

Specification for a directed enhanced service

Quality information preparation

Introduction

1. This paper sets out a directed enhanced service for summarising medical records for essential and additional services as part of the preparations for the introduction of the quality and outcomes framework. This work should also have the effect of producing more accurate lists. This will be a time-limited enhanced service which will be offered for two years ie completed by the end of March 2005.

Aims

2. To produce an accurate summary of the patient's medical record by:
 - (i) analysing the medical record and detailing significant past medical history, including the progress of chronic disease
 - (ii) maintaining an up-to-date summary
 - (iii) scrutinising the medical record for errors of fact, misfiled data, omissions, prescribing and irrelevant or out-of-date information
 - (iv) coding information onto computer for further analysis.

Service protocols

3. Summarising can be done by doctors, practice nurses, other professions allied to clinical medicine, medical students, or by PCOs or commercial companies employing any of these.
4. The scheme will require the following:
 - (i) a planned process. It is essential that a summarising project has a sound plan that can be carried to completion. This needs to be discussed within the practice, then agreed with the PCO and then concluded between the summarisers and the practice prior to commencing the project.
 - (ii) clear protocol. Protocols of precisely what the practice requires in the summary must be agreed by all the doctors in the practice. No summarising project can work if there is dissent in the practice. This includes codes to be used for significant events, detailed instructions on archiving less immediately relevant data, the types and classes of information to be recorded or archived, the recording of sensitive information, and the process for handling new records.
 - (iii) fully trained summarisers. Summarisers must be trained to recognise the importance of the facts they are deriving from the records and to understand the choice of codes potentially available to describe a particular clinical entity. Staff must be trained by those with previous summarising experience or by the doctors in the practice.

- (iv) summarisers should not work more than six hours per day. Summarising requires intense concentration and attention to detail and long hours make it hard to sustain the correct level of accuracy.
- (v) on-site access to medical records and the practice computer. It is not appropriate to take records off site. Summarisers must have a terminal each for the whole time they are working. They cannot deliver the project on time unless they also have desk and work space and a relatively quiet place to work, preferably in a dedicated room.²
- (vi) summarisers have to have access to doctors in case of queries. Inevitably, matters arise from the process that require prompt decisions. It is easier if one partner per practice is responsible for liaising with the summarisers.
- (vii) confidentiality. All summarisers should sign a confidentiality clause with the practice/PCO/company, breach of which will lead to automatic dismissal.
- (viii) supervision of the summarising process. This should be carried out by a named supervisor in each practice to maintain standards and answer queries.
- (ix) on-going maintenance of the summarising process and entering new correspondence and investigation data as the practice receives them. Before the summarising project is finished, practice staff should be trained by the summarisers to carry out ongoing maintenance work. This continuing work has to be planned as carefully as the initial project.

Review

- 5. All practices should conduct an annual review that could include:
 - (i) the number of summaries completed
 - (ii) the average time taken to complete each summary
 - (iii) the process for maintaining the records
 - (iv) how closely the project complies with the budget.

Pricing

- 6. Some practices have already completed or started the notes summarising process. In 2003/04, where funding is needed the benchmark price will be between £1,000 and £5,000 per average practice (population around 5,500) – practices with less or more patients will receive a percentage reduction/increase, depending on the need for the activity. This money is additional to funding which will be available to all practices for general quality preparation and to continuing provision for the maintenance of records through the quality and outcomes framework. It is not therefore intended to cover the full cost in those practices which have not yet undertaken any summarising of their notes. These figures will be uplifted by 3.225 per cent in 2004/05 and 2005/06