

The use of information technology to support the delivery of community-based haematology services

Author: Andrew Hughes

Aims

To describe the use of information technology (IT) in supporting the development of a community-based haematology service.

Methods

A description of the IT used to support the delivery of a variety of community-based haematology services in south-west Essex based at Brentwood Community Hospital.

Results

Electronic advice service: access to specialist advice can decrease the need for formal hospital referral. Access to advice can be difficult and the advice given limited, due to either time constraints or the quality or quantity of the information provided. A direct link was established with the GP electronic health record (EHR) system that facilitated rapid access to specialist advice. The specialist can view the entire patient record, enabling a more comprehensive and appropriate response to be made that can be inserted directly into the record. This on-site consultant-delivered service currently covers two CCGs, 79 general practices and a population of 430,000. It attracted 731 referrals in 2013 from more than 90% of practices. Responses were usually available within 1–2 working days. In less than 10% was an onward referral to secondary care suggested. An independent, external audit showed that responses were of 'uniformly high quality'.

Anticoagulation and deep-vein thrombosis services: the direct link with the GP EHR facilitates rapid referral of patients to these services. Diagnostic and management outcomes are directly inserted into the patient record. Clinic staff also have access to additional relevant information in the EHR that improves the diagnostic and management process. The anticoagulant clinic uses a clinical decision support system (CDSS) to aid warfarin dosing. There is a direct link to the patient EHR that permits the rapid, accurate transfer of patient data and treatment details from and to the EHR. The CDSS also provides a database that enables regular quality measures of anticoagulation to be accessed, including the mean clinic time in therapeutic range (TTR), a patient's individual TTR and the percentage of patients with acceptable TTRs of >60%. Email

links with patients who self-test their international normalised ratio facilitates safe, remote warfarin dosing.

Conclusions

This use of IT is a novel way of bridging the gap between GPs and specialist services. Specialist advice is easier to access and rapid clinical communication facilitated, enhancing safe patient care. It could be adopted by other specialties with appropriate specialty-specific changes. It could allow more patient care to be delivered safely and appropriately in the community whilst also being consultant supported.

Conflict of interest statement

No conflicts of interest to declare. ■

Author: North East London Foundation Trust, Brentwood, UK