NHS Highland

Title:	**GP Record Scanning**
Report Author:	**Andy Ireland**
Version:	**1.0 June 2022**

1   Situation

General Practice room availability is an enduring challenge for many practices. This is in part due to the additional roles introduced to practice team in the 2018 GMS contract.

In some areas, practice list sizes continue to expand, and teams have been complemented by additional clinical and administrative staff to support the list and workload.

Practices have increased their outstanding input to medical education, which requires space for consulting, education and study.

Covid has created additional challenges, requiring practice teams to revise premises configuration and how space is utilised to reduce the risk of infection.

All practices in North Highland were requested to participate in a '*Highland GP Practice Record Scanning*' Forms survey in April and May 2022. The snapshot of the current position informs the development of a plan and prioritisation of any proposed scanning project.

All data quoted within this SBAR has been taken from practice responses unless otherwise stated.

Only 14% of North Highland practices have back scanned all their paper records. Of the practices which are yet to back scan, 58% confirmed that back scanning their paper records would release space for new clinical or administrative areas.

2   Background

In north Highland, 54 / 64 GP practices still hold large volumes of paper records; approximately 156,000 records for 197,000* of the Highland population (*ISD April 2022).

Paper records follow patients as they transfer practices. At point of registration / deregistration, practice teams coordinate paper record movements.

Information required from within the paper notes requires teams to physically locate and manual review content. Both aspects can be time consuming.

When patients request copies of their medical records by Subject Access Request (SAR) or Access to Medical Reports Act (AMRA), the practice teams will manually photocopy these to send to patients within 30 days.

Across Scotland, several boards including Forth Valley, Greater Glasgow and Clyde and Fife have back scanned all practice records, with Lanarkshire contracted to scan all in 2022/23. Ayrshire and Arran have a scan-on-demand contact in place. All other boards have pockets of practices which are fully back scanned, similar to north Highland.

NSS Practitioner services currently operates a 'paper lite' service for 652 practices which have fully back scanned their paper records. When a new patient registers with a paper light practice, the paper record is passed to the NSS contractor. Once scanned, the record is transferred to the new practice via eLinks import into the patients Docman.

As of March 2021, Highland GP practices had an additional 62.4 WTE PCIP staff embedded in practice teams from Pharmacotherapy and FCP Physio. Since March 2021, practices have additional staff from Community Link Workers, and more recently Mental Health. Vaccinations (VTP) also contacted practices regarding available space to co-locate vaccine clinics. All these 2018 GMS contract roles require space within practices to work alongside existing teams.

32 practices highlighted that back scanning would release space. Of these practices there is potential for creation of an additional:

- 11 clinical rooms
- 32 admin / remote consulting rooms
- Other general layout improvements resulting from scanning included dedicated spaces for medical students, expansion of dispensing areas and much needed storage.

Within the survey responses, several practices highlighted areas of risk (safety and environmental). These included:

- Unsafe storage solutions/locations including attic
- Work at height (ladders and steps)
- Fire risk
- Risk of water ingress and damp

- Poorly lit areas

Practices highlighted that paper notes are present in the administrative areas, and removal would result in these areas being more spacious, hygienic and IPC compliant.

Through global sum, practices are remunerated to summarise their records within 8 weeks of receipt. 34 practices confirmed they were not up to date with record summarising. This may result in practices requiring readily access to paper records to review patient history.

All practices have been prioritised based on responses to the *Highland GP Practice Record Scanning*' Forms survey.

In November 2021, Scottish government provided Highland with a [premises improvement grant of £234,516](). It was previously [agreed by PCIP Project Board]() that this funding be prioritised for back scanning. Funding has been re-provided in FY 22/23 on the basis a scanning project couldn't be completed by April 2022 due to scope of the programme.

Programme of back scanning links with the [NHS recovery plan]() and key themes within the [Digital health and care strategy]().

3   Assessment

Completion of a back scanning project would provide additional space for premises improvements, enabling other PCIP services to work alongside practice teams. Future premises funding allocations could be utilised for improvements, bringing the space into use.

Efficiencies

All scanned records would be available in Docman, stored as a multiple page pdf which can be reviewed immediately, using the 'F2' key to quickly search for specific terms.

When patients request copies of notes through Subject Access Request (SAR), the time taken to print is considerably less when compared to manually photocopying a set of paper records. Registration and deduction process will be further simplified and aligned with the NSS (PSD) digital strategy to remove paper processes.

Remote working

Throughout the pandemic, many staff have had to work differently. Fully digital records would be available to staff working remote from the practice. This would benefit practices with sustainability concerns where remote locums compliment practice based teams.

Environment

Removing paper records and avoiding the movement between practices will contribute to net-zero greenhouse gas.

Redesign

Many practices within Highland are involved in redesign projects which may lead to new premises. Back scanning would remove the requirement for record storage within new practice premises.

Compliance

Practice environments will be safer due to removal of Health & Safety, Environment and Infection Prevention Control concerns.

Compliance with GDPR will be less onerous with business-as-usual IT and system security taking the place of physical controls required for paper records.

Solutions

The Primary Care team have recently supported a practice with the tendering process for back scanning. Quotes were obtained from three suppliers. Each quote was reviewed to ensure it met the SCIMP advice for back scanning and aligned to the NSS paper light scanning process. Mandatory requirements included:

- Single PDF with Optical Character Recognition (OCR) for search functionality
- Upload direct to Docman (no manual *input* for practice teams)
- Indexing, boxing and uplift on day of collection to avoid disruption within practice

The contractor awarded the work was Ricoh. The contractor exceeded all the requirements whilst providing a favourable quote. On completion of the work, the practice confirmed they had a "very positive experience". "Ricoh [were] excellent to deal with; all went smoothly with good communication".

Ricoh had subcontracted the entire package of work to their scanning partner, On-Site Scanning (OSS). Partnering with OSS direct would avoid any mark-up in the price by Ricoh, and gain benefit of allowing NHSH to work closely with the team undertaking the work. Ricoh and OSS are aware of this proposed approach. OSS have completed scanning for:

- NHS Lanarkshire (in partnership with RICOH) completed phase 1 of scan and upload to Docman last year. Successful bid to complete phase 2 for all remaining GP Practices throughout 2022/23.
- NHS Dumfries & Galloway (direct OSS project as preferred supplier since Jan 2020) scan approximately 5 to 10 GP Practices via the Health Board.
- OSS have completed GP Practice level scanning for Practices across NHS Tayside, Lothian, & Greater Glasgow & Clyde and existing relationships with NHS Grampian, NHS Borders.
- OSS are/have also worked with NHS North East London CCG, Greater Manchester CCG, Wirral CCG and North Tyneside CCG for medical records scanning.

Given the confidence provided by OSS, a quote was requested for a full end-to-end back scanning project for all 54 practices in north Highland that require to be back scanned. The quote includes:

- Boxing up, cataloguing and collection fees for all GP practices. 31 practices included collection. Remote practices are subject to an additional fee of £1,500.
- Uplifts will be consolidated for smaller practices where possible. The additional £1,500 charge may reduce further where trips can be combined. Final invoice will be based on actual return trips required to remote practices.
- OSS will catalogue all records to provide a fully managed service for every practice.
- Total patient list size is 197,291
- The contract fee is 2.5% of the total project cost for direct award via framework.

Savings can be achieved by remote practices boxing, cataloguing and NHS Highland organising the movement of records from rural practices to a central uplift location.

Pricing is based on contracting via the NHS Shared Business Services framework (Lot 3) with direct award available to NHS Highland.

Ricoh OSS Proposal	Total Cost
Boxing Up & Collection of Outlying Areas (15 overnight trips/1 van/2 staff)	£22,500.00
Supply Boxes & Labels	Included
Additional Record Cataloguing	£19,729.10
Scanning of 54 GP Practices & Upload to Docman based on estimated list size of 197,291	£655,006.12
NHS SBS Contract Management Fee (2.5%) with direct award option (Lot 3)	£17,430.88
Secure Destruction of Physical Records	Included
Total Estimated Project Cost excluding VAT	£714,666.10
Total Estimated Project Cost including VAT	£857,599.32

OSS would aim to complete all practice back scanning within 18 months of receiving all contractual paperwork. OSS will, where possible, look to improve on these timescales.

NHS Highland will provide as much notice as possible to practices prior to uplift. Indicative timescales would be available once the contractor drafts a project plan. This should enable practices not up to date with record summarising to address or improve the situation. OSS offer scan-on-demand where practices can request a record is prioritised for digitisation and return. Records would be returned to the practice clinical mailbox from the suppliers nhs.scot e-mail account.

Standard next day return is £6.50+VAT per record

Emergency return within 2 hours is £20.00+VAT per record

These scan on demand costs are <u>out of scope</u> for this proposal. The contractor will invoice NHS Highland monthly for scan on demand costs with these re-charged to the requesting practice.

Where practices have large volumes of notes which they may need to regularly refer to, NHS Highland will work with OSS to agree a bespoke plan to reduce the likelihood or frequency for scan-on-demand.

£234,516 has already been approved for back scanning. Based on practice prioritisation, this would progress back scanning for 10 of the 54 practices.

An additional £623k from PCIP would enable back scanning to progress for all north Highland practices.

<u>Option1 – Practices already back scanned</u>

Where practices have already engaged a contractor and back scanned <u>all</u> their paper records within the last 12 months, the project should seek to provide the equivalent reimbursement. The value reimbursed would be equivalent to the cost of back scanning their records as part of this programme, or the actual value if this is <u>less</u> than the re-imbursement proposed. This will be agreed on a case-by-case basis.

No payment would be made to practices that were already funded by NHS Highland, e.g., through redesign projects or where practice teams have scanned their records.

If approved this would require up to £84k from PCIP.

<u>Option 2 – In-house scanning</u>

An alternative option of working with NHS Highland Medical Records was considered. The timescales were prohibitive due to prioritisation of secondary care record scanning/other NHS Highland priorities yet to determined. Limited scanning of c25k notes could commence in 22/23. The work would approximately take three years to complete in full. There were shared concerns due to the lack of a solution to import of the PDF to Docman. Boxing and cataloguing may default to GP Practice teams and transport would be contracted out. The option can be explored further if deemed to be preferred.

4   Recommendation

Progressing with a back scanning project would release space, create efficiencies, and support digital/remote working. Secondary outcomes would include environmental benefits by reducing record transportation whilst also improving the security of the patient record for better compliance with GDPR and physical damage such as fire and flood.

I ask the Primary Care Modernisation Project Team to:

1. Approve the approach outlined in this SBAR to progress with an outsourced back scanning project.

2. Endorse the use of the £234,516 funding to progress scanning for maximum number of practices as per prioritisation.

3. Approve the provision of an additional £623k of PCIP funding to facilitate scanning for all 54 practices.

4. Confirm if Option 1 should be in-scope and approve funding required – additional £84k.