



Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

# Electronic Long-term Conditions Integrated Review Template (GM-ELIRT)

Trish Gray Research Fellow, NIHR GM CLAHRC Oct 2014

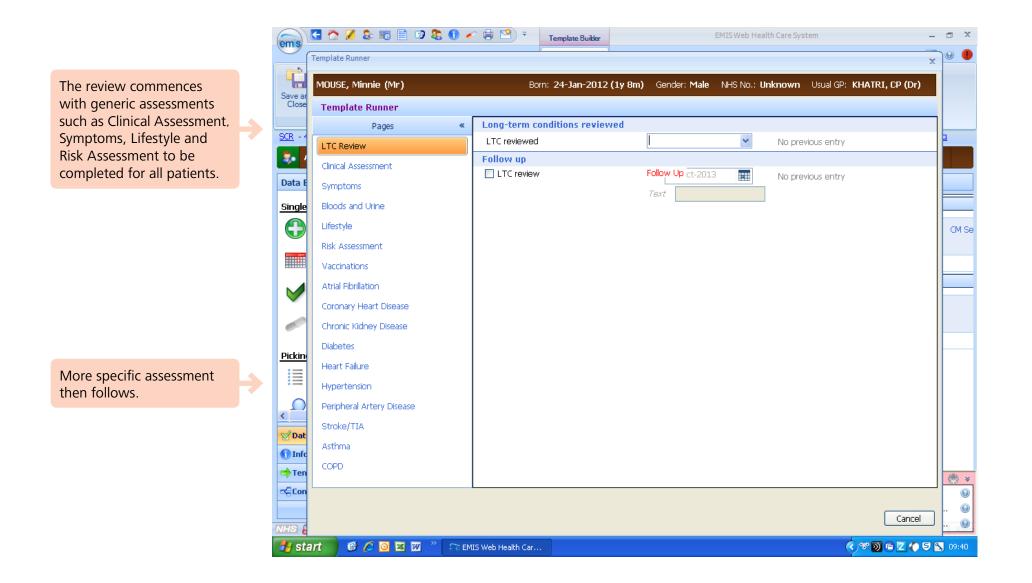
# The GM-ELIRT is designed to:

- Provide a needs-based health and social review for use in primary care settings for patients with multimorbidity (two or more long-term conditions).
- Provide an integrated long-term condition (LTC) review in one template.
- Be used by all the primary care team for collecting and storing LTC review information.
- Reduce repetition of assessment and the number of reviews per patient for practices currently conducting single disease reviews.
- Save time during reviews by limiting the time spent clicking in and out of single disease templates for practices already conducting integrated reviews.
- Save time during the review by reducing the amount of free text required.
- Improve audit of practice and clinical outcomes due to increased Read Coded information.

#### **GM-ELIRT Versions**

- June 2013: original version, EMIS PCS built by CLAHRC GM (data analyst and research fellow with practice nurse input) presented to users for feedback.
- Sept-Dec 2013: EMIS PCS version refined and tested. EMIS Web and SystmOne versions developed and tested.
- Jan 2014: Post testing refinement to improve the flow by providing a more patient-centred, rather than disease focused format.
- July 2014-: Development of Vision version (collaborative working between CLAHRC GM and INPS).
- Oct 2014-: Release of GM-ELIRT.

#### Template format pre-evaluation version: Front page



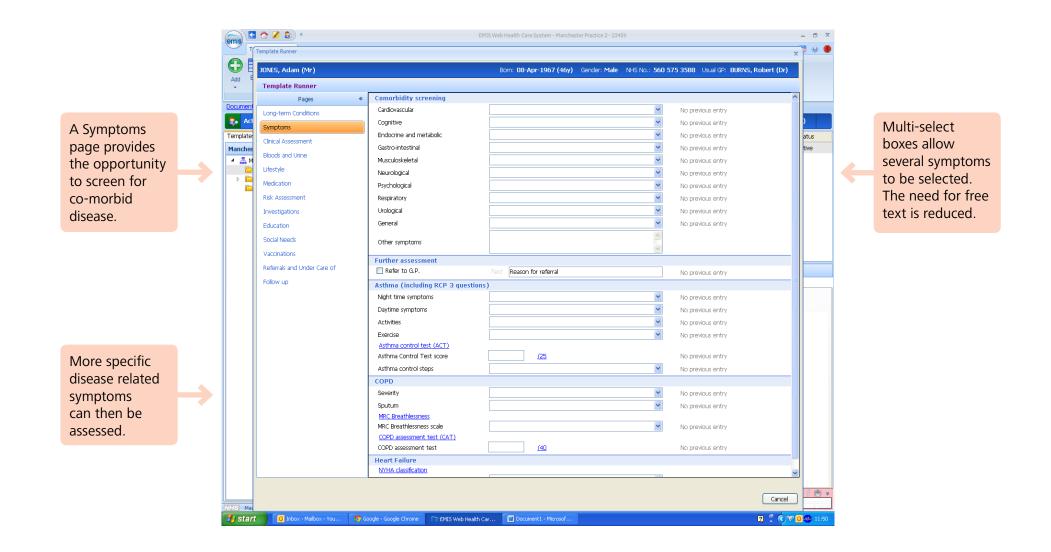
## Template Format: Refined EMIS Web version Front page

The refined GM-ELIRT provides a more holistic needs-based review divided into sections as shown.

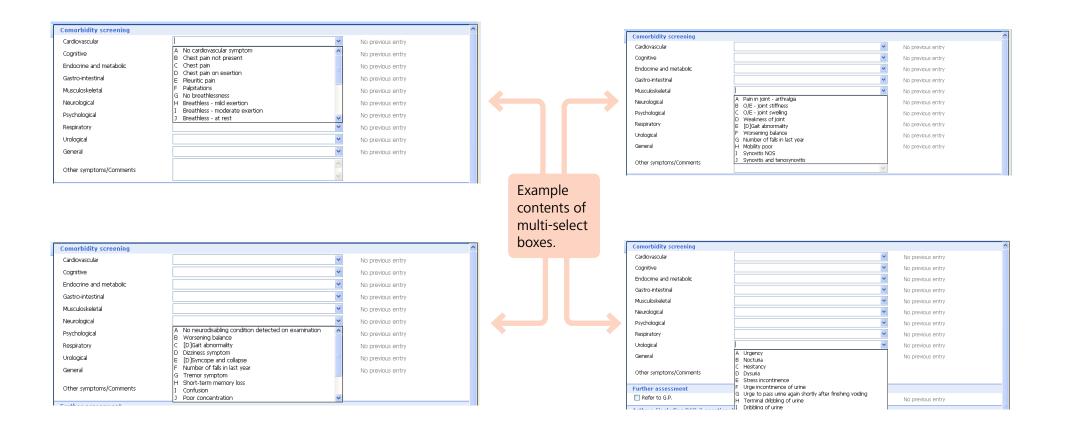
	JONES, Adam (Mr)		Born: <b>08-Apr-1967 (46y)</b> Ge	nder: Male NHS No.: 560 575	3588 Usual GP: BURNS, Robert (D	r)		
	Template Runner							
	Pages	Long-term conditions reviewed						
	Long-term Conditions	LTC annual reviews		*	No previous entry			
LIRT	Symptoms	LTC 6 month reviews	24-Mar-2014	~	No previous entry		Discourse the	
olistic	Clinical Assessment	LTC interim follow ups			No previous entry	d	Diseases tha	
	Bloods and Urine	Long-term conditions type			No previous entry		diagnosis typ	pe
W	Lifestyle	CKD stage		<b>~</b>	No previous entry		specifying for	or the OOF
ns	Medication	Diabetes type		*	No previous entry		are listed to	
	Comorbid Risk Assessment	Heart failure type		*	No previous entry			
	Investigations	Exceptions reporting					accurate Rea	a Coding.
	Education	Exceptions reporting		*	No previous entry			
	Social							
	Vaccinations							
	Under Care and Referral							
	Follow up					-		
		Designed and developed by NIHR CLAH	RC GM					
			Long-term conditions reviewed					
			LTC annual reviews		~	No previous er	otry	
				A Asthma annual review	~	no pronoco or		
			LTC 6 month reviews	<ul> <li>B Atrial fibrillation annual revie</li> <li>C Chronic kidney disease annu</li> </ul>		No previous er	otry	
down			LTC interim follow ups	D Chronic obstructive pulmon	ary disease annual review 👘 👘	No previous er		
			Long-term conditions type	F Dementia annual review		No providuo di	iu y	
views			CKD stage	G Depression annual review H Diabetic annual review		No previous er	ntry	
at the			Diabetes type	I Heart failure annual review		No previous er		
t to			Heart failure type	J Hypertension annual review	× *	No previous er		
			Exceptions reporting	L				
			Exceptions reporting		~	No previous er	ntry	

Multi-select drop down boxes allow all reviews being carried out at the same appointment to be selected.

#### **Comorbidity screening**



# **Comorbidity screening (2)**

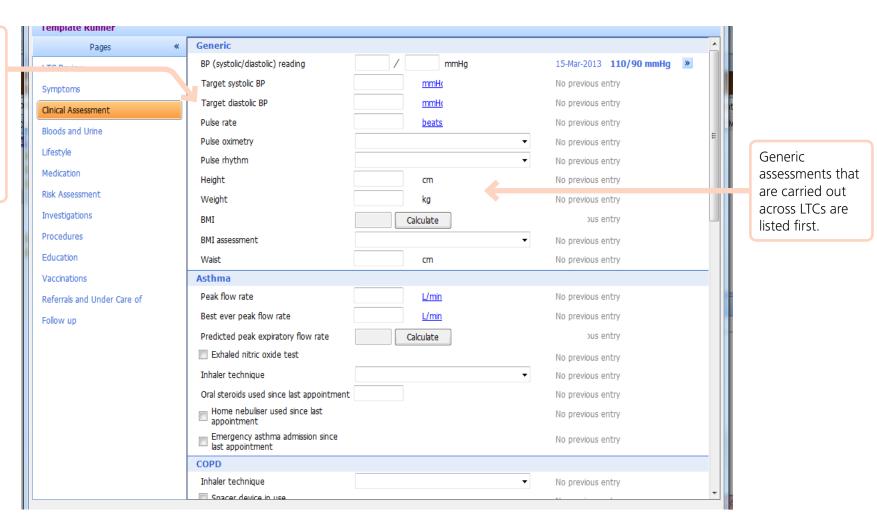


# Comorbidity screening (3)

	emis	📩 💋 😫 🗧		EMIS Web Health Care System - Manchester Practice 2 - 23459		- 🗆 X	
	T	Template Runner					
	•						
	Add E	JONES, Adam (Mr)		Born: 08-Apr-1967 (46y) Gender: Male NHS No.: 5	60 575 3588 Usual GP: BURNS, Robert (Dr)		
	-	Template Runner					
	Document	Pages «	Comorbidity screening			<u>^</u>	
		Long-term Conditions	Cardiovascular		No previous entry		
	Se Act	Symptoms	Cognitive		No previous entry	2	
	Template	Clinical Assessment	Endocrine and metabolic		No previous entry	atus	
	Manches	Bloods and Urine	Gastro-intestinal		<ul> <li>No previous entry</li> </ul>	tive	
	4 🏯 M		Musculoskeletal		<ul> <li>No previous entry</li> </ul>		
		Lifestyle	Neurological		No previous entry		
		Medication	Psychological		<ul> <li>No previous entry</li> </ul>		
		Risk Assessment	Respiratory		No previous entry		
		Investigations	Urological		No previous entry		
		Education	General		No previous entry		
		Social Needs					
		Vaccinations	Other symptoms				
			Further assessment				
		Referrals and Under Care of	Refer to G.P.	Text Reason for referral	No previous entry		Questiennaires such
		Follow up	Asthma (including RCP 3 quest	ions)		=	Questionnaires such
			Night time symptoms		No previous entry		as the RCP 3 questions
			Daytime symptoms		No previous entry		and NYHA are listed to
Mara chasific disassa			Activities		<ul> <li>No previous entry</li> </ul>		
More specific disease			Exercise		<ul> <li>No previous entry</li> </ul>		comply with QOF but
related symptoms can			Asthma control test (ACT)				the ACT and CAT have
then be assessed.			Asthma Control Test score	195	No provious optru		
literi de assesseu.			Asthma control steps		<ul> <li>No previous entry</li> </ul>		also been included.
			COPD				These could be
			Severity				
			Sputum		<ul> <li>No previous entry</li> </ul>		completed by patients
			MRC Breathlessness				at home and the results
			MRC Breathlessness scale COPD assessment test (CAT)		No previous entry		
			COPD assessment test	/40	No previous entry		added to the template.
			Heart Failure				
			NYHA classification		_	~	
		·	· · · · · · · · · · · · · · · · · · ·				
					Cancel	§ 🌦 👻	
	NHS Me				Caliber		
	🦺 star	🚺 🚺 Inbox - Mailbox - You 🧐	Google - Google Chrome 🛛 🎧 EMIS Web Hea	alth Car 🕎 Document1 - Microsof	🛛 🕄 🔇 🕄	° 🙋 🐠 11:50	

# **Clinical Assessment: Generic review indicators:**

Additional items have been added such as target BP. Pulse rhythm can be recorded for all patients not only for patients diagnosed with AF.



# **Clinical Assessment: Specific review indicators:**

remplate kunner			
Pages	« Generic		A more specific
LTC Review	BP (systolic/diastolic) reading / mmHg	15-Mar-2013 110/90 mmHg 😕	assessment of specific
Symptoms	Target systolic BP mmHr	No previous entry	diseases then follows
Clinical Assessment	Target diastolic BP	No previous entry	
Bloods and Urine	Pulse rate beats	No previous entry	in alphabetic order.
ifestyle	Pulse oximetry	<ul> <li>No previous entry</li> </ul>	
	Pulse rhythm	<ul> <li>No previous entry</li> </ul>	
ledication	Height cm	No previous entry	Janoneny
isk Assessment	Weight kg	No previous entry	Pages   FEV1/FVC ratio
vestigations	BMI Calculate	ous entry	Long-term Conditions Forced vital capacity - FVC Itre
rocedures	BMI assessment	<ul> <li>No previous entry</li> </ul>	Symptoms Number of COPD exacerbations in past //year
Education	Waist cm	No previous entry	Clinical Assessment Diabetes
accinations	Asthma		Bloods and Urine Last hypo. attack 24-Mar-2014
eferrals and Under Care of	Peak flow rate	No previous entry	Lifestyle Amputation Medication Observation of injection sites
llow up	Best ever peak flow rate	No previous entry	Comorbid Risk Assessment Eye Exam
bilow up	Predicted peak expiratory flow rate	ous entry	Investigations Current retinopathy screening status
	Exhaled nitric oxide test	No previous entry	Education Retinopathy
	 Inhaler technique	No previous entry	Cataracts
	Oral steroids used since last appointment	No previous entry	Partially sighted
	Home hebuliser used since last	No previous entry	Under Care and Referral Current diabetic foot screening
	- appointment	No previous encry	Follow up
	Emergency asthma admission since last appointment	No previous entry	Vibration sense
	COPD		Peripheral pulses
	Inhaler technique	▼ No previous entry	Diabetic foot risk assessment
	Spacer device in use	τ	Hypertension
			Avg. home systolic mmHg
			Avg. home diastolic mmHg
			Ambulatory systolic mmHg
			Ambulatory diastolic mmHg
		Collapsing	Peripheral Arterial Disease
		sections would	ABPI
			Rheumatoid Arthritis
		allow pages to	DAS28
		look less busy.	DAS - Disease activity score /10
		IOOK IESS DUSY.	DAS score at hospital
			24-Mar-2014

# **Clinical Evidence**

#### Last updated 07.10.13

BP Targets according to Patient Group	NICE	Target systollic range	QOF
Hypertension $\geq$ 80 yrs	<150/90 <sub>1</sub>		≤150/90 <sub>2</sub>
Hypertension $\ge 80$ yrs	<140/90 <sub>1</sub>		≤140/90 <sub>2</sub>
CKD stage 3-5	<140/90 <sub>3</sub>	120-139 <sup>3</sup>	≤140/85 <sub>2</sub>
Diabetes Type 1	<135/85 <sub>4</sub>		≤140/80 <sub>2</sub>
Diabetes Type 2	<140/80 <sub>5</sub>		≤140/80 <sub>2</sub>
CKD with microalbuminuria or proteinuria	<130/80 <sub>3</sub>	120-129 <sup>3</sup>	
Diabetes Type 2 with CKD stage 3-5 or Stroke/TIA or Diabetic retinopathy	<130/80 <sub>5</sub>		≤150/80 <sub>2</sub>
Diabetes Type 1 and microalbuminuria or (hyperlipidaemia/hypercholesterolaemia and waist circumference > 94cm (M) >80cm (F)	<130/80 <sup>4</sup>		

Clinical evidence was provided for practice nurses during the pilot via laminated sheets. For SystmOne some were embedded. Ideally clinical guidelines should be embedded into the template to appear as required and updated as new evidence emerges.

Target Resting Pulse Rate Targets according to Patient Group							
NICE QOF							
Atrial Fibrillation	<90bpm (110 bpm- recent onset) <sup>6</sup>						
Heart Failure (sinus rhythm)	< 70bpm <sup>7</sup>						

Cholesterol Targets according to Patient Group					
NICE QOF					
CVD	TC<4mmol/l, LDL <2mmol/l <sup>8</sup>	TC ≤5mmol/l₂			
Diabetes $TC < 4mmol/l, LDL < 2mmol/l^{5}$ $TC \le 5mmol/l$					

	Prescribing recommendations	s by patient group (Up titrate as a	ppropriate until opti	mal dose reached)
LTC	To maintain target BP as single therapy or in combination	To control heart rate as single therapy or in combination	To maintain target cholesterol	To reduce thromboembolic risk as single therapy or in combination
AF		BB , CCB , digoxin <sup>6</sup>		Anticoagulant (or aspirin) for Chads2 score $\geq$ 1 <sup>7</sup>
Asthma				Aspirin + or alternative antiplatelet Anticoagulant only if clinically indicated <sup>10</sup>
Coronary Artery Disease	ACEI or ARBs, BB <sup>10</sup>	BB <sup>10</sup> , ivabradine <sup>11</sup>	Statin <sup>10</sup>	
СКD			Statin <sup>3</sup>	
COPD				
Diabetes	ACEI or ARBs if 2 raised ACR readings (>2.5mg/mmol for men, >3.5mg/mmol for women) <sup>3</sup>	BB + ivabradine <sup>10</sup>	Statin <sup>4,5</sup>	
Heart Failure	ACEI or ARBs, BB, diuretic, digoxin For NYHA classifications II-IV add an Aldosterone Antagonist <sup>10</sup>			
Hypertension	ACEI or ARBs, CCB, diuretic, BB <sup>1</sup>			
Peripheral Arterial Disease			Statin <sup>12</sup>	Aspirin or other antiplatelet <sup>12</sup>
Stroke			Statin <sup>13</sup>	Aspirin or alternative anti-platelet. Anticoagulant if AF <sup>13</sup>

Early identification of Co-morbidity						
Comorbid risk	Risk factor	Screening technique				
COPD	Smokers/ex smokers >35 without a COPD diagnosis	Consider spirometry <sup>14</sup>				
Depression	Signs of depression on questioning or PHQ-9	Refer to GP for bio-psychological history <sup>15</sup>				
Hyperthyroidism	New diagnosis of AF	TFTs <sup>7</sup>				
Coronary Artery Disease	Diagnosis of HTN, HF, AF, diabetes, PAD, CKD, Stroke	Framingham (except for diabetes) QRISK <sup>2</sup>				
Increasing Cardiovascular Risk	Proteinuria in patients with diabetes, CKD	Urine microalbumin, ACR <sup>3</sup>				
Familial Hypercholesterolemia	TC >7.5 and LDL >4.9	TC (Total Cholesterol) LDL (Low-density Lipoprotein) <sup>8, 16</sup>				

	Monitoring exacer	bation <sup>14</sup>	Monitoring therapy			
LTC	Indication	Action	LTC	Indication	Action	
	MRC ≥ 3	Closely monitor oxygen saturation		Therapeutic range below its 2.0-3.0		
COPD	CAT score, increased by > 5 units since previous assessment indicates a significant exacerbation	Close monitoring	Atrial fibrillation	target <65% of the time <b>OR</b> INR value of >5.0 more than 2 times	Consider NOAC therapy <sup>7</sup>	
	>2 exacerbations in last year	Refer to breathlessness service / GP review		within 12 months		

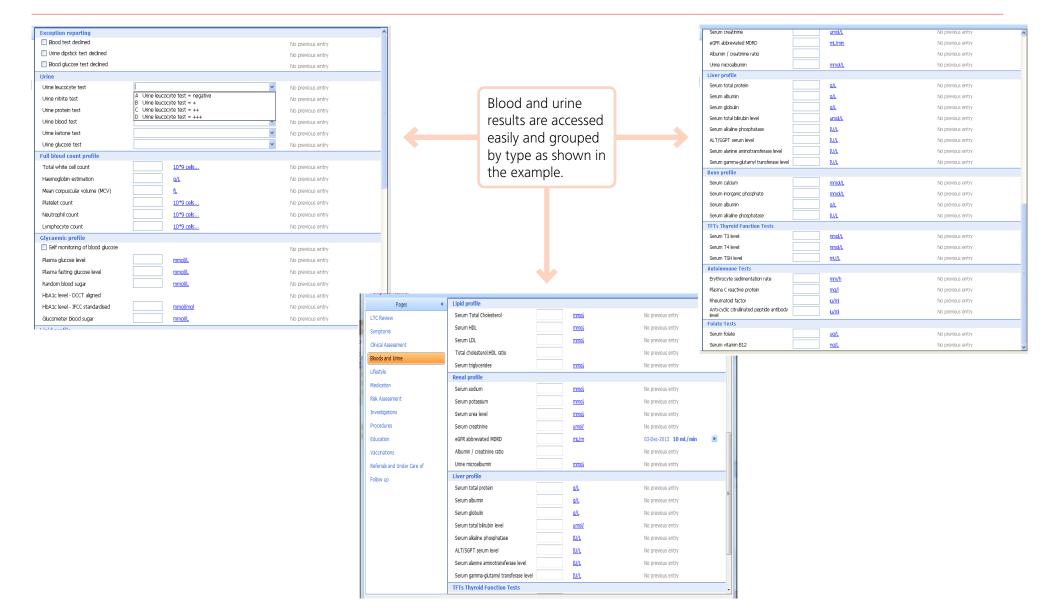
Nine Key tests that should be carried out for diabetes management <sup>4,5</sup>							
<b>Clinical Assessment</b>	Lifestyle	Bloods	Urine	Further Investigation			
BP	Smoking status	HBA1c	Urine microalbumin	Retinal Imaging			
Weight		Cholesterol	Serum creatinine				
Foot check							

#### References

<sup>1, 3-6, 8, 12-16</sup> National Institute for Health and Care
Excellence [1(2011, CG127), 3(2008, CG73), 4(2010, CG15), 5(2010, CG87), 6(2006, CG36), 8(2010, CG67, 12(2012,CG147), 13(2008, CG68), 14(2010,G101), 15(2009, CG90) and 16(2008, CG71)].

- <sup>2</sup> Guidance for GMS contract 2013/14. General medical services (GMS) contract quality and outcomes framework (QOF).
- <sup>7</sup> ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure 2012: the Task Force for the Diagnosis and Treatment of Acute and Chronic Heart Failure 2012 of the European Society of Cardiology
- <sup>9</sup> ESC Guidelines for the management of atrial fibrillation 2010: the Task Force for the Management of Atrial Fibrillation 2010 of the European Society of Cardiology.
- <sup>10</sup> AHA / ACCF Secondary Prevention and Risk Reduction Therapy for Patients With Coronary and Other Atherosclerotic Vascular Disease: 2011 Update: A Guideline From the American Heart Association and American College of Cardiology Foundation.
- <sup>11</sup> ESC Guidelines for the management on the management of stable coronary artery disease 2013: the Task Force for the Management of stable coronary artery disease 2013 of the European Society of Cardiology.

#### **Blood/urine results**



# Generic and specific review indicators: Lifestyle

🔚 🏠 💋 😂 💽 - 🗆 X © 🚺 Template Runner 0 Born: 08-Apr-1967 (46y) Gender: Male NHS No.: 560 575 3588 Usual GP: BURNS, Robert (Dr) JONES, Adam (Mr) Add Template Runner + Links to questionnaires Smoking Pages Docume or clinical calculators Smoking status ~ No previous entry Long-term Conditions S. Act Smoking cessation advice ~ No previous entry (that are not embedded Symptoms Pack years calculator Template: **Clinical Assessment** in the system are easily Pack years vear No previous entry Manche Nicotine replacement therapy Lifestyle indicators Bloods and Urine No previous entry accessed, such as the 🔺 🏯 M Blood carbon monoxide level Lifestyle No previous entry that would appear Pack years calculator. Þ Alcohol consumption Medication on all single Alcohol consumption U/week No previous entry Risk Assessmen Patient advised about alcohol No previous entry disease templates Investigations Link to AUDIT-C No previous entry Education AUDIT-C questionnaire /12 are situated on Social Needs Exercise one page. Brief intervention for physical activity No previous entry Vaccinations GPPAQ questionnaire Referrals and Under Care of GPPAQ No previous entry Follow up Diet Diet No previous entry Diet Diet Weight reducing diet Low cholesterol diet [V]Dietary surveillance and counselling Patient advised re diet Pt advised re wt reducing diet Multi-select drop down Patient advised re low cholesterol diet Pt advised re low salt diet box for diet options. Advice about fluid intake Weight monitoring Patient advised re exercise 🦓 😽 Cancel Me 5 Google - Google Chrome 🛛 🙃 EMIS Web Health Car... 🛛 🚻 Document 1 - Microsof. 🛃 start 🚺 Inbox - Mailbox - You... 🛛 🖞 🔇 🎯 🚺 🐠 11:5:

#### **Medication**

options.

JONES, Adam (Mr)		Born: 08-Apr-1967	(46y) Gender: Male NHS No.: 560 5	75 3588 Usual GP: BUR!	S, Robert (Dr)		Madications are listed by disease	according to ovidence
Template Runner							Medications are listed by disease	
Pages «	Generic Medication review					<u> </u>	based guidelines such as NICE an	d as recommended
Long-term Conditions	_	Text		No previous entry			in the QOF. Ideally these should b	
Symptoms	Adherence		×	No previous entry				
Clinical Assessment		Text				-	organising according to drug clas	sification with
Bloods and Urine	Asthma Asthma medication review						associated embedded clinical guid	dance
Lifestyle	Medication			No previous entry No previous entry			associated embedded eimeal gan	durice.
Medication	Medication	Text	<u> </u>	NO previous entry		=		
Risk Assessment	Spacer device in use	2.0011		No previous entry	*	Diabetes		
Investigations	Home nebuliser			No previous entry		Insulin passport	×	No previous entry
-	Atrial Fibrillation			no prenous entry		Medication review		No previous entry
Education	Beta-blockers		~	No previous entry		ACEI or ARBs	<b>v</b>	No previous entry
Social Needs	Calcium-channel blockers		v	No previous entry		Statin	×	No previous entry
Vaccinations	🔲 Digoxin prophylaxis			No previous entry		Heart Failure		No previous entry
Referrals and Under Care of	Anticoangulant		~	No previous entry		ACEI or ARBs		
Follow up	Aspirin		~	No previous entry			· · · · · · · · · · · · · · · · · · ·	No previous entry
	INR			No previous entry		Beta-blockers	¥	No previous entry
	INR % TTR	<u>%</u>		No previous entry		Diuretic	×	No previous entry
	Chronic Kidney Disease					🔲 Digoxin prophylaxis		No previous entry
	ACEI or ARBs		~	No previous entry		Aldosterone antagonist	✓	No previous entry
	Statin		~	No previous entry		Ivabradine	¥	No previous entry
	COPD						Text Ivabradine	
	COPD medication review			No previous entry		Hypertension		
	Medication	Text	×	No previous entry		Hypertension medication review		No previous entry
	Home nebuliser	76/1				ACEI or ARBs	¥	No previous entry
	Oxygenator therapy			No previous entry No previous entry		Beta-blockers	×	No previous entry
	Coronary Artery Disease			No previous entry		Calcium-channel blocker	×	No previous entry
	CAD medication review			No previous entry		Diuretic	×	No previous entry
	ACEI or ARBs		*	No previous entry	-	Osteoporosis		no provide only
	Beta-blockers		×	No previous entry		Bone sparing drug treatment offerer     for osteoporosis - ESA	1	No previous entry
						Peripheral Arterial Disease		
						Statin	v	No provious optry
	Atrial Fibrilla	tion			-			No previous entry
Multi-select drop				~		Antiplatelet		No previous entry
		al blockers	A Beta blocker prophylaxis		1	Long term dual antiplatelet drug therapy indicated		No previous entry
down box showi	ng 🗌 Digoxin proj		<ul> <li>B Patient on maximal tolerated beta b</li> <li>C Beta blocker indicated</li> </ul>	blocker therapy		Rheumatoid Arthritis		
prescribing and	Anticoangulan		D Beta blocker not indicated E Beta blocker contraindicated			Disease modifying antirheumatic drug therapy initiated	3	No previous entry
exception reporti	ng Aspirin		F Beta blocker not tolerated G Beta blocker therapy refused			DMARDs	×	No previous entry

Statin

Stroke/TIA

INR % TTR

INR

G Beta blocker therapy refused

<u>%</u>

No previous entry

~

#### **Risk Assessment**

JONES, Adam (Mr)	Born: 08-Apr-1967 (46y) Gender: Mal	le NHS No.: 560 575 3588 Usual GP: BURNS, Robert (Dr)	
Template Runner			
Pages	« Cognitive function screening		
Long-term Conditions	GPCOG (15	No previous entry	
Symptoms	6CIT		
linical Assessment	Six item cognitive impairment test /28	No previous entry	
oods and Urine	Coronary Artery Disease screening		
iestyle	Framingham risk score       Framingham Score       % over 10 years	No previous entry	
edication morbid Risk Assessment	ORISK QRISK 10 y CVD Risk % over 10 years Calculate	View No previous entry	
westigations	QRISK2 exceptions reporting	No previous entry	
-	Depression and anxiety screening		
ducation	PHO-9 questionnaire		
ocial accinations	PHQ-9 score [27] Generalised anxiety disorder assessment (GAD-7)	No previous entry	The Risk Assessment page provides anothe
	GAD-7 score	No.	
eferrals and Under Care of	Biopsychosocial assessment		opportunity to screer
ollow up		No previous entry	comorbid risk using e
	Diabetes screening ODiabetes risk score		based screening tools
	QDiabetes risk score %	No previous entry	
		No previous entry	
	Falls risk screening FRAT assessment Falls risk assessment tool (FRAT)		
		No previous entry	
	Number of falls in last year /year	No previous entry	
	Fracture risk screening		
	FRAX assessment       WHO FRAX 10 yr osteoporotic fracture       probabity scor with BMD	No previous entry	
	Text		
	Stroke (Complete for patients with a diagnosis of AF)		
	CHADS2 risk score		
	CHADS2 Risk Score	No previous entry	
	CHA2DS2 - VASc risk score		
	CHA2DS2-VASc Risk Score Calculate	No previous entry 💽	

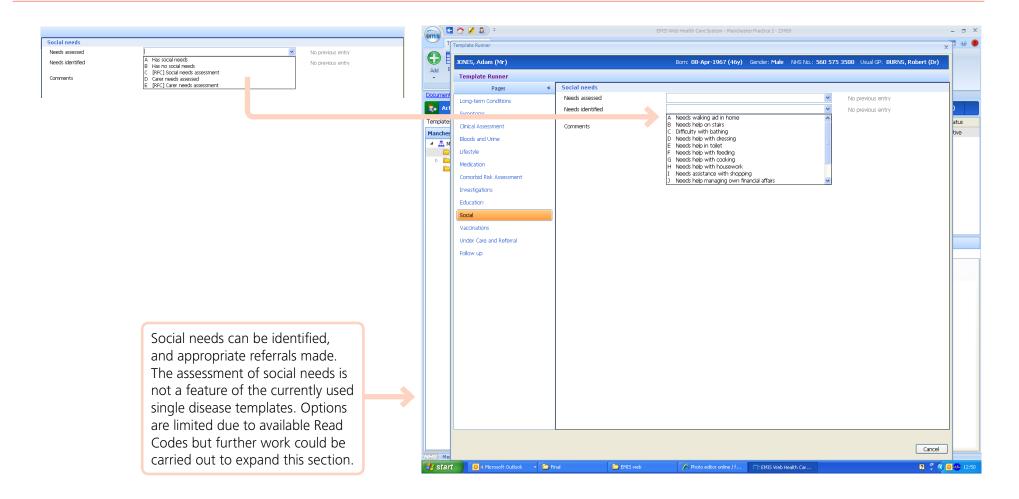
# Investigations

Investigations listed are based on QOF requirements with a few additions such as ejection fraction for heart failure but this can be expanded for a more detailed record.

# **Education**

Template Runner							
Pages «	Education						
Long-term Conditions	Asthma		~	No previous entry			
Symptoms	🔲 Asthma rescue pack given	Text Asthma rescue pack given		No previous entry			
Clinical Assessment	🔲 Asthma rescue pack not suitable	Text Asthma rescue pack not suitable		No previous entry			
	Atrial Fibrillation		~	No previous entry		1	
Bloods and Urine	COPD		*	No previous entry			
Lifestyle	Diabetes		*	No previous entry			
Medication	Heart Failure		*	No previous entry			
Comorbid Risk Assessment							
Investigations			Education		1		
Education			Asthma				~
Social			📃 Asthma re	escue pack given	Text Asthma res	cue pack given	
Vaccinations			📃 Asthma re	escue pack not suitable	Text Asthma res	cue pack not suitable	
Under Care and Referral			Atrial Fibrillati	on			¥
Follow up			COPD				¥
			Diabetes		B Chronic obstru	: obstructive pulmonary disea :tve pulmonry disease rescue	pack not indicatd
			Heart Failure		C Education for s	elf-management of respirator	y health
					1	1	
	Education						
	Asthma Asthma rescue pack given		~				Education items listed on also
		Text Asthma rescue pack given					Education items listed are also
	Asthma rescue pack not suitable	Text Asthma rescue pack not suitable					based on QOF requirements
	Atrial Fibrillation		*	$\leftarrow$			but this can be expanded for a
	COPD		*	<b>~</b>			more detailed record. This could
	Diabetes	A Patient offered diabetes structured education proc					include self care initiatives.
	Heart Failure	B Diabetes structured education programme declined					
		C Diabetes structured education programme not avai D Pt advised re diabetic diet	ilable				
		L					

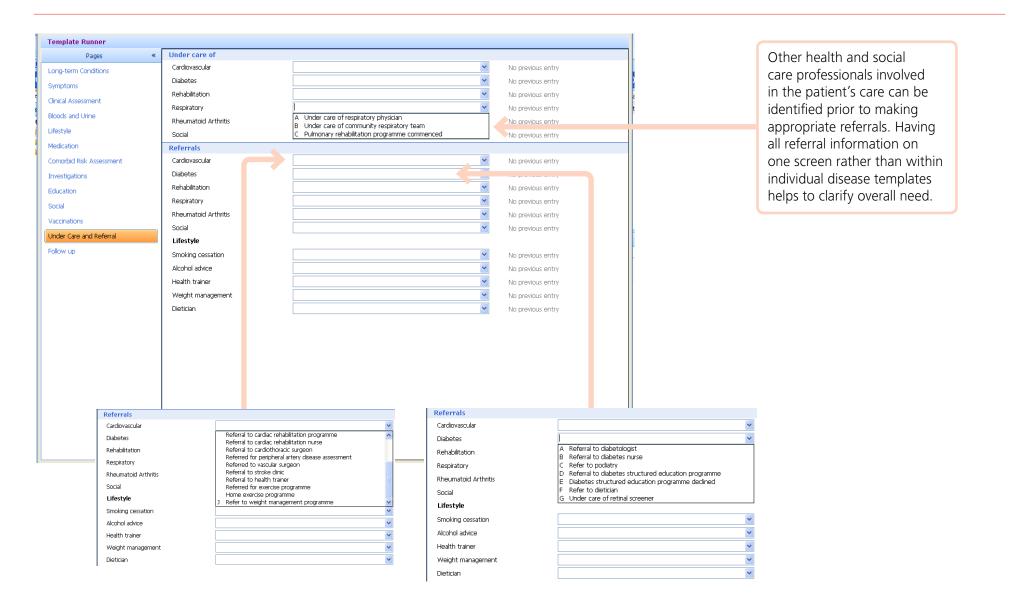
#### Social



# Vaccinations

Template Runner					
Pages	« Vaccinations				
Long-term Conditions	Shingles	*	No previous entry		
Symptoms	Consent given for seasonal influenza vaccination		No previous entry	2	
Clinical Assessment	Seasonal influenza	*	No previous entry	at	
Bloods and Urine	Consent given for pneumococcal vaccine		No previous entry	tix	
Lifestyle	Pneumococcal	*	No previous entry		
Medication					
Comorbid Risk Assessment					Vaccinations required
Investigations					
Education					for patients with LTCs
Social					are listed and can be
Vaccinations					checked at the review.
Under Care and Referral					
Follow up					
				-	
			(	Cancel	

#### **Under Care / Referral**



# Follow-up

Template Runner						
JONES, Adam (Mr)		Born: 08-Apr-1967 (46y)	Gender: Male NHS No.: 560	575 3588 Usual GP: BURNS, R	obert (Dr)	
Template Runner						
Pages	« LTC annual review				<u>^</u>	
Long-term Conditions	🔲 Asthma annual review	Follow Up	17-Mar-2014	No previous entry		
Symptoms	Atrial fibrillation annual review	Follow Up	17-Mar-2014	No previous entry		
Clinical Assessment	Chronic kidney disease annual review	Follow Up	17-Mar-2014	No previous entry	atus	
Bloods and Urine	Coronary artery disease annual review	Follow Up	17-Mar-2014	No previous entry	tive	
	COPD annual review	Follow Up	17-Mar-2014	No previous entry		
Lifestyle	Dementia annual review	Follow Up	17-Mar-2014	No previous entry		
Medication	Depression annual review	Follow Up	17-Mar-2014	No previous entry		
Comorbid Risk Assessment	Diabetic annual review	Follow Up	17-Mar-2014	No previous entry		
Investigations	Heart failure annual review	Follow Up	17-Mar-2014	No previous entry		
Education	Hypertension annual review	Follow Up	17-Mar-2014	No previous entry		
Social	Hypothyroidism annual review	Follow Up	17-Mar-2014	No previous entry		All follow up and fut
Vaccinations	Peripheral arterial disease annual review	Follow Up	17-Mar-2014	No previous entry		All follow-up and futu
Referrals and Under Care of	Rheumatoid arthritis annual review	Follow Up	17-Mar-2014	No previous entry		review appointments
Follow up	Stroke/CVA annual review	Follow Up	17-Mar-2014	No previous entry		listed on one page wh
	LTC 6 month review			,, .		may assist in simplifyir
	COPD 6 monthly review	Follow Up	17-Mar-2014	No previous entry		recall processes.
	Diabetic 6 month review	Follow Up	17-Mar-2014	No previous entry		recail processes:
	Heart failure 6 month review	Follow Up	17-Mar-2014	No previous entry		
	Hypertension six month review	Follow Up	17-Mar-2014	No previous entry		
	Stroke 6 month review	Follow Up	17-Mar-2014	No previous entry		
	LTC interim follow-ups					
	Asthma follow-up	Follow Up	17-Mar-2014	No previous entry		
	Date of next anticoagulant clinic appointment	Follow Up	17-Mar-2014	No previous entry		
	Depression interim review	Follow Up	17-Mar-2014	No previous entry		
	Diabetic dietary review	Follow Up	17-Mar-2014	No previous entry		
	Diabetic dietary review declined		1993	No previous entry		
	Diabetic erectile dysfunction review	Follow Up	17-Mar-2014	No previous entry		
	Disability assessment - mental	Follow Up	17-Mar-2014	No previous entry		
				No previous enu y	<u>~</u>	

# **Potential CCG/Practice/Patient Benefits**

- Assists in standardising the review process across a Clinical Commissioning Group (CCG).
- Can be used for monitoring of the review process and clinical outcomes.
- Provides a more efficient review process for GP practices by reducing the number of review appointments for patients with multimorbidity and the number of unscheduled appointments if all needs are addressed at one appointment.
- Reduces the repetition of questions, advice and clinical assessment if LTCs are reviewed at one appointment.
- Comorbid risks may be identified early to allow for early intervention.
- Existing comorbidity that could be missed at single disease reviews may be identified through an integrated review.

- Reviewing the needs of patients with multimorbidity holistically may reduce the risk of unplanned urgent care and hospital admission.
- Evidence based guidelines may assist less experienced practice nurses to expand their clinical skills.
- Less review appointments for patients with multimorbidity.
- Less need for unscheduled visits for patients if comorbidity is addressed at review appointments.
- Patients are provided with an integrated review and management plan for all of their LTCs at the same time.





Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

For further information regarding clinical content and design contact:

Dr Trish Gray Research Fellow Trish.Gray@manchester.ac.uk

The CLAHRC Greater Manchester is part of the National Institute for Health Research and is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester