

Improving Patient Referral Pathways for Physical Monitoring in the Community Using TrakCare.

Author: Jennifer Wooley, Jennifer.Wooley@nhs.scot
 Contributors: Jennifer Fraser, Jennifer.Fraser2@nhs.scot; Andrea Dryburgh, Andrea.Dryburgh@nhs.scot;
 Rachael Smith, Rachael.Smith2@nhs.scot; Michael Steven, Michael.Steven@nhs.scot

Background

For patients aged 0-18 who access Child and Adolescent Mental Health Services (CAMHS), there may be a need for clinicians to request physical health checks or monitoring to support their wider care and mental health needs. This might include conducting an ECG or blood tests as part of treatment for an Eating Disorder, or physical health checks related to a medication review. Historically, these checks have been performed in Primary Care, where clinicians would write to an individual's GP, requesting checks to be conducted, and feedback to be provided.

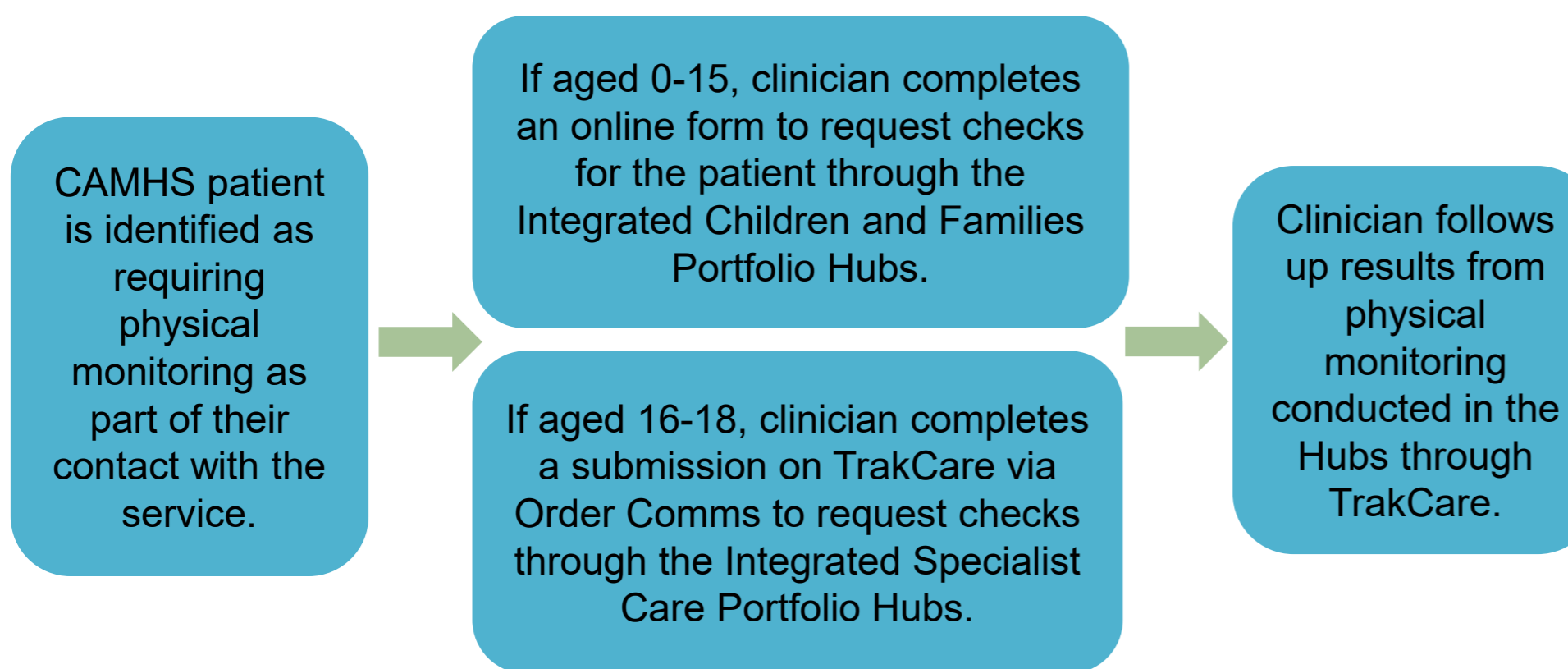
Building upon wider innovative work between Primary and Secondary Care in response to the Covid-19 pandemic; through discussion with GP's; NHS Grampian CAMHS, the Integrated Specialist Care (ISC) and Children and Families Portfolios are now working together to deliver an alternative pathway for patients to access physical monitoring related to their mental health needs through Hubs in the community. This involves use of TrakCare and other online systems to refer patients, with an aim of streamlining patient, staff and wider service experiences.

TrakCare and Online Systems

TrakCare is a product of Intersystems, which has been utilised by NHS Grampian for a number of years now. It provides digital healthcare information and storage, and can be utilised to support healthcare processes such as sharing of information and requesting tests. A process has been embedded within the TrakCare system whereby clinicians can request physical monitoring checks through a patient's online record- this is denoted as "Order Comms".

As part of the current pilot, CAMHS clinicians are able to request these checks for patients aged 16-18 directly to the Integrated Specialist Care Portfolio hubs in the community. In order to be able to utilise these functions, clinicians must first complete a short training module which is provided through TURAS. On completion, clinicians will be able to conduct a variety of tasks relating to test requests and follow-up.

For patients aged 15 and under, clinicians can request physical monitoring checks by completing a short form and sending this via email to the local Integrated Children and Families Portfolio hub administration.



Results

Feedback has been continually gathered from CAMHS staff during the pilot period. Initial feedback indicates that staff are aware of the process involved and found they were able to locate and follow-up on test results easily. It was also fed back that the current process makes it easier to refer patients on for checks by having one clear route to refer to.

Feedback was gathered in June from staff working in the Secondary Care Hubs. These staff worked in either a Band 3 Healthcare Support Worker role, or a Band 5 Nursing role. At the start of the six month pilot, data was collected on Hub staff confidence levels relating to the current process, and also relating to working with CAMHS populations. Staff rated confidence levels in the process as high overall:

Figure 1. Graph showing ratings of confidence levels relating to process with 1="not at all confident", and 10="very confident"

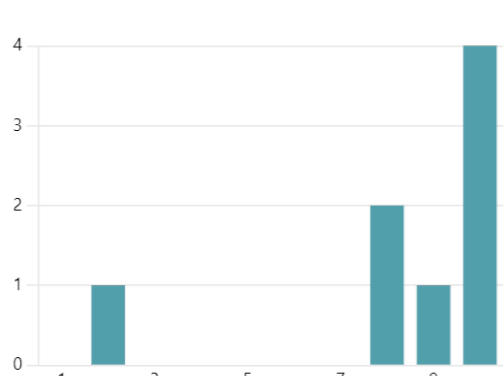
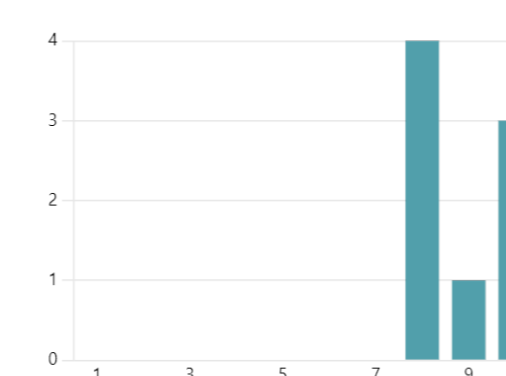


Figure 2 Graph showing ratings of confidence levels relating to working with CAMHS populations with 1="not at all confident", and 10="very confident"



Methods

The current test of change pilot is live from June 2023 until the end of November 2023. At present, all patients up to age 18 who require physical monitoring as part of their contact with CAMHS can be referred through this pathway. Patients aged 15 and under are referred to the Children and Families Portfolio Hubs, while patients aged 16-18 are referred through the Integrated Specialist Care (ISC) Portfolio Hubs.



We have been gathering data on staff experiences of utilising this approach, both in CAMHS and in the community Hubs:

- For Hub-based staff, self-report surveys, developed on Microsoft Teams, are being used to gather this information. A survey was sent to staff at the start of the pilot, to gather information about their knowledge and confidence levels working with a CAMHS population as part of the pilot. At the end of the pilot period, a further survey will be sent out to Hub staff, to see whether there have been any changes, and to gather insights on the process.
- For CAMHS staff, an ongoing survey has been conducted over the course of the pilot to gather feedback from clinicians on their experiences of using TrakCare and the online forms to refer, and their views on the process overall, including time required to manage this.
- In addition to this, we have the ability to utilise data from TrakCare to inform us around demographics of patients who have accessed physical monitoring in the community through the hubs.
- During the pilot, we hope to gather feedback from patients who have accessed support through this pathway too.

Discussion

It is hoped that the current test of change will provide evidence of the effectiveness, efficiency and acceptability of using TrakCare and the Hubs as part of the referral pathway for community-based physical monitoring. With this in mind, we have potential to improve patient experiences and the availability of options for community-based physical monitoring, for example offering a location that is flexible, rather than needing to be at the person's GP surgery.

By utilising an online platform rather than requests through letters, it is hoped to provide a well governed and streamlined option for staff referring through this pathway, easing pressures on time and process requirements.



Although initial feedback is positive about staff confidence, it will be interesting to see how staff report feedback on follow-up. Some informal discussions indicate suggestions for improvement in terms of process. One example is that, at present, patients have to pro-actively phone to book in an appointment with the Hubs, rather than this being arranged for them. This could present challenges for patients in acting as a potential barrier to engagement.

In terms of referring patients, it is noted that only certain clinicians have completed the required TURAS training to be able to refer through TrakCare. It is important that clinicians have time allocated to enable a wider pool of appropriate staff to be able to use this functionality in the system, with appropriate governance around this. For example, within the wider CAMHS team, it was identified that Physician Associates often took the role of requesting these tests on behalf of the service. Another reflection on the current process is that once tests have been requested, a CAMHS clinician is required to follow up and interpret these results, as part of their next step within CAMHS, in theory saving time for Primary Care colleagues. This ensures clinicians are familiar with the process, and helps to embed a strong rationale for requesting these checks in the most appropriate circumstances.

Acknowledgements

Very much a collaborative project, special thanks must go to the colleagues in Primary and Secondary Care who have supported this initiative thus far, as well as CAMHS colleagues who have undertaken a change in process to ensure we trial new systems together to effect more accessible options for our patients.