an “as needs” basis, to over 400,000 BNSSG patient records and this number is continuing to rise. Access to records is subject to strict access protocols including (but not limited to) explicit patient consent and a sophisticated audit trail.

Already there are clear examples of significant benefits being realised not only in terms of improved patient care but also in achieving efficiency savings for:

- Commissioners – via eg. reduced A&E admissions, reduced repeated tests;
- Hospitals – via eg. reduced time spent chasing records/repeating investigations; and
- GP practices – via eg. reduced time and resource spent transferring patient records.

Attached is a series of case studies detailing first hand experiences of using the PRN, by local NHS medics.

Should commissioners, GP practices or other NHS providers require further information regarding participating within the PRN then please contact GP Care (Roger Tweedale or Pat Nagle) on 0117 956 2100.

GP Care
I accessed the GP care record in regard to a patient who was admitted with hypoglycaemia and had decreased serum K+

1. Why did you access the patient’s record?
I accessed the patient record as I wanted to double check the patients drug history, which was done by an out of hours doctor on Sunday night

2. What information helped your clinical decision making?
The patient record showed that the patient should have been on a K+ sparing diuretic. However, this was missed from the drug history, possibly contributing to his decreased K+ level

3. How has access to the PRN helped you to perform your clinical responsibilities?
The record improved the speed at which I could get information and therefore allowed me to correct the patient’s drug history more efficiently.

4. How has this benefited the patient?
The patient is now on the correct drugs and does not need further intervention to raise his K+

5. How may this have helped the patient’s registered GP practice?
The GP surgery did not receive a phone call from me and did not have to fax through a summary care record.

6. How easy was it to access the record?
Now that I have got used to the system it is very easy to access.

7. Would you recommend that other GP practices shared their patients’ medical records?
Without a doubt. From a safety point of view, this information is absolutely critical in ensuring the right patient, gets the right drugs at the right time. This is particularly important when a patient is admitted in an emergency out of hours situation, when there is no information on critical drugs such as insulin, anti-epileptics, steroids, etc.
1. Why did you access the patient’s record?
   *I accessed the patient record in order to double check the drug history written by the out of hours junior doctor. I particularly wanted to check when the patient’s Bisoprolol had been started as there was information from his own drugs to suggest that two B-blockers (Atenolol and Bisoprolol) were being prescribed simultaneously.*

2. What information helped your clinical decision making?
   *I discovered from the PRN record that the patient had a Simvastatin allergy. The prescribing doctor was unaware of this and had prescribed this drug. Fortunately, the patient had not yet received Simvastatin and I was able to prevent a potential adverse drug reaction occurring. The PRN record also showed that Atenolol had been stopped.*

3. How has access to the PRN helped you to perform your clinical responsibilities?
   *The PRN record helped identify a potential adverse drug reaction.*

4. How has this benefitted the patient?
   *The patient did not receive a potentially harmful medication and I got the right B-blocker prescribed.*

5. How may this have helped the patient’s registered GP practice?
   *Prevented a phone call to the practice.*

6. How easy was it to access the record?
   *Easy.*

7. Would you recommend that other GP practices shared their patients’ medical records on the PRN?
   *Yes. It prevents us giving potentially harmful drugs to their patients by accident.*
Patient “JS” was admitted with rigours/palpitations/tremors/fever, the cause of which was unclear. The patient’s drug history was initially completed using only the patient’s dosette box as the record.

1. Why did you access the patient’s record?
   I accessed the patient record to confirm drug history and to check if there was medication other than dosette tablets.

2. What information helped your clinical decision making?
   I discovered the patient was Type II diabetic, using insulin to control diabetes, I checked blood glucose levels which were running high at 18.9mmol/l (no insulin was given for 24 hours during admission as no information on insulin treatment).

3. How has access to the PRN helped you to perform your clinical responsibilities?
   I was able to discover essential information both about the patient’s condition and what exact insulin (Novomix 30, 40u am + 12u pm) they should be on. Using the PRN record enabled efficient delivery of critical medications, and helped clarify medical/clinical picture.

4. How has this benefited the patient?
   Prevented patient going into DKA (Diabetic Ketoacidosis), allowed more efficient administration of critical medication.

5. How may this have helped the patient’s registered GP practice?
   Their patients are better cared for, more information is available, particularly out of hours, when there can be no knowledge of a patient’s background/existing treatment.

6. How easy was it to access the record?
   Easy, but [it needs to be] installed on more computers and made more available throughout the hospital.

7. Would you recommend that other GP practices shared their patients’ medical records on the PRN?
   Yes, I think it is vital to have this information and could become critical in some situations (like described above)...also, if we get their drugs right on admission, we are less likely to miscommunicate accidental medication changes at discharge.
I can think of several cases where the care has been delivered in a timely fashion due to the PRN, but the best example was a gentleman who collapsed in the hospital grounds and had a CVE.

He was accompanied by a "friend" who appeared to know very little about him except his name and address.

He was a candidate for Stroke Thrombolysis, but without his previous medical history the treatment would have been delayed, or possibly not deliverable, due to his speech and understanding not allowing for thorough assessment of his PMH (Past Medical History) and DH (Drug History).

By using the PRN we were able to find out rapidly and accurately what he was taking and his PMH, and give the definitive treatment quickly.

There is a definite correlation between worsening outcome and longer time of delivery in these cases, but in his case we were able to deliver the treatment within 40 minutes of his stroke.
GP Care PRN – Benefits to Patients
Case Study 5 – NBT (Frenchay Emergency Dept)

1. Why did you access the patient’s record?
   *GP records unavailable with patient, usually past medical history [is missing] but often medication list too*

2. What information helped your clinical decision making?
   *Past medical history and medication list. Also an indicator of patient’s quality of life and ongoing medical problems*

3. How has access to the PRN helped you to perform your responsibilities?
   *Gives access to the above outside normal GP working hours, but also provides speed of access when patient forgets medication or is ignorant of their own past medical history.*

4. How has this benefited the patient?
   *Faster delivery of care and safer delivery with knowledge of past medical history/allergies/medications being able to impact patient care, particularly in the un-conscious/semi-conscious patient with no relatives immediately at hand.*

5. How may this have helped the patient’s registered GP practice?
   *Reduces workload for reception and medical staff having to take calls.*

6. Would you recommend that other GP practices shared their patients’ medical records on the PRN?
   *Absolutely – I can’t believe we have never had this system before and that there could be any reluctance to allow access in this fashion! Patients can only benefit from hospitals having more knowledge of their past medical history.*

7. Do you have any suggestions as to how the process can be improved?
   *More GP surgeries on the system and access to letters contained on the system – this can often provide a significant amount of insight into the care given to the patient, or where they are in an outpatient treatment schedule, for example.*
1. Why did you access the patient’s record?
   *Access was needed to get an accurate drug history for a confused patient*

2. What information helped your clinical decision making?
   *A full drug summary was available with a history of details about medications stopped and acute Px*

3. How has access to the PRN helped you to perform your responsibilities?
   *Part of my role is to reconcile medications to allow the safe administration of medications to patients. Access to this system allows rapid access to accurate and up to date information*

4. How has this benefited the patient?
   *It has prevented incorrect doses being administered and prevented missed doses*

5. How may this have helped the patient’s registered GP practice?
   *It saves time both for our staff in getting through the queues to speak to a receptionist, allows patients faster access to their GP over the phone as we aren’t blocking the phone lines and saves receptionists at the GPs time by removing the need for a fax*

6. How easy was it to access the record?
   *The computer the programme is installed on is the main computer used during ward rounds so if I can’t get access before 9am it’s sometimes difficult*

7. Would you recommend that other GP practices shared their patients’ medical records?
   *Definitely. We often get faxes through from GP surgeries that are not a copy of their records but repeat Px and often means that we have to call the GP surgery back. It takes a lot of time for all of us.*