



An urgent treatment centre (UTC) in East Kent has gone live with endto-end digital health technology, which supports the NHS Digital First agenda, enhances patient pathways and improves patient safety.

The Estuary View UTC in Whitstable worked with other UTCs in Kent, East Kent CCG and three digital health providers: CLEO Systems, EMIS and eConsult Health, to create end-to-end digital patient care in its locality. The pilot site at Estuary View has gone live with the new solution, with a further 8 UTCs set to deploy the solution in the coming months.

Project background.

The way in which urgent care is delivered is changing. Across the NHS is the emergence of GP-led UTCs which are being introduced to ease pressure on hospitals' Emergency Departments (EDs). This means that patient can either book an appointment through NHS 111, via a GP referral or turn up unannounced. The 9 UTCs within East Kent wanted to create a seamless digital pathway and Estuary View have piloted the solution that allows access to the UTC via a Digital First approach. This was achieved through an interoperable solution that enables patients to move seamlessly through the pathway and enhances patients safety.

The Estuary View UTC, attached to the Whitstable Medical Centre and run by East Kent UTC Alliance, worked collaboratively with CLEO Systems, EMIS and eConsult Health to create an interoperable solution which enables patients to be pre-assessed, tracked and treated, whether walking into the UTC, being referred via NHS111, NHS111 Online or their GP.

CLEO Systems develop clinical solutions to support Urgent Care providers to deliver healthcare services in a variety of out-of-hospital settings. The company provides a fully integrated, interoperable suite of solutions which deliver safe and efficient patient management. The solution shows how collaborative working across the healthcare system can help streamline the patient journey, enable co-ordination with other parts of the health and care system and provide joined up care for the patient in the right place, at the right time. The other UTCs in the group are also on track to deploy the solution.

This new effort builds on successful cross-team collaboration where the shared visions was to ensure integration and interoperability.

Objectives of the project.

With the rise of pressure on EDs, UTCs are critical in reducing ED attendance. To support easy patient access and the NHS Digital First Primary Care strategy, the team of UTCs identified a need for an 'end to end' digital solution to help efficient running of their UTCs.

The team needed to be in line with the Digital First NHS England policy and enable a streamlined experience for patients, so they could quickly and easily be directed to the right digital or in-person service. The team was keen to adopt a patient tracking process and the ability to accept triage messages.

The team also wanted to provide enhanced patient safety with a reduction of potential medication errors. The UTC team worked collaboratively with CLEO Systems, EMIS and eConsult Health to provide this unique solution and seamless interface.



Solution - a single flow of information.

A group of UTC innovators led by Dr Ash Peshen, Clinical Lead, had a vision for patients accessing a UTC and working with a team from CLEO Systems identified an interface between different technologies that aided that journey.

A key driver for the team was the data requirements for ECDS (the Emergency Care Data Set) which eConsult Health's eTriage software supports to collect directly from the patient. Patient timing data had been an issue for the UTC, as they wanted to automate the patient's time of arrival, the time they were seen and the time they leave.

The team also wanted a solution that enabled patients to be triaged within 15 minutes, where historically waiting times had been on the rise and the team needed a standardised way to triage patients, so they were dealt with within an appropriate timeframe.

Dr Tim Chan, GP Partner at Estuary View Medical Centre, explains: 'Interoperability is key within healthcare, yet digitising within the NHS tends to happen in pockets. This collaboration is a sea change and has been a really positive process for us, with a fantastic outcome. This new interoperability means that we've tied together solutions that would not normally interface – and we can now use them to help our workflow and patient journey.'

The new interoperable digital solution means that a patient could present in one of a number of ways, be triaged and then directed to the nearest UTC for treatment. If a patient arrives at a UTC without an appointment, they will be able to check themselves in and self-triage (using the eTriage system) via a bank of digital screens on their arrival. Once the information is submitted on the digital screen, all information will be automatically transferred into the CLEO Patient Tracker List (PTL) ready for the patient's review. Equally, if the patient phones NHS 111, they will have access to the same triage questions and the system will direct the caller to the nearest UTC with availability.

Once at the UTC, the patient will be able to go to reception and check in (as the receptionists can see them on the CLEO PTL). Staff at the UTC will be to see the CLEO PTL and can prioritise based on their clinical knowledge.

Uniquely, once the patient is seen by the GP in the UTC – they will be able to open the relevant patients medical records within EMIS via a CLEO click through enabling the clinician to operate as they do within their surgery. They will use the EMIS system for their clinical work, showing everything that has been captured by NHS 111 or noted in the eTriage system. The treatment which happens in the UTC will also be automatically captured within the patient's EMIS record – meaning that it can be accessed at a later date at their GP surgery. The new solution provides seamless, role-based access.

Oli Blandford, Community Services Manager at Estuary View, says: 'It's been a positive and interesting collaboration for us, and a lot has come out of it. 'The development meetings we all held together have been really positive and have led to such a good outcome. CLEO has such a wide range of solutions and expertise and we've been really lucky to have them as development partners.'

Dr Chan says: 'The 111 service fields a lot of urgent patients – the fact that our local 111 provider (IC24) also happened to have a software provider subsidiary in CLEO Systems which was able to develop the system in-house was great. We were able to build interoperability from the ground up with their collaboration. We worked together really well – in fact the technology bit was easy! What has been a really key side benefit is that every GP can now see past notes right across the whole patch.'

Dr Peshen continues: 'This now covers the whole of East Kent, covering a population of 750,000. This is the first solution of its kind, as we now have live access to patient records from the UTC. As soon as you enter the information, it will be available to the patient's own GP in real time.'





There are many benefits that interoperability and successful collaborative work brings. In the UK there are nearly 200 million medication errors each year and 21% of these relate to prescribing errors.

Dr Ash Peshen explains: 'This solution significantly reduces the risk of medication errors, as the EMIS system will flag up an alert held in a patient's own GP records, if there are any interactions or allergies when you prescribe medication for the patient.'

Patient pathways have also been improved. Dr Ash Peshen, continues: 'It was a really important part of improving our patient pathways in East Kent to be able to provide a seamless patient experience, and I feel we have achieved this. Collaborating with our partners has helped us reach this exciting moment. As a clinician and a technology enthusiast, I'm passionate about providing an interoperable end to end service to patients in East Kent and working with CLEO Systems has enabled us to do this. I'm really excited about the next phase of rolling out CLEO, EMIS and eTriage across our other UTCs in the area.'

The solution has also made the whole process from triage to discharge more dynamic, as Oli Blandford explains: 'We use EMIS in primary care - as do all GP services in Kent – so one vital part that was lacking for us at the UTC was the patient tracking process and the ability to accept eTriage messages. The CLEO UTC Patient Tracker List has been so helpful for this. It accepts the message from the eTriage system and prioritises them for the UTC clinicians, so they can see and work in time and priority order, whereas before teams had to prioritise manually. The process is now dynamic and has enabled us to process the 111 bookings directly and automatically. Previously, this was all 'called in' by the call handlers. Now it's all automated for us and booked in so we are starting to create a seamless GP journey.'

Dr Chan explains: 'The main benefit has been enhancing patient safety and making the patient journey smoother across settings.'

Oli Blandford concludes: 'We don't see this success as the end of the project – this is the start of what we foresee to be the new way of working for the UTC – it's a really exciting time!'

Dr Ash Peshen concludes: 'This system could – and should – be replicated in any part of the country where the majority of local GPs are on a single IT platform.'



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