

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

User Guide: EMIS Web Version

# Introduction

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This guide is designed to familiarise users with the GM-ELIRT to provide a smooth transition from single disease to integrated reviews.

The GM-ELIRT is designed for reviewing patients with multimorbidity (two or more long-term conditions (LTCs)). For patients with one long-term condition, a single disease template may be simpler to use, however, this depends on preference. This guide has been written assuming that you have prior experience of conducting a review with an EMIS review template. If you have never used EMIS before, please refer to the user manual or contact an EMIS trainer for baseline training before attempting a review with the GM-ELIRT.

The GM-ELIRT can be used by all the primary care team for reviewing patients' LTCs, monitoring care, scheduling appointments and clinical audit providing a seamless, integrated review process for patients with multimorbidity.

# 1 Finding the Template

- a Open the patient's record and search for the template named 'GM-ELIRT'.
- b On opening this template the first page displayed will be 'Long-term Conditions' (Figure 1).

Figure 1: Front page

EMIS Web Health Care System - Manchester Practice 2 - 23459

Template Runner

JONES, Adam (Mr) Born: 08-Apr-1967 (46y) Gender: Male NHS No.: 560 575 3588 Usual GP: BURNS, Robert (Dr)

**Template Runner**

Pages «

- Long-term Conditions
- Symptoms
- Clinical Assessment
- Bloods and Urine
- Lifestyle
- Medication
- Comorbid Risk Assessment
- Investigations
- Education
- Social
- Vaccinations
- Under Care and Referral
- Follow up

**Long-term conditions reviewed**

LTC annual reviews	<input type="text" value="24-Mar-2014"/>	No previous entry
LTC 6 month reviews	<input type="text"/>	No previous entry
LTC interim follow ups	<input type="text"/>	No previous entry

**Long-term conditions type**

CKD stage	<input type="text"/>	No previous entry
Diabetes type	<input type="text"/>	No previous entry
Heart failure type	<input type="text"/>	No previous entry

**Exceptions reporting**

Exceptions reporting	<input type="text"/>	No previous entry
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Designed and developed by NIHR CLAHRC GM

Cancel

## 2 Selecting the long-term conditions that are due for review

- a Select the patient's long-term conditions that you plan to review. Choose the appropriate box depending on the type of review; annual, six monthly or interim follow-up. Click on the blue arrow at the end of the drop down box to reveal the contents (Figure 2).
- b Select as many LTCs as required; the majority of boxes within the GM-ELIRT are multi-select.
- c For LTCs that require you to provide more detail regarding the diagnosis, click on the appropriate box to complete under long-term conditions type.
- d Use the exception reporting drop down box if you are unable to complete a review.

Figure 2: List of LTCs that appear when drop down box is open

The template offers a patient-centred LTC review. Unlike disease specific templates, the GM-ELIRT is organised by generic subject not diseases. These are found on the left hand side of the screen and include:

- Symptoms
- Medication
- Social
- Clinical assessment
- Comorbid Risk Assessment
- Vaccinations
- Bloods and urine
- Investigations
- Under care of and Referral
- Lifestyle
- Education
- Follow-up

Each section listed to the left, appears on a separate page, arranged to help you progress through the review in a logical order. More detail will now be provided.

### 3 Comorbidity screening

- a Select multiple symptoms from the drop down boxes (Figure 3).
- b Symptoms that overlap different conditions can be found in more than one drop down box.
- c This patient-centred approach to the symptom review may identify troubling symptoms that the patient has not mentioned during previous appointments.
- d Additional symptoms or further information can be added to the free text box.
- e If review by a GP is required this can be recorded and more information provided as free text.

**Figure 3: Comorbidity screening page with drop down box open at cardiovascular symptoms**

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- Follow up

Comorbidity screening

Category	Symptoms	Previous Entry
Cardiovascular	A No cardiovascular symptom	No previous entry
	B Chest pain not present	No previous entry
	C Chest pain	No previous entry
	D Chest pain on exertion	No previous entry
	E Pleuritic pain	No previous entry
	F Palpitations	No previous entry
	G No breathlessness	No previous entry
	H Breathless - mild exertion	No previous entry
	I Breathless - moderate exertion	No previous entry
	J Breathless - at rest	No previous entry
Respiratory		No previous entry
Urological		No previous entry
General		No previous entry
Other symptoms/Comments		

Further assessment

☐ Refer to G.P. Text Reason for referral No previous entry

Asthma (including RCP 3 questions)

Night time symptoms		No previous entry
Daytime symptoms		No previous entry
Activities		No previous entry
Exercise		No previous entry
Asthma control test (ACT)		
Asthma Control Test score	125	No previous entry
Asthma control steps		No previous entry

COPD

Severity		No previous entry
Sputum		No previous entry
MRC Breathlessness		
MRC Breathlessness scale		No previous entry
COPD assessment test (CAT)		
COPD assessment test	40	No previous entry

Heart Failure

NYHA classification

Cancel

## 4 Specific symptom review and Quality Outcome Framework (QOF) indicators

- a Once generic symptoms have been reviewed, a more detailed investigation of specific symptoms can be carried out for the following conditions:
  - i Asthma
  - ii COPD
  - iii Heart Failure
- b Select symptoms from the drop down boxes in each section (Figure 4).
- c Use the links to complete questionnaires such as the Asthma Control Test (ACT) and the COPD Assessment Test (CAT), then enter the score in the box provided.

Figure 4: Comorbidity screening page showing disease related symptoms

The screenshot shows the EMIS Web Health Care System Template Runner for Adam Jones (Mr), born 08-Apr-1967 (46y), Male, NHS No.: 560 575 3588, Usual GP: BURNS, Robert (Dr). The form is titled 'Template Runner' and shows a list of pages on the left: Long-term Conditions, Symptoms (selected), Clinical Assessment, Bloods and Urine, Lifestyle, Medication, Comorbid Risk Assessment, Investigations, Education, Social, Vaccinations, Under Care and Referral, and Follow up.

The main form area is divided into sections:

- Cardiovascular**: No previous entry
- Cognitive**: No previous entry
- Endocrine and metabolic**: No previous entry
- Gastro-intestinal**: No previous entry
- Musculoskeletal**: No previous entry
- Neurological**: No previous entry
- Psychological**: No previous entry
- Respiratory**: No previous entry
- Urological**: No previous entry
- General**: No previous entry
- Other symptoms/Comments**: No previous entry

**Further assessment**

- ☐ Refer to G.P. Reason for referral: No previous entry

**Asthma (including RCP 3 questions)**

- Night time symptoms: No previous entry
- Daytime symptoms: No previous entry
- Activities: No previous entry
- Exercise: No previous entry
- [Asthma control test \(ACT\)](#)
- Asthma Control Test score: /25 No previous entry
- Asthma control steps: No previous entry

**COPD**

- Severity: No previous entry
- Sputum: No previous entry
- [MRC Breathlessness](#)
- MRC Breathlessness scale: No previous entry
- [COPD assessment test \(CAT\)](#)
- COPD assessment test: /40 No previous entry

**Heart Failure**

- [NYHA classification](#)
- NYHA classification: No previous entry

A dropdown menu for NYHA classification is open, showing options: A New York Heart Association Classification - Class I, B New York Heart Association Classification - Class II, C New York Heart Association Classification - Class III, and D New York Heart Association Classification - Class IV.

## 5 General Clinical Assessment

- a Enter measurements for clinical findings under generic assessment (Figure 5).
- b Enter the patient's target systolic and diastolic BP according to NICE recommendations (see clinical evidence pages in the GM-ELIRT Overview, ideally this information should be embedded in future updates).

Figure 5: General Clinical Assessment page

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Template Runner

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Template Runner

Pages: Long-term Conditions, Symptoms, Clinical Assessment, Bloods and Urine, Lifestyle, Medication, Comorbid Risk Assessment, Investigations, Education, Social, Vaccinations, Under Care and Referral, Follow up

**Generic**

BP (systolic/diastolic) reading		/		mmHg	No previous entry
Target systolic BP				mmHg	No previous entry
Target diastolic BP				mmHg	No previous entry
Pulse rate				beats/min	No previous entry
Pulse oximetry					No previous entry
Pulse rhythm					No previous entry
Height				cm	No previous entry
Weight				kg	No previous entry
BMI				Calculate	No previous entry
BMI assessment					No previous entry
Waist				cm	No previous entry

**Asthma**

Peak flow meter					No previous entry
Peak flow rate				L/min	No previous entry
Best ever peak flow rate				L/min	No previous entry
Predicted peak expiratory flow rate				Calculate	No previous entry
<input type="checkbox"/> Exhaled nitric oxide test					No previous entry
Inhaler technique					No previous entry
Inhaler frequency					No previous entry
<input type="checkbox"/> Spacer device in use					No previous entry
Spirometry					No previous entry
Oral steroids used since last appointment					No previous entry
<input type="checkbox"/> Home nebuliser used since last appointment					No previous entry
<input type="checkbox"/> Emergency asthma admission since last appointment					No previous entry

**COPD**

Inhaler technique					No previous entry
<input type="checkbox"/> Spacer device in use					No previous entry
Forced expired volume in 1 second				litre	No previous entry

Cancel

## 6 Specific Clinical Assessment

a For more specific clinical assessment, scroll to appropriate section to complete for the following LTCs as shown in the example in Figure 6:

- i Asthma
- ii COPD
- iii Diabetes
- iv Hypertension
- v Peripheral Arterial Disease
- vi Rheumatoid Arthritis

Figure 6: Specific Clinical Assessment page

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Template Runner

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Pages: Long-term Conditions, Symptoms, Clinical Assessment (selected), Bloods and Urine, Lifestyle, Medication, Comorbid Risk Assessment, Investigations, Education, Social, Vaccinations, Under Care and Referral, Follow up

**COPD**

Inhaler technique		No previous entry
<input type="checkbox"/> Spacer device in use		No previous entry
Forced expired volume in 1 second		No previous entry
Percent predicted FEV1		No previous entry
Spirometry		No previous entry
FEV1/FVC ratio		No previous entry
Forced vital capacity - FVC		No previous entry
Number of COPD exacerbations in past year		No previous entry

**Diabetes**

<input type="checkbox"/> Last hypo. attack	24-Mar-2014	No previous entry
Amputation		No previous entry
Observation of injection sites		No previous entry

**Eye Exam**

Current retinopathy screening status		No previous entry
Retinopathy		No previous entry
Cataracts		No previous entry
Partially sighted		No previous entry

**Foot Exam**

Current diabetic foot screening		No previous entry
Touch sensation		No previous entry
Vibration sense		No previous entry
Peripheral pulses		No previous entry
Diabetic foot risk assessment		No previous entry

**Hypertension**

Avg. home systolic		No previous entry
Avg. home diastolic		No previous entry
Ambulatory systolic		No previous entry
Ambulatory diastolic		No previous entry

**Peripheral Arterial Disease**

Cancel



## 7 Bloods and Urine

- a Check blood results during the review within the template.
- b Check and add urine results during the review
- c Results can be found by type and are listed under the following profiles as shown in the example in Figure 7:
  - i Urine
  - ii Full blood count
  - iii Glycaemic
  - iv Lipid profile
  - v Renal
  - vi Liver
  - vii Bone
  - viii Thyroid function
  - ix Autoimmune
  - x Folate
- d Record exceptions as appropriate

Figure 7: Blood and Urine results

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Template Runner

Pages

- Long-term Conditions
- Symptoms
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- Bloods and Urine**
- Lifestyle
- Medication
- Comorbid Risk Assessment
- Investigations
- Education
- Social
- Vaccinations
- Under Care and Referral
- Follow up

Profile	Test	Unit	Status
Lipid profile	Serum Total Cholesterol	mmol/L	No previous entry
	Serum HDL	mmol/L	No previous entry
	Serum LDL	mmol/L	No previous entry
	Total cholesterol:HDL ratio		No previous entry
	Serum triglycerides	mmol/L	No previous entry
Renal profile	Serum sodium	mmol/L	No previous entry
	Serum potassium	mmol/L	No previous entry
	Serum urea level	mmol/L	No previous entry
	Serum creatinine	umol/L	No previous entry
	eGFR abbreviated MDRD	ml/min	No previous entry
	Albumin / creatinine ratio		No previous entry
	Urine microalbumin	mmol/L	No previous entry
Liver profile	Serum total protein	g/L	No previous entry
	Serum albumin	g/L	No previous entry
	Serum globulin	g/L	No previous entry
	Serum total bilirubin level	umol/L	No previous entry
	Serum alkaline phosphatase	U/L	No previous entry
	ALT/SGPT serum level	U/L	No previous entry
	Serum alanine aminotransferase level	U/L	No previous entry
	Serum gamma-glutamyl transferase level	U/L	No previous entry
Bone profile	Serum calcium	mmol/L	No previous entry
	Serum inorganic phosphate	mmol/L	No previous entry
	Serum albumin	g/L	No previous entry
	Serum alkaline phosphatase	U/L	No previous entry
TFTs Thyroid Function Tests	Serum T3 level	nmol/L	No previous entry

Cancel

## 8 Lifestyle

- a Complete lifestyle review as per single disease templates and record findings under the headings as shown in Figure 8:
  - i Smoking
  - ii Alcohol consumption
  - iii Exercise
  - iv Diet
- b Click on link to the Pack Years Calculator and enter results in the box provided.
- c Click on link to the Audit C and enter results in the box provided.
- d Click on link to the GPPAQ and enter results in the box provided.

Figure 8: Lifestyle factors

The screenshot shows the EMIS Web Health Care System Template Runner for patient JONES, Adam (Mr). The patient's details are: Born: 08-Apr-1967 (46y), Gender: Male, NHS No.: 560 575 3588, Usual GP: BURNS, Robert (Dr). The Template Runner is set to the 'Lifestyle' section, which is highlighted in the left-hand menu. The main content area displays four sub-sections: Smoking, Alcohol consumption, Exercise, and Diet. Each sub-section contains a table with fields for data entry and a 'No previous entry' status.

Section	Field	Value	Status
Smoking	Smoking status	[Dropdown]	No previous entry
	Smoking cessation advice	[Dropdown]	No previous entry
	Pack years	[Text] year	No previous entry
	<input type="checkbox"/> Nicotine replacement therapy		No previous entry
	<input type="checkbox"/> User of electronic cigarette		No previous entry
Alcohol consumption	Alcohol consumption	[Text] U/week	No previous entry
	<input type="checkbox"/> Patient advised about alcohol		No previous entry
	AUDIT-C questionnaire	[Text] /12	No previous entry
Exercise	Brief intervention for physical activity	[Dropdown]	No previous entry
	GPPAQ questionnaire	[Dropdown]	No previous entry
Diet	Diet	[Dropdown]	No previous entry

The Diet dropdown menu is open, showing the following options: A Weight reducing diet, B Low cholesterol diet, C [V]Dietary surveillance and counselling, D Patient advised re diet, E Pt advised re wt reducing diet, F Patient advised re low cholesterol diet, G Pt advised re low salt diet, H Advice about fluid intake, I Weight monitoring, J Patient advised re exercise.

## 9 Medication review and adherence to therapy

- a Complete generic section to record whether medication review was completed or declined.
- b Monitor adherence status and add additional information if adherence requires further monitoring (Figure 9).

Figure 9: Medication review

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Template Runner

Pages

- Long-term Conditions
- Symptoms
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- Social
- Vaccinations
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- Follow up

Generic

Medication review [dropdown] No previous entry

Adherence [dropdown] No previous entry

Asthma

☐ Asthma medication review

Medication [dropdown] No previous entry

☐ Spacer device in use No previous entry

☐ Home nebuliser No previous entry

Atrial Fibrillation

Beta-blockers [dropdown] No previous entry

Calcium-channel blockers [dropdown] No previous entry

☐ Digoxin prophylaxis No previous entry

Anticoagulant [dropdown] No previous entry

Aspirin [dropdown] No previous entry

INR [dropdown] No previous entry

INR % TTR [dropdown] % No previous entry

Chronic Kidney Disease

ACEI or ARBs [dropdown] No previous entry

Statin [dropdown] No previous entry

COPD

☐ COPD medication review No previous entry

Medication [dropdown] No previous entry

☐ Home nebuliser No previous entry

☐ Oxygenator therapy No previous entry

Coronary Artery Disease

☐ CAD medication review No previous entry

ACEI or ARBs [dropdown] No previous entry

Cancel

## 10 Prescribed Medication

- a Monitor medication status by disease, listed in alphabetical order (Figure 10). Further prescribing guidance is provided on the clinical evidence pages in the GM-ELIRT Overview (ideally this information should be embedded in future updates).
- b Record exceptions as required within each drop down box.
- c Medication effectiveness can be monitored, for example, for patients taking the anticoagulant therapy 'warfarin' the international normalised ratio (INR) and Time in Therapeutic range (TTR) for INR can be recorded as shown in Figure 9 above.
- d Where limited options are available in the drop down boxes, further information can be added as free text.

Figure 10: Medications listed by LTC

The screenshot shows the EMIS Web Health Care System Template Runner for patient JONES, Adam (Mr). The patient's details are: Born: 08-Apr-1967 (46y), Gender: Male, NHS No.: 560 575 3588, Usual GP: BURNS, Robert (Dr). The 'Medication' tab is selected in the left-hand menu.

The medication list is organized by Long-Term Conditions (LTCs). Each LTC has a set of medication options, each with a dropdown menu for selection and a 'No previous entry' status.

LTC	Medication	Status
ACEI or ARBs	ACEI or ARBs	No previous entry
	Statin	No previous entry
Heart Failure	ACEI or ARBs	No previous entry
	Beta-blockers	No previous entry
	Diuretic	No previous entry
	<input type="checkbox"/> Digoxin prophylaxis	No previous entry
	Aldosterone antagonist	No previous entry
	Ivabradine	No previous entry
Hypertension	<input type="checkbox"/> Hypertension medication review	No previous entry
	ACEI or ARBs	No previous entry
	Beta-blockers	No previous entry
	Calcium-channel blocker	No previous entry
Osteoporosis	<input type="checkbox"/> Bone sparing drug treatment offered for osteoporosis - ESA	No previous entry
		No previous entry
Peripheral Arterial Disease	Statin	No previous entry
	Antiplatelet	No previous entry
	<input type="checkbox"/> Long term dual antiplatelet drug therapy indicated	No previous entry
		No previous entry
Rheumatoid Arthritis	<input type="checkbox"/> Disease modifying anti-rheumatic drug therapy initiated	No previous entry
	DMARDs	No previous entry
Stroke/TIA	Statin	No previous entry
	Antiplatelet	No previous entry
	<input type="checkbox"/> Long term dual antiplatelet drug therapy indicated	No previous entry
	Anticoagulant	No previous entry
		No previous entry

A dropdown menu for the 'Anticoagulant' option is open, showing the following options:

- A Azathioprine monitoring undertaken in secondary care
- B Azathioprine monitoring undertaken in primary care
- C Ciclosporin monitoring undertaken in secondary care
- D Gold therapy monitoring undertaken in secondary care
- E Methotrexate monitoring undertaken in secondary care
- F Methotrexate monitoring undertaken in primary care
- G Penicillamine monitoring undertaken in secondary care
- H Sulphasalazine monitoring undertaken in secondary care

# 11 Comorbid Risk Assessment

- a Select from the alphabetically list to screen for the following as shown in Figure 11:
  - i Cognitive function
  - ii Coronary artery disease
  - iii Depression and anxiety
  - iv Diabetes
  - v Falls
  - vi Fractures
  - vi Stroke
- b Click on the link to open risk questionnaire.
- c Enter result in box provided.

Figure 11: Comorbid Risk Assessment page

The screenshot shows the EMIS Web Health Care System interface. The 'Template Runner' window is open, displaying the 'Comorbid Risk Assessment' page for patient JONES, Adam (Mr). The page is organized into sections for different types of risk assessments:

- Cognitive function screening:** Includes GPCOG (result: 15) and Six item cognitive impairment test (result: 28).
- Coronary Artery Disease screening:** Includes Framingham risk score (result: % over 10 years) and QRISK 10 y CVD Risk (result: % over 10 years).
- Depression and anxiety screening:** Includes PHQ-9 questionnaire (result: 27) and Generalised anxiety disorder assessment (GAD-7) (result: 21).
- Diabetes screening:** Includes QDiabetes risk score (result: %) and High risk of diabetes mellitus (checkbox).
- Falls risk screening:** Includes FRAT assessment (checkbox) and Number of falls in last year (result: /year).
- Fracture risk screening:** Includes FRAX assessment (checkbox) and WHO FRAX 10 yr osteoporotic fracture probability score with BMD (result: %).
- Stroke (Complete for patients with a diagnosis of AF):** Includes CHADS2 risk score (result: Calculate) and CHA2DS2-VASc risk score (result: Calculate).

The interface includes a sidebar with navigation options like 'Long-term Conditions', 'Symptoms', 'Clinical Assessment', 'Bloods and Urine', 'Lifestyle', 'Medication', 'Investigations', 'Education', 'Social', 'Vaccinations', 'Under Care and Referral', and 'Follow up'. The bottom of the window shows the Windows taskbar with the start button and open applications like 'EMIS Web Health Car...', 'Drafts - Mailbox - You...', and 'Document7 - Microsof...'.

## 12 Investigations

- a View previous investigation results (Figure 12).
- b Enter or edit dates for scheduled appointments following discussion with the patient about all needs requiring further investigation, not just one as per single disease templates. This may help the patient to understand how some LTCs are linked.
- c This page could be extended to include further investigations.

Figure 12: Investigations page

The screenshot shows the EMIS Web Health Care System interface for a patient named Adam Jones (Mr). The patient's details include: Born: 08-Apr-1967 (46y), Gender: Male, NHS No.: 560 575 3588, Usual GP: BURNS, Robert (Dr). The Template Runner is open, showing a list of templates on the left and a detailed view of the 'Investigations' template on the right. The template is organized into sections: Generic, Coronary Artery Disease, Diabetes, Heart Failure, and Osteoporosis. Each section contains specific investigation items with checkboxes, dates, and previous entry status.

Section	Investigation Item	Date	Previous Entry
Generic	<input type="checkbox"/> ECG	24-Mar-2014	No previous entry
	<input type="checkbox"/> Standard chest X-ray	24-Mar-2014	No previous entry
Coronary Artery Disease	<input type="checkbox"/> Cardiovascular angiography	24-Mar-2014	No previous entry
Diabetes	Diabetic retinopathy screening		No previous entry
Heart Failure	BNP	no/L	No previous entry
	Echo		No previous entry
	Ejection fraction		No previous entry
Osteoporosis	DXA scan		No previous entry

The 'Echo' dropdown menu is open, showing the following options: A Echocardiogram abnormal, B Echocardiogram shows left ventricular systolic dysfunction, C Echocardiogram shows left ventricular diastolic dysfunction, D Echocardiogram declined.

## 13 Education

- a Record verbal education, leaflets, booklets given where Read Codes are available (Figure 13).
- b Some of the advice may overlap different LTCs, but holistic education covering all LTCs may allow the patient to discuss anxieties regarding conflicting advice provided by different HCPs and services managing his/her care.

Figure 13: Education page

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- Education**
- Social
- Vaccinations
- Under Care and Referral
- Follow up

Education

Condition	Read Code	Text	Previous Entry
Asthma			No previous entry
<input type="checkbox"/> Asthma rescue pack given		Text Asthma rescue pack given	No previous entry
<input type="checkbox"/> Asthma rescue pack not suitable		Text Asthma rescue pack not suitable	No previous entry
Atrial Fibrillation			No previous entry
COPD			No previous entry
Diabetes			No previous entry
Heart Failure			No previous entry

Cancel

## 14 Social Needs

- a Record whether social needs have been discussed during the review.
- b Select identified social needs from the multi-select drop down box as shown in Figure 14.
- c Add further information as free text where Read Codes are not available.

Figure 14: Social Needs page

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- Education
- Social**
- Vaccinations
- Under Care and Referral
- Follow up

Social needs

Needs assessed

Needs identified

Comments

No previous entry

No previous entry

A Needs walking aid in home  
B Needs help on stairs  
C Difficulty with bathing  
D Needs help with dressing  
E Needs help in toilet  
F Needs help with feeding  
G Needs help with cooking  
H Needs help with housework  
I Needs assistance with shopping  
J Needs help managing own financial affairs

Cancel



# 15 Vaccinations

- a Check that vaccinations associated with LTCs have been given.
- b Record exceptions (Figure 15).

Figure 15: Vaccinations page

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JONES, Adam (Mr) Born: 08-Apr-1967 (46y) Gender: Male NHS No.: 560 575 3588 Usual GP: BURNS, Robert (Dr)

Template Runner

Pages

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- Social
- Vaccinations**
- Under Care and Referral
- Follow up

Vaccinations

Shingles ☐ No previous entry

☐ Consent given for seasonal influenza vaccination No previous entry

Seasonal influenza ☐ No previous entry

☐ Consent given for pneumococcal vaccine No previous entry

Pneumococcal

A H/O: influenza vaccine allergy  
 B No consent for seasonal influenza vaccination  
 C Seasonal influenza vaccination  
 D Seasonal influenza vaccin given by other healthcare provider  
 E Seasonal influenza vaccination declined  
 F Seasonal influenza vaccination contraindicated  
 G Seasonal influenza vaccination not indicated

Cancel

## 16 Other services involved in the patient's care

- a Check the health and social services already managing aspects of the patient's care (Figure 16).
- b Update record to add services involved in the patient's care that are not already listed.

Figure 16: Under care of

The screenshot shows the EMIS Web Health Care System Template Runner for a patient named JONES, Adam (Mr). The patient's details are: Born: 08-Apr-1967 (46y), Gender: Male, NHS No.: 560 575 3588, Usual GP: BURNS, Robert (Dr). The 'Template Runner' window displays a list of pages on the left, including 'Long-term Conditions', 'Symptoms', 'Clinical Assessment', 'Bloods and Urine', 'Lifestyle', 'Medication', 'Comorbid Risk Assessment', 'Investigations', 'Education', 'Social', 'Vaccinations', 'Under Care and Referral' (highlighted), and 'Follow up'. The main area shows the 'Under care of' section with a dropdown menu open for 'Rehabilitation', displaying a list of options: A Under care of podiatrist, B Under care of diabetes specialist nurse, C Seen in diabetic eye clinic, and D Seen by dietician. Other sections include 'Referrals' and 'Lifestyle'.

Section	Service	Status
Under care of	Cardiovascular	No previous entry
	Diabetes	No previous entry
	Rehabilitation	No previous entry
	Respiratory	No previous entry
	Rheumatoid Arthritis	No previous entry
	Social	No previous entry
Referrals	Cardiovascular	No previous entry
	Diabetes	No previous entry
	Rehabilitation	No previous entry
	Respiratory	No previous entry
	Rheumatoid Arthritis	No previous entry
	Social	No previous entry
Lifestyle	Smoking cessation	No previous entry
	Alcohol advice	No previous entry
	Health trainer	No previous entry
	Weight management	No previous entry
	Dietician	No previous entry

## 17 Referral

- a Check referrals already made at previous appointments.
- b Add referrals discussed with the patient (Figure 17).
- c Review the number of referrals made for the patient. This may generate discussion regarding the practicalities of attending numerous appointments.

Figure 17: Referral

EMIS Web Health Care System - Manchester Practice 2 - 23459

Template Runner

JONES, Adam (Mr) Born: 08-Apr-1967 (46y) Gender: Male NHS No.: 560 575 3588 Usual GP: BURNS, Robert (Dr)

Template Runner

Pages

- Long-term Conditions
- Symptoms
- Clinical Assessment
- Bloods and Urine
- Lifestyle
- Medication
- Comorbid Risk Assessment
- Investigations
- Education
- Social
- Vaccinations
- Under Care and Referral**
- Follow up

Under care of

Cardiovascular		No previous entry
Diabetes		No previous entry
Rehabilitation		No previous entry
Respiratory		No previous entry
Rheumatoid Arthritis		No previous entry
Social		No previous entry

Referrals

Cardiovascular	Referral to cardiac rehabilitation programme	No previous entry
Diabetes	Referral to cardiac rehabilitation nurse	No previous entry
Rehabilitation	Referral to cardiothoracic surgeon	No previous entry
Respiratory	Referred for peripheral artery disease assessment	No previous entry
Rheumatoid Arthritis	Referred to vascular surgeon	No previous entry
Social	Referral to stroke clinic	No previous entry
Social	Referral to health trainer	No previous entry
Social	Referred for exercise programme	No previous entry
Social	Home exercise programme	No previous entry
Social	Refer to weight management programme	No previous entry
Lifestyle		No previous entry
Smoking cessation		No previous entry
Alcohol advice		No previous entry
Health trainer		No previous entry
Weight management		No previous entry
Dietician		No previous entry

Cancel

# 18 Follow-up

- a Check whether future review appointments have been scheduled (Figure 18).
- b Enter new appointment dates.
- c Amend dates due to cancellations.

Figure 18: Follow-up page

Category	Appointment	Status	Date	Calendar Icon	Previous Entry
Coronary artery disease annual review	Coronary artery disease annual review	Follow Up	24-Mar-2014	📅	No previous entry
	COPD annual review	Follow Up	24-Mar-2014	📅	No previous entry
	Dementia annual review	Follow Up	24-Mar-2014	📅	No previous entry
	Depression annual review	Follow Up	24-Mar-2014	📅	No previous entry
	Diabetic annual review	Follow Up	24-Mar-2014	📅	No previous entry
	Heart failure annual review	Follow Up	24-Mar-2014	📅	No previous entry
	Hypertension annual review	Follow Up	24-Mar-2014	📅	No previous entry
	Hypothyroidism annual review	Follow Up	24-Mar-2014	📅	No previous entry
	Peripheral arterial disease annual review	Follow Up	24-Mar-2014	📅	No previous entry
	Rheumatoid arthritis annual review	Follow Up	24-Mar-2014	📅	No previous entry
Stroke/CVA annual review	Follow Up	24-Mar-2014	📅	No previous entry	
LTC 6 month review	COPD 6 monthly review	Follow Up	24-Mar-2014	📅	No previous entry
	Diabetic 6 month review	Follow Up	24-Mar-2014	📅	No previous entry
	Heart failure 6 month review	Follow Up	24-Mar-2014	📅	No previous entry
	Hypertension six month review	Follow Up	24-Mar-2014	📅	No previous entry
	Stroke 6 month review	Follow Up	24-Mar-2014	📅	No previous entry
LTC interim follow-ups	Asthma follow-up	Follow Up	24-Mar-2014	📅	No previous entry
	Date of next anticoagulant clinic appointment	Follow Up	24-Mar-2014	📅	No previous entry
	Depression interim review	Follow Up	24-Mar-2014	📅	No previous entry
	Diabetic dietary review	Follow Up	24-Mar-2014	📅	No previous entry
	Diabetic dietary review declined	Follow Up	24-Mar-2014	📅	No previous entry
	Diabetic erectile dysfunction review	Follow Up	24-Mar-2014	📅	No previous entry
	Disability assessment - mental	Follow Up	24-Mar-2014	📅	No previous entry
	Physical activity brief intervention follow-up	Follow Up	24-Mar-2014	📅	No previous entry
	Podiatry follow-up	Follow Up	24-Mar-2014	📅	No previous entry
	Renal function monitoring	Follow Up	24-Mar-2014	📅	No previous entry
	Retinopathy follow up	Follow Up	24-Mar-2014	📅	No previous entry

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