

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

User Guide: SystemOne

Introduction

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 a SystmOne review template. If you have never used SystmOne before, please refer to the user manual or contact a SystmOne 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

Long Term Conditions review template GM-ELIRT

Long-term conditions | Symptoms | LTC Symptoms | Clinical Assessment | Bloods and Urine | Lifestyle | Medication compact | Ris...

Long-term conditions reviewed

Annual reviews

- ☐ Asthma annual review (Xaleq) QOF
- ☐ Atrial fibrillation annual review (XaMGD)
- ☐ Coronary heart disease annual review (Xa...
- ☐ Chronic kidney disease annual review (Xa...
- ☐ Chronic obstructive pulmonary disease a... QOF
- ☐ Dementia annual review (XaMGF) QOF
- ☐ Depression annual review (XaK6d)
- ☐ Diabetic annual review (66AS.)
- ☐ Heart failure annual review (XaIQN)
- ☐ Hypertension annual review (XalyE)
- ☐ Hypothyroidism annual review (XaOjl)
- ☐ Rheumatoid arthritis annual review (XaZdB) QOF
- ☐ Stroke/TIA annual review (YX137)

6mnts reviews

- ☐ Chronic obstructive pulmonary disease 6 ... QOF
- ☐ Diabetic 6 month review (XaKwQ)
- ☐ Heart failure 6 month review (XaLon)
- ☐ Stroke 6 month review (XaR6B)

Exception codes

Asthma

AF

COPD

CHD

CKD

Dementia

Depression

Diabetes

HF

Hypertention

Osteoporosis

Excepted from atrial fibrillation qual indic: Inform dissent (XaLFI) QOF

Except from atr fib quality indicators: Patient unsuitable (XaLFI) QOF

AF

Date Selection

No previous

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 screenshot displays the 'Long Term Conditions review template GM-ELIRT' interface. The top navigation bar includes tabs for 'Long-term conditions', 'Symptoms', 'LTC Symptoms', 'Clinical Assessment', 'Bloods and Urine', 'Lifestyle', 'Medication compact', and 'Ris...'. The 'Long-term conditions reviewed' section is active, showing a list of conditions categorized by 'Annual reviews', '6 months reviews', and 'Interim reviews'. Each condition has a checkbox and a 'QOF' status. Below the list, there are sections for 'Major Active Problems' and 'Sensitivity & Allergies'. On the right, the 'Exception codes' section is visible, with a dropdown menu open showing options like 'Excepted from atrial fibrillation qual indic: Inform dissent (XaLF)' and 'Except from atr fib quality indicators: Patient unsuitable (XaLF)'.

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

- Select multiple symptoms from the drop down boxes (Figure 3).
- Symptoms that overlap different conditions can be found in more than one drop down box.
- This patient centred approach to the symptom review may identify troubling symptoms that the patient has not mentioned during previous appointments.
- Additional symptoms or further information can be added to the free text box.
- 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

Long Term Conditions review template GM-ELIRT

Long-term conditions | **Symptoms** | LTC Symptoms | Clinical Assessment | Bloods and Urine | Lifestyle | Medication compact | Ris...

Comorbidity screening

Cardiovascular

- ☐ Breathlessness - moderate exertion...
- ☐ Dyspnoea at rest (1734.)
- ☐ Paroxysmal nocturnal dyspnoea...
- ☐ Orthopnoea (XE0qr)
- ☐ No oedema present (1831.)
- ☐ O/E - oedema of feet (22C3.)
- ☐ O/E - oedema of ankles (22C2.)

Musculoskeletal

- ☐ Joint pain (XE1EY)
- ☐ O/E - joint stiffness (2H6..)
- ☐ O/E - joint swelling (2H3..)
- ☐ Weakness of joint movement (...)
- ☐ Muscle weakness (XM03n)
- ☐ Muscle stiffness (X76mk)
- ☐ Mobility poor (13CE)

Gastro-intesti...

- ☐ Constipation (XE0rD)
- ☐ Urgency of defecation (YA506)
- ☐ Diarrhoea (19F2)
- ☐ Indigestion NOS (X76d4)
- ☐ Dysphagia (XM08J)
- ☐ Abdominal pain (1969)
- ☐ Incontinence of faeces (XE0rG)

Urological

- ☐ Urgent desire to urinate (1A25.)
- ☐ Nocturia (1A13.)
- ☐ Delay when starting to pass uri...
- ☐ Dysuria (1A55.)
- ☐ Stress incontinence - female (...)
- ☐ Urge incontinence of urine (1A...

General

- ☐ Fatigue (1682.)
- ☐ Dry eyes (1B88.)
- ☐ C/O: a rash (1D14.)
- ☐ C/O erectile dysfunction (XaXgw)
- ☐ Leg ulcer (X75u4)

Respiratory

- ☐ No breathlessness (1731.)
- ☐ Breathless - mild exertion (1733.)
- ☐ Breathless - moderate exertion (...)
- ☐ Dyspnoea at rest (1734.)
- ☐ Mild wheeze (XaX5K)
- ☐ Moderate wheeze (XaX5L)
- ☐ Severe wheeze (XaX5M)
- ☐ Cough (XE0qn)
- ☐ Productive cough NOS (XE0qn)

Neurological

- ☐ Poor balance (X76oE)
- ☐ Gait abnormality (R012.)
- ☐ Dizziness (XC07f)
- ☐ Syncope (XM010)
- ☐ Tremor (XE0rm)
- ☐ Confused (2841.)
- ☐ Poor concentration (XSJK7)
- ☐ Poor short-term memory (X75x...)
- ☐ Aphasia (Ub1Sg)

Cognitive

- ☐ Memory impairment (X75xU)
- ☐ Poor concentration (XSJK7)
- ☐ Disorientated (XM03f)
- ☐ Reduced concentration span (...)
- ☐ Intermittent confusion (Xa1sZ)
- ☐ Irregular sleep-wake pattern (X...
- ☐ Aggressive behaviour (X7651)

Psychological

- ☐ C/O - feeling depressed (XM0...)
- ☐ Feeling anxious (XE0rb)
- ☐ Poor short-term memory (X75x...)
- ☐ Confused (2841.)
- ☐ Poor concentration (XSJK7)
- ☐ Mood swings (Xa3Xg)
- ☐ Apathy (XM013)

Further assessment

Other symptoms/ comments ☐

Refer to GP ☐

If depression suspected, refer to GP for bio-psychological history and complete Depression screening under Risk Assessment

Event Details | Information | Print | Suspend | Ok | 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.
- 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).

Figure 4: Comorbidity screening page showing disease related symptoms

Long Term Conditions review template GM-ELIRT

Long-term conditions | Symptoms | LTC Symptoms | Clinical Assessment | Bloods and Urine | Lifestyle | Medication compact | Ris...

Asthma

Night time symptoms * Activities *

Daytime symptoms * Exercise *

Asthma control steps

Step up change in management plan

[Asthma Control Test](#) Asthma control test

COPD

Severity

MRC Breathlessness scale * [CAT](#)

Sputum Chronic obstructive pulmonary disease assessment test

Heart Failure

NYHA

Osteoporosis

Fragility fracture

5 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).
- c Complete a more specific clinical assessment for the following LTCs:
 - i Asthma
 - ii COPD
 - iii Diabetes
 - iv Hypertension
 - v Peripheral Arterial Disease
 - vi Rheumatoid Arthritis

Figure 5: Clinical assessment page

Long Term Conditions review template GM-ELIRT

Long-term conditions | Symptoms | LTC Symptoms | **Clinical Assessment** | Bloods and Urine | Lifestyle | Medication compact | Ris...

Generic

Systolic BP mmHg Target systolic blood pressure mmHg Height m

Diastolic BP mmHg Target diastolic blood pressure mmHg Weight Kg

Pulse rate bpm BMI K... Waist circumference cm

Pulse rhythm BMI assessment Serum total cholesterol level mmol/l

BP exceptions

Respiratory

Spirometry * Inhaler technique Inhaler frequency

Asthma

Peak flow rate L/min Oral steroids used since last appointment Home nebuliser used since last appointment

Best ever peak flow rate L/min Emergency asthma admission since last appointment

Predicted PEFR (EN 13826) l/min Exhaled nitric oxide test

COPD

FEV1 L FVC L Percentage of predicted forced vital capacity %

FEV1/FVC * Oxygen saturation at periphery * %

Number of COPD exacerbations in past year

Diabetes

Last hypo attack Amputation

Injection sites

☐ Diabetes Eye Check ☐ Diabetes Foot Check Exceptions

Hypertension

Average home systolic blood pressure mmHg ASBP

Average home diastolic blood pressure mmHg ADBP

Peripheral Arterial Disease

ABPI - Ankle brachial pressure index

Rheumatoid Arthritis

DAS28 Disease activity score in rheumatoid arthritis

Event Details | Information | Print | Suspend | Ok | Cancel

6 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 6:
 - i Urine
 - ii Full blood count
 - iii Glycaemic
 - iv Lipid profile
 - v Renal
 - vi Liver
 - vii Bone Thyroid function
 - viii Autoimmune
 - ix Folate
- d Record exceptions as appropriate

Figure 6: Blood and urine results

Long Term Conditions review template GM-ELIRT

Long-term conditions | Symptoms | LTC Symptoms | Clinical Assessment | **Bloods and Urine** | Lifestyle | Medication compact | Ris...

Full Blood Count	
1234 567 Total white blood count	Not recorded.
1234 567 Haemoglobin estimation level	Not recorded.
1234 567 Mean cell volume	Not recorded.
1234 567 Platelet count - observation	Not recorded.
1234 567 Neutrophil count	Not recorded.
1234 567 Lymphocyte count	Not recorded.

Glycaemic control data	
1234 567 Plasma glucose level	Not recorded.
1234 567 Plasma fasting glucose level	Not recorded.
1234 567 Random blood glucose level	Not recorded.
1234 567 HbA1c	Not recorded.
1234 567 Haemoglobin A1c level - IFCC standardised	Not recorded.
1234 567 Glucometer blood sugar	Not recorded.

Lipid profile	
1234 567 Serum cholesterol level	Not recorded.
1234 567 Serum HDL cholesterol level	Not recorded.
1234 567 Serum LDL cholesterol level	Not recorded.
1234 567 Total cholesterol:HDL ratio	Not recorded.
1234 567 Serum triglyceride levels	Not recorded.

Renal profile	
1234 567 Serum sodium level	Not recorded.
1234 567 Serum potassium level	Not recorded.
1234 567 Serum urea level	Not recorded.
1234 567 Serum creatinine level	Not recorded.
1234 567 GFR calculated abbreviated MDRD	Not recorded.
1234 567 Urine albumin/creatinine ratio	Not recorded.
1234 567 Urine microalbumin level	Not recorded.

Liver profile	
1234 567 Urine total protein level	Not recorded.

Cholesterol Targets according to Patient Group

	NICE	QOF
CVD	TC<4mmol/l, LDL <2mmol/l	TC ≤5mmol/l
Diabetes	TC<4mmol/l, LDL <2mmol/l	TC ≤5mmol/l

Blood test declined ☐

Urine dipstick test declined ☐

GM-ELIRT test res...

7 Lifestyle

- a Complete lifestyle review as per single disease templates and record findings under the headings as shown in Figure 7:
 - 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 7: Lifestyle factors

Long Term Conditions review template GM-ELIRT

Long-term conditions | Symptoms | LTC Symptoms | Clinical Assessment | Bloods and Urine | **Lifestyle** | Medication compact | Ris...

Smoking

Smoking status *

Smoking cessation advice

[Pack years calculator](#) Pack years pack years For smokers/ ex-smokers over 35 without a COPD diagnosis consider spirometry

Nicotine replacement therapy ☐ Expired carbon monoxide concentra...

Alcohol consumption

Alcohol units per week Units/Week

Patient advised about alcohol ☐ AUDIT alcohol use questionnaire (DES)

Exercise * Hypertension

GPPAQ Physical Activity Index... Brief intervention for physical activity

GPPAQ physical activity index

Diet

Dietary advice ☐ Advised about low salt diet ☐

Advised about weight-reducing diet ☐ Advised about low cholesterol diet ☐

Diabetic dietary review * Weight monitoring ☐

Diabetic dietary review declined * ☐

Summary:

- Smoking
- Alcohol
- Exercise

8 Medication review and adherence to therapy

- a Monitor medication status by disease, listed by drug group (Figure 8). For guidance, a list of LTCs that this group of drugs are prescribed for appears on the left of the drug group. 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 Where limited options are available in the drop down boxes, further information can be added as free text.
- d Complete medication review and adherence section to record whether medication review was completed or declined.
- e Monitor adherence status and add additional information if adherence requires further monitoring.

Figure 8: Medication prescribed, medication review and adherence to therapy

Long Term Conditions review template GM-ELIRT

Long-term conditions | Symptoms | LTC Symptoms | Clinical Assessment | Bloods and Urine | Lifestyle | **Medication compact** | Ris...

Cardiovascular medication - QOF

CHD, HF, Diabetes*, CKD**	ACEI or ARBs	<input type="text"/>	
CHD, HF	Beta-blockers	<input type="text"/>	
CHD, CVD risk >20%	Statin	<input type="text"/>	
CHD, AF***, Stroke/ TIA****	Anticoagulant	<input type="text"/>	
CHD, AF***, PAD, Stroke/ TIA	Aspirin	<input type="text"/>	
CHD, AF***, PAD, Stroke/ TIA	Other Antiplatelets	<input type="text"/>	

Anticoagulants include warfarin, acenocoumarol, phenindione, dabigatran, apixaban and rivaroxaban

* if microalb +ve or proteinuria, ** if hypertensive AND documented proteinuria, ***if CHADS2 2+Anticoagulant only, **** Anticoagulant OR Antiplatelet

INR

Cardiovascular medication - other

Digoxin prophylaxis ☐ Ivabradine ☐ Long term dual antiplatelet drug therapy indicated ☐

Calcium-channel blockers

Respiratory medication

Inhaled steroids

Home nebuliser ☐ Oxygenator therapy ☐ Spacer device in use ☐

Other medication

Insulin passport Disease modifying antirheumatic drug therapy initiated ☐

Diuretic

Osteoporosis - Bone-sparing agents Bone sparing drug treatment offered for osteoporosis ☐

Disodium	<input type="text"/>	Ibandronic acid	<input type="text"/>
Alendronic acid	<input type="text"/>	Raloxifene	<input type="text"/>
Risedronate	<input type="text"/>	Strontium	<input type="text"/>
Teriparatide	<input type="text"/>	Others	<input type="text"/>

Medication review and adherence

Asthma medication review * ☐ Medication review done ☐ Medication

Cardiac medication review ☐ Diabetes medication review ☐ Self-monitoring of blood glucose ☐

Adherence Discussed medication adherence ☐

Event Details | Information | Print | Suspend | Ok | Cancel

9 Comorbid Risk Assessment

- a Select from the alphabetically ordered list to screen for the following as shown in Figure 9:
- i Cognitive function
 - ii Coronary artery disease
 - iii Depression
 - iv Diabetes
 - v Falls
 - vi Fractures
 - vii Stroke
- b Click on the link to open risk questionnaire.
- c Enter result in box provided.

Figure 9: Comorbid risk assessment page

Long Term Conditions review template GM-ELIRT

conditions | Symptoms | LTC Symptoms | Clinical Assessment | Bloods and Urine | Lifestyle | Medication compact | **Risk Assessment**

Co-morbid risks assessment

Cognitive function screening

[GPCOG test](#) GP assessment of cognition patient examination

[6-CIT test](#) Six item cognitive impairment test

Coronary Artery (Heart) Disease screening

[QRISK2 Calculator...](#) *RA [Framingham Risk calculator](#) Framingham 1991 cardiovasc...

QRISK2 Exceptions

Depression screening

[Patient Health Questionnaire \(PHQ - 9\)](#) Patient health questionnaire (PHQ-9)...

Biopsychosocial assessment

Diabetes screening

[Diabetes risk calculator \(QDiabe](#) Diabetes UK diabetes risk score At risk of diabetes mellitus ☐

Falls risk screening

[FRAT test for download](#) Falls risk assessment template score

[FRAX Risk Calculato...](#) *RA WHO FRAX 10 yr osteoporotic fracture pr... %

Number of falls in last year

Stroke screening (Complete for patients with a diagnosis of AF)

[CHADS2...](#) *AF [CHA2DS2-VA calculator](#) [HAS-BLED calculator](#)

CHA2DS2 - vascular disease, age, sex category score HAS-BLED score...

Stroke screening	
CHADS2 score	
<input type="text"/> Cong heart fail,...	Not re...
CHA2DS2-VA score	
<input type="text"/> CHA2DS2 - vascul...	Not re...
HAS-BLED score	
<input type="text"/> Hyperten, abnorm...	Not re...

Early identification of Atrial fibrillation progression

Indication	Action
Time in Therapeutic Range (of 2-3%) <65%	Consider NOAC therapy
INR >5 more than 2 times in 12 months	

Event Details | Information | Print | Suspend | Ok | Cancel

10 Investigations

- a View previous investigation results (Figure 10).
- b Record exceptions by choosing options from the multi-select drop down boxes
- c 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.
- d This page could be extended to include further investigations.

Figure 10: Investigations page

Long Term Conditions review template GM-ELIRT

Medication compact | Risk Assessment | **Investigations** | Procedures | Education | Social Needs | Vaccinations | Referrals | Follow-...

Generic

ECG ☐ Chest X-ray ☐

Asthma

Peak flow meter

Chronic Kidney Disease

Urine protein

Coronary Artery Disease

Cardiovascular angiography ☐

Diabetes *

Diabetic retinopathy screening ☐

Erectile dysfunction discussed Assessment of diabetic erectile dysfunction ☐

Heart Failure

Plasma pro-brain natriuretic peptide level pg/mL

Echo Left ventricular ejection fraction %

Osteoporosis

DEXA scan exceptions

DEXA scanning

11 Education

- a Record verbal education, leaflets, booklets given where Read Codes are available (Figure 11).
- 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 11: Education page

Long Term Conditions review template GM-ELIRT

Medication compact | Risk Assessment | Investigations | Procedures | **Education** | Social Needs | Vaccinations | Referrals | Follow-...

Asthma

Asthma management plan given ☐ Inhaler technique shown ☐

Asthma rescue pack given ☐ Rescue pack not suitable ☐

COPD

Issue of COPD rescue pack ☐ COPD rescue pack not indicated ☐ Self-management of respiratory health ☐

Heart Failure

Heart failure education ☐

12 Social Needs

- a Record whether social needs have been assessed during the review.
- b Select carer needs from drop down box as shown in Figure 12.
- c Add further information as free text where Read Codes are not available.

Figure 12: Social Needs page

Long Term Conditions review template GM-ELIRT

Medication compact | Risk Assessment | Investigations | Procedures | Education | **Social Needs** | Vaccinations | Referrals | Follow-...

Social needs

Social needs of carer

Assessment of needs ☐

Assessment of needs - review ☐

Activities of daily living assessment ☐ Community care assessment ☐

Mobility - assessment ☐ Multidisciplinary assessment ☐

13 Vaccinations

- a Check that patient is vaccinated against shingles, seasonal influenza and pneumococcal virus.
- b Record exceptions (Figure 13).
- c This page can also be used to update the patient's record as vaccinations are given.

Figure 13: Vaccinations page

Long Term Conditions review template GM-ELIRT

Medication compact Risk Assessment Investigations Procedures Education Social Needs **Vaccinations** Referrals Follow-...

Vaccinations

Shingles

Seasonal influenza * CHD, Stroke/TIA, Diabetes, COPD

Pneumococcal

Record Vaccination

Vaccinations		
	11 Sep 2008...	Influenza Vaccine ... INFLUENZA
	17 Nov 2009...	Pandemrix 1 H1N1 Swine Flu
	05 Dec 2009...	Pandemrix 1 H1N1 Swine Flu
	14 Jan 2010...	Pandemrix 1 H1N1 Swine Flu
	16 Sep 2010...	Influenza Vaccine ... INFLUENZA

Refusals

14 Other services involved in the patient's care and referral

- a Check the health and social services already managing aspects of the patient's care (Figure 14).
- b Update record to add services involved in the patient's care that are not already listed.
- c Check referrals already made at previous appointments.
- d Add referrals discussed with the patient.
- e Review the number of referrals made for the patient. This may generate discussion regarding the practicalities of attending numerous appointments.

Figure 14: Under care of and referral page

Long Term Conditions review template GM-ELIRT

Medication compact | Risk Assessment | Investigations | Procedures | Education | Social Needs | Vaccinations | **Referrals** | Follow-up

Under care of

Cardiovascular

- ☐ Cardiac rehabilitation (XaEKT)
- ☐ Seen by cardiac rehabilitation nurse (XaEKT)
- ☐ Seen in community anticoagulation clinic (XaEKT)

Diabetes

- ☐ Under care of podiatrist (XaARD)
- ☐ Under care of diabetes specialist (XaARD)
- ☐ Seen in diabetic eye clinic (XaEJQ) QOF

Other care

- ☐ Seen by health trainer (XaPw)

Referrals

Cardiovascular

- ☐ Referral to cardiologist (XaBTR) QOF
- ☐ Referral to community anticoagulation clinic (XaBTR)
- ☐ Referral to nephrologist (XaAg3)
- ☐ Referral to palliative care service (XaAex) QOF
- ☐ Referral to heart failure nurse (XaKNX)
- ☐ Referral to cardiac rehabilitation program (XaKNX)
- ☐ Referral to cardiac rehabilitation program (XaKNX)
- ☐ Referral to cardiac rehabilitation nurse (XaKNX)
- ☐ Referral to cardiothoracic surgeon (8H5G)
- ☐ Referred for peripheral artery disease as...
- ☐ Referral to vascular surgeon (XaBER)
- ☐ Referral to stroke clinic (XaJYc) QOF

Respiratory

- ☐ Referred to chest physician (XaBTR)
- ☐ Referral to pulmonary rehabilitation (XaBTR)
- ☐ Pulmonary rehabilitation decision (XaBTR)

Other

- ☐ Referral to palliative care service (XaAex) QOF
- ☐ Referred to community specialist (XaAex) QOF
- ☐ Referral to community palliative care (XaAex) QOF

Diabetes

- ☐ Referral to diabetologist (8H5G)
- ☐ Referral to diabetes nurse (XaBTR)
- ☐ Referral to podiatrist (XaBT5)

Structured educational programme

Lifestyle referrals

Smoking cessation

Alcohol

Dietician

Weight Management

Exercise

- ☐ Referral to health trainer (XaAex)
- ☐ Referred for exercise programme (XaAex)
- ☐ Home exercise programme (XaAex)
- ☐ Referral to health trainer decision (XaAex)

15 Follow-up

- a Check whether future review appointments have been scheduled (Figure 15).
- b Enter new appointment dates.
- c Amend dates due to cancellations.
- d Record the leaflets that the patient has been given during the appointment (this could be moved to the education page on a future update).

Figure 15: Follow-up

Long Term Conditions review template GM-ELIRT

Medication compact Risk Assessment Investigations Procedures Education Social Needs Vaccinations Referrals **Follow-up**

Follow up

LTC recalls view has no data for patient

New Recall

Leaflets given

Leaflets given

- ☐ Alcohol leaflet given (8CE1.)
- ☐ Asthma leaflet given (8CE2.)
- ☐ Blood pressure leaflet given (8CE3.)
- ☐ Diabetic leaflet given (8CE0.)
- ☐ Diet leaflet given (8CE4.)
- ☐ Exercise advice leaflet given (Y2297)
- ☐ Information leaflet given: testing your own blood s...
- ☐ Mental health information leaflet given (XaLBI)
- ☐ Weight leaflet given (Y3764)

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