



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

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

User Guide: Vision

Introduction

This guide is designed to familiarise users with the Greater Manchester Electronic Long-term Conditions Integrated Review Template (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 Vision review template. If you have never used Vision before, please refer to the user manual or contact an INPS Vision 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.

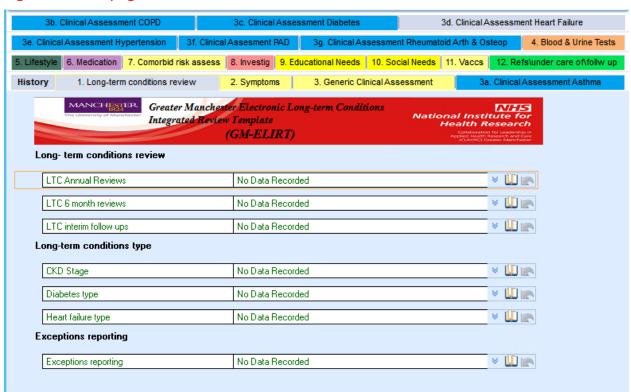
1 Finding the Template

a Open the patient's record in Consultation Manager, click on the down pointing arrow on the V+ toolbar, select Clinical Templates and search for the template named 'GM-ELIRT'.



b On opening this template the first page displayed will be 'Long term Conditions review' (Figure 1).

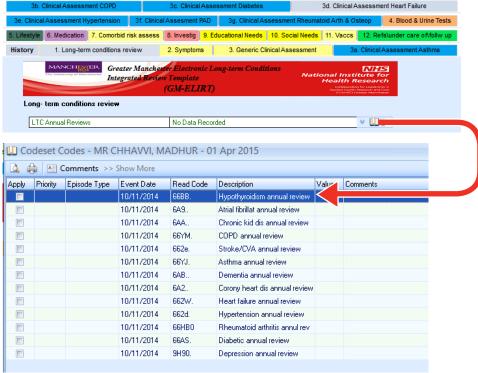
Figure 1: Front page



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

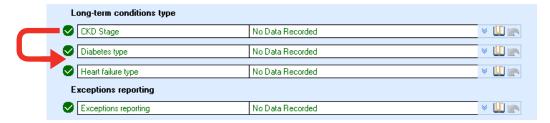
- a Select the patient's LTCs that you plan to review. Choose the appropriate box depending on the type of review; annual, six monthly or interim follow-up. Click on the open book icon at the end of each row to reveal the contents (Figure 2a).
- **b** Select as many LTCs as required; the majority of boxes within the GM-ELIRT are multi-select.
- **c** Read Codes are clearly visible and can be checked against the QOF to ensure that the correct ones are being used.





- **d** For LTCs that require more detail regarding the diagnosis, click on the appropriate box to complete CKD stage, diabetes or heart failure type.
- e Use the exception reporting drop down box if you are unable to complete a review (Figure 2b).

Figure 2b: LTC type and exception reporting drop down boxes



The template offers a patient-centred LTC review. The GM-ELIRT is organised by generic subject. These are found at the top of the screen and include:

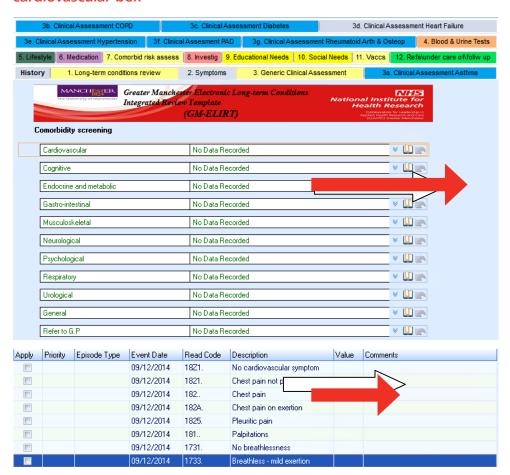
- Symptoms.
- Medication.
- Social needs.
- · Clinical assessment.
- · Comorbid Risk Assessment.
- Vaccinations.
- Bloods and urine tests.
- Investigations.
- Referral, Under care, Follow-up.
- Lifestyle.
- Educational needs.

Each section above appears on a separate page, arranged in order to guide you through the tool. For a more detailed assessment of specific diseases, the clinical assessment pages are arranged by disease. 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** If review by a GP is required this can be recorded.
- e Additional information can be provided as free text by clicking into the comments box.

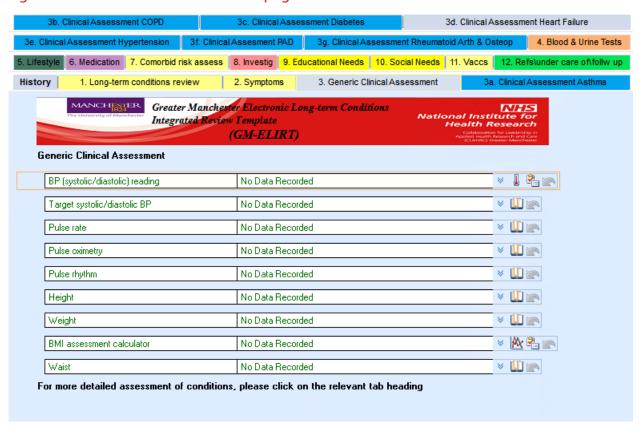
Figure 3: Comorbidity screening page showing some contents of the cardiovascular box



4 Generic Clinical Assessment

- **a** Click on the Generic Clinical Assessment tab to complete (Figure 4).
- b Enter the patient's target systolic and diastolic BP according to NICE recommendations (see clinical evidence pages in the GM-ELIRT Overview), if the patient is diabetic then prompts will appear advising the clinician if the BP is outside the target range.
- **c** Click on graph icon to reveal previous clinical readings.

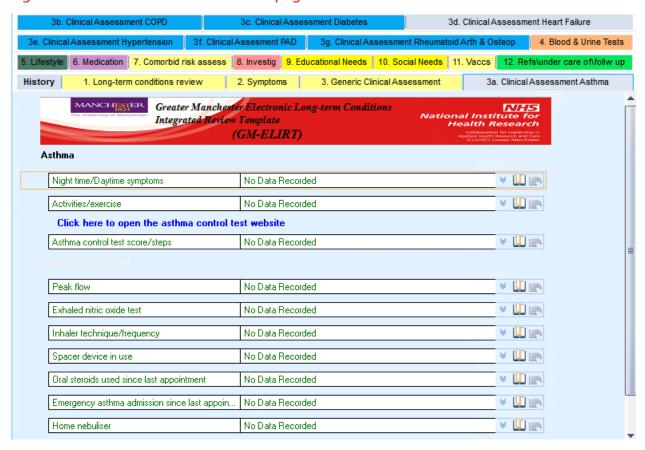
Figure 4: Generic clinical assessment page



5 Specific Clinical Assessment

- For more specific clinical assessment, click to open disease specific clinical assessment pages.
 Asthma is shown in figure 5a:
 - i Complete the RCP 3 questions for asthma.
 - ii Click on the link provided to complete the Asthma Control Test (ACT).

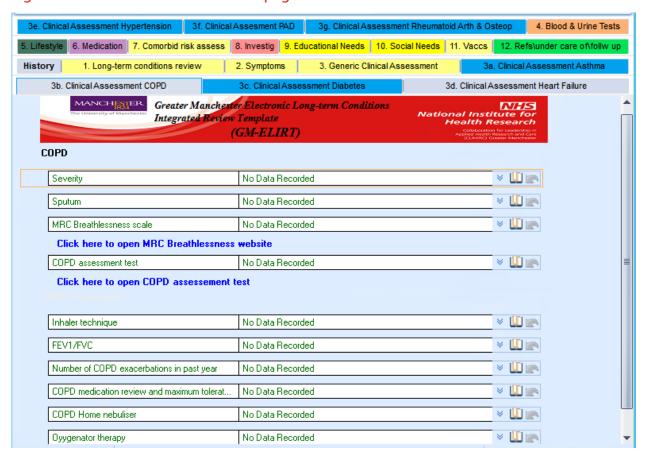
Figure 5a: Generic clinical assessment page



b COPD

iii Click on links to complete MRC breathlessness score and COPD assessment test (CAT).

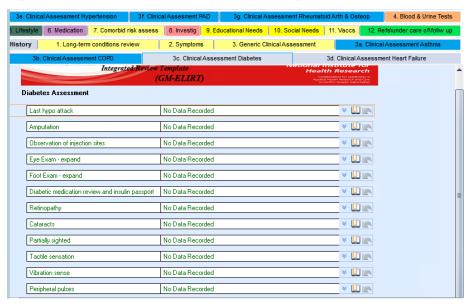
Figure 5b: COPD clinical assessment page



c Diabetes

i Diabetes assessment is shown in Figure 5c.

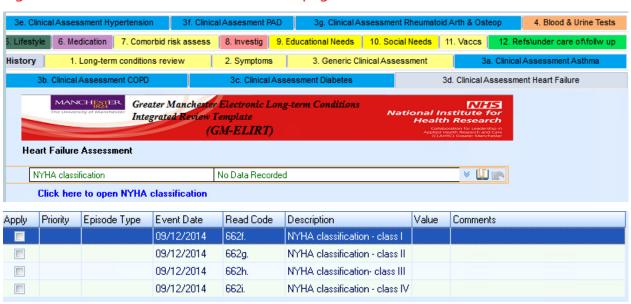
Figure 5c: Diabetes clinical assessment page



d Heart Failure

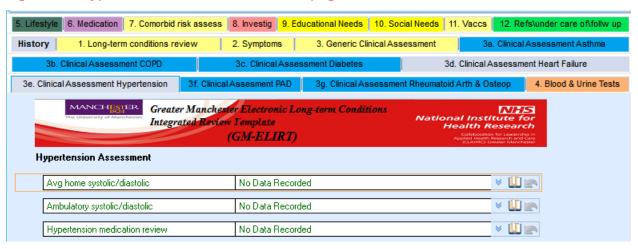
i Click on link to complete NYHA (Figure 5d).

Figure 5d: Heart failure clinical assessment page



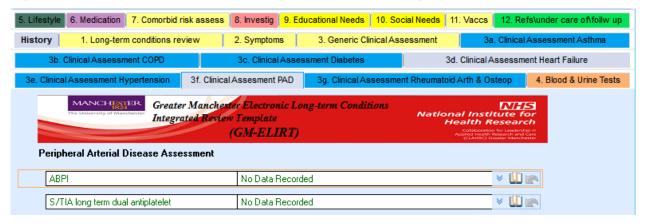
- e Hypertension.
 - i Figure 5e shows hypertension assessment.
 - ii Patients BP home monitoring readings can be recorded.

Figure 5e: Hypertension clinical assessment page



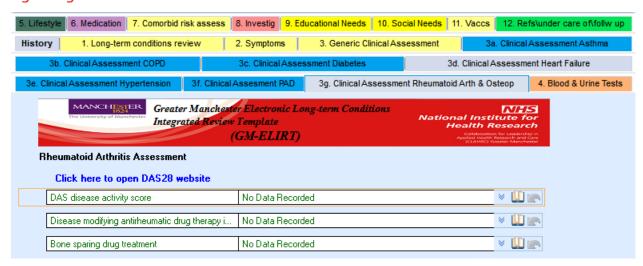
- f Peripheral Arterial Disease.
 - i Figure 5f shows peripheral arterial disease assessment.

Figure 5f: Peripheral Arterial disease clinical assessment page



- g Rheumatoid Arthritis.
 - i Figure 5g shows rheumatoid arthritis assessment.

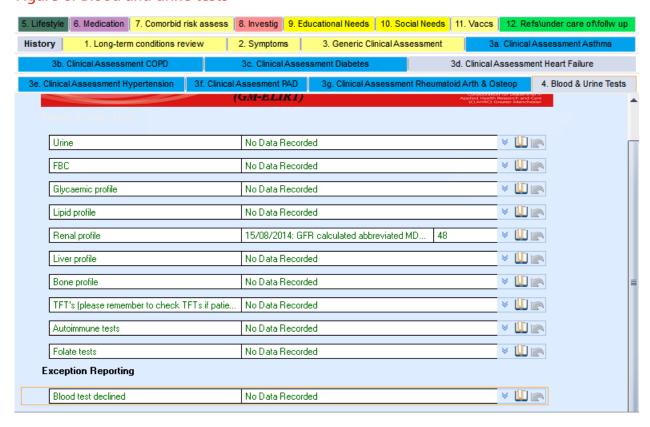
Figure 5g: Rheumatoid arthritis clinical assessment



6 Specific Clinical Assessment

- **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.
 - viii Thyroid function.
 - ix Autoimmune.
 - x Folate.
- d Record exceptions as appropriate.

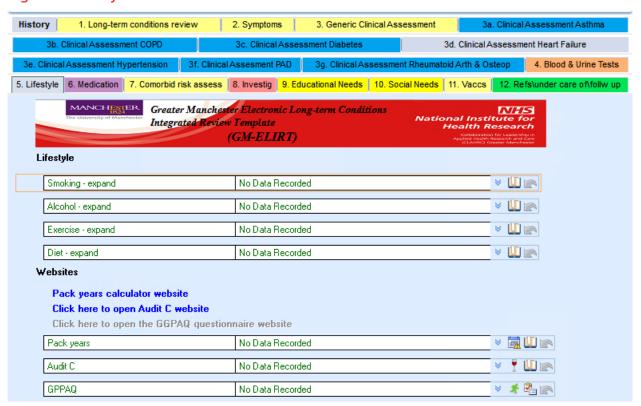
Figure 6: Blood and urine tests



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



8 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 8).
- c Then continue to review prescribed medication. Further prescribing guidance is provided on the clinical evidence pages in the GM-ELIRT Overview
- **d** For patients taking the anticoagulant therapy 'warfarin' the international normalised ratio (INR) and Time in Therapeutic range (TTR) for INR can be recorded.

Figure 8: Medication review

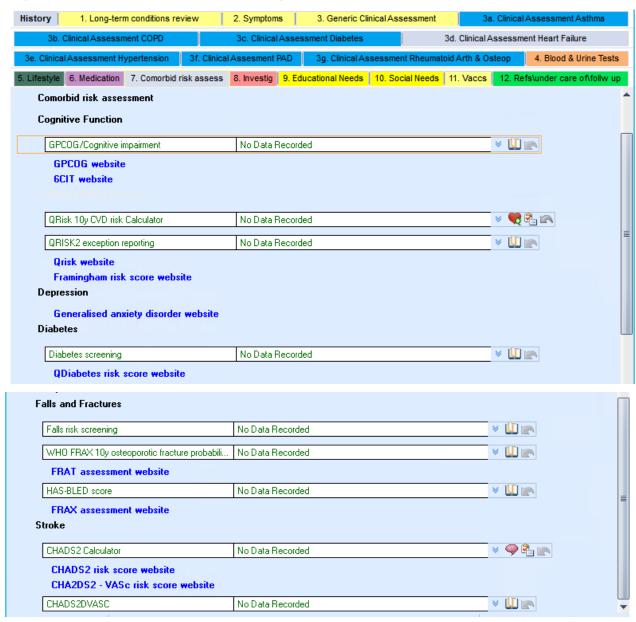


9 Comorbid Risk Assessment

- **a** Select from the alphabetically list to screen for the following as shown in Figure 9:
 - i Cognitive function
 - ii Coronary artery disease
 - iii Depression and anxiety
 - iv Diabetes

- v Falls
- vi Fractures
- vii Stroke
- **b** Click on the link to open risk questionnaire.
- c Enter result in box provided.

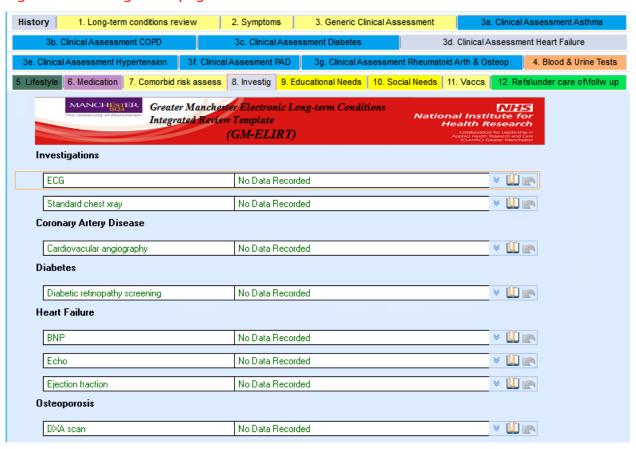
Figure 9: Comorbid risk assessment page



10 Investigations

- a View previous investigation results (Figure 10).
- 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

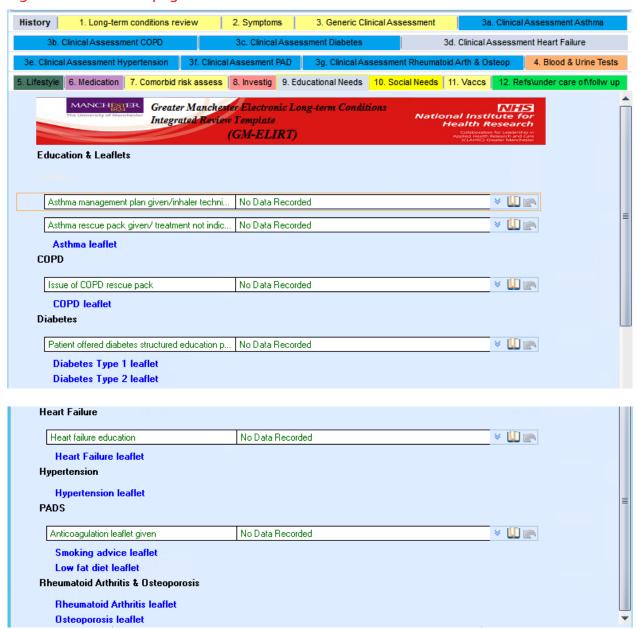
Figure 10: Investigations page



11 Education

- **a** Record verbal education, leaflets, booklets given where read codes are available (Figure 11).
- **b** Some of the advice my 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.

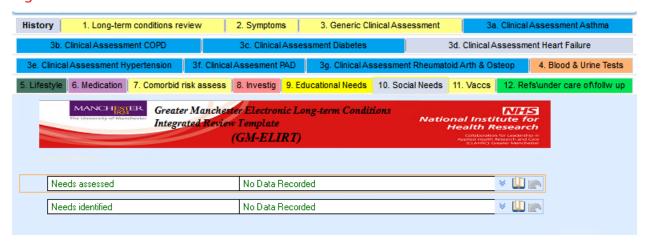
Figure 11: Education page



12 Social Needs

- **a** Record whether social needs have been discussed during the review.
- **b** Select identified social needs from the multiselect drop down (Figure 12).
- **c** Add further information as free text in the associated comment box.

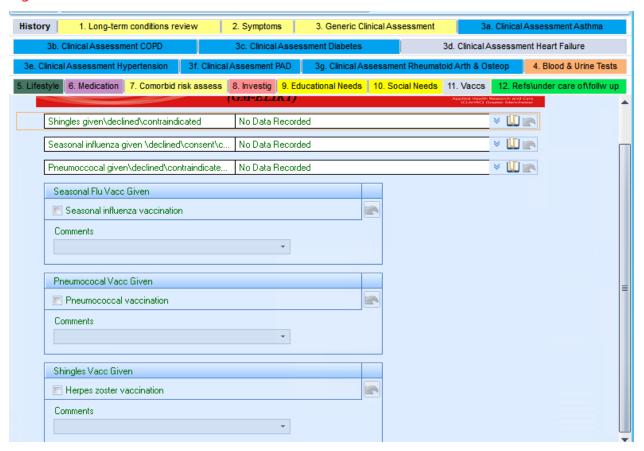
Figure 12: Social needs



13 Vaccinations

- **a** Check that vaccinations associated with LTCs have been given.
- **b** Record exceptions (Figure 13).

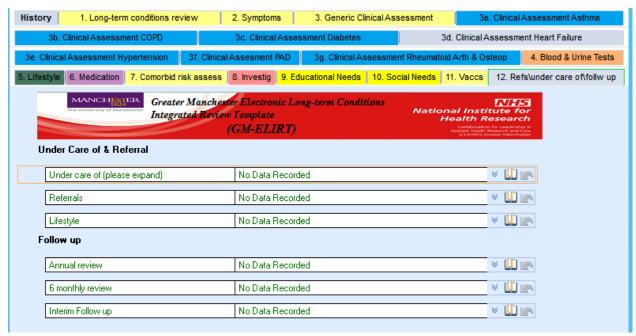
Figure 13: Vaccinations



14 Under care of, referral and follow-up

- **a** Check the health and social services already managing aspects of the patient's care.
- **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.
- f Check whether future review appointments have been scheduled (Figure 14).
- g Enter new appointment dates.
- h Amend dates due to cancellations.

Figure 14: Under care of and referral







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