



**NATIONAL FCD EMIS TEMPLATE AND
CLINICAL OUTCOME REPORTING**

Presented by
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CAPTURING A COMMON DATA SET

- First Contact Practitioners (FCP) and First Contact Dietitians (FCD) is an emerging area of practice
- Limited guidance from PCNs about KPIs needed- Capture what they are paying for...
- It would be beneficial for a common data set to be available to allow the impact of the roles to be clearly measured and evaluated.
- The common data set should focus on qualitative and quantitative data and should be collected by all dietitians working in these roles. Also consider symptom improvement, cost savings and GP time.
- Many of us have been keeping some data locally, but not regionally/ nationally/ UK wide level. Use of audits around pt feedback and ONS px.
- To be successful and sustainable in providing data, we need to be able to use fully integrated reports within our electronic health systems.

CONSIDERING ROLE AIMS

- Consider the aims of a FCD: • 'First Contact' • Support the workload of General Practice and the PCN contract • Provide assessment and self-management advice to patients • Provide high quality efficient care and good patient experience to patients • Provide staff with a positive experience • Improve clinical outcomes for long-term conditions in individuals/populations
- Consider the NHS national aims: We want versus Commissioners. Changing focus of requirements for PCN work-Improved access, outcome focused care, QOF, IIF, DES changing focus- plus local needs and supporting integration within ICTs/ICBs/neighbourhood teams....change in government...
- Buzz words- CORE20PLUS 5, health inequalities, personalised care, proactive care, digitally enable.

BREAKING THIS DOWN

- Dietetic activity- numbers, true 'First Contact', number of contacts before discharge, timeframe to response
- Referral- referrer details, referral reason, New/fu, consultation type
- DNAs/failed encounters
- Appointment utilisation (number and %)
- More detail on 5 roadmap areas
- Dietetic action taken, FCP action taken, onward referrals, Dietetic request for GP involvement/escalation
- % of patients that return to the GP after seeing the dietitian, impact on GP contacts
- Clinical outcome- objective measures, validated tools
- Pt satisfaction and feedback, staff feedback
- QOF, IIF, DES coding reports, local objectives
- What about health promotion? Raising awareness? Better integration?

RESEARCH REQUIRED

- Carrie Eckersley, Newcastle North PCN completing Masters work
- Research level work in capturing a common data set through EMIS
- Work communicated with the BDA and also in contact with the Plymouth team
- Several strands of work:
 - National EMIS template; requirements for documentation, approaching ARDENS, designing and creating one template with functionality to collect the data for all clinical conditions.
 - Data collation; what data do we want to collect and can a report be created from the template designed.
 - PDSA cycle

NATIONAL TEMPLATE CREATION

- 2 templates created locally and were in use (Newcastle North PCN and Bexhill PCN)
- Both circulated to the committee to consider across the specialities— needs, wants, likes and dislikes
- Easy to complete, flexible, drop downs where possible, need for CODED entries where possible versus what is achievable
- Blending of the 2 templates
- Pilot by 4 FCP dietitians before starting data collection

COLLECTING DATA

- EMIS reporting works on coded content of entries- limited by this, not caught up with PCNs and FCPs
- Establishing EMIS reports is less than ideal- once created easy to pull and pool data
- Helped the committee focus on what is a starting point for data collection? How are we going to use this data?
- A handle on national activity and impact, based on those using EMIS

PDSA

- PLAN- Template ✓, report ✓ and relevant user guides created
 - Recruitment of 4 centres, 6 FCDs to pilot using the template for 2 months
- DO- Template completion for July and August, Pull report
 - Feedback on report and template from users
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A LOOK AT THE TEMPLATE

Template Runner

Pages <<

- Referral
- Anthropometry
- Assessment
- Dietetic Outcome

Source of Referral

<input checked="" type="checkbox"/> Patient referral to dietitian	16-Oct-2024	16-May-2024
Source of Referral	<input type="text"/>	16-May-2024 Referral by GP
Source of referral	<input type="text"/>	
	<i>Text</i> <input type="text"/>	
Problem	<input type="text"/>	18-Jul-2024 Chronic kidney...
Referral reason	<input type="text"/>	18-Jul-2024 Chronic kidney...
	<i>Text</i> <input type="text"/>	
Patient Consent	<input type="text"/>	16-May-2024 Informed con...
	<i>Text</i> <input type="text"/>	
For patients unable to consent, dietetic input provided in best interest as per MCA 2005.		
Patient unable to consent due to	<input type="text"/>	21-Dec-2023 Lacks capac...
	<i>Text</i> <input type="text"/>	

Referral Details

New or follow up?	<input type="text"/>	16-May-2024 In-house die...
Was the patient seen by a dietitian?	<input type="text"/>	16-May-2024 Seen by dieti...
Further information	<input type="text"/>	
Type of encounter	<input type="text"/>	16-May-2024 Telephone co...
Others present at consultation	<input type="text"/>	

Anthropometry

Body weight	<input type="text"/>	kg	18-Jul-2024	75 kg	»
Standing height	<input type="text"/>	cm	18-Jul-2024	160 cm	»
Body Mass Index	<input type="text"/>	<input type="button" value="Calculate"/>	18-Jul-2024	29.3 kg/m²	»
Body mass index for age percentile	<input type="text"/>		No previous entry		
Weight history	<input type="text"/>		16-May-2024	Weight decr...	»
Percentage weight loss	<input type="text"/>	%	No previous entry		
Nutritional screening tools:	<input type="text"/>				
Ulna length	<input type="text"/>				
Waist circumference	<input type="text"/>	cm	25-Jan-2023	38 cm	»
Mid upper arm circumference	<input type="text"/>	cm	25-Jan-2023	19 cm	»
	Laterality	<input type="text"/>			
	Add qualifier				
Grip strength of left hand	<input type="text"/>	kg	25-Jan-2023	10 kg	»
Grip strength of right hand	<input type="text"/>	kg	25-Jan-2023	18 kg	»
Further Information	<input type="text"/>				

Assessment

Medical History/Relevant EMIS History

Relevant current clinical info:

Flagged Symptoms

Red flags may be various (inc medical- objective, subjective, dietetic, social- safeguarding) and will require escalation.

Red Flag Information

Physical examination info:

O/E - blood pressure reading

 /

18-Jul-2024 **128/86 mmHg** »

Standing blood pressure reading

 /

16-May-2024 **130/85 mmHg** »

Pulse rate

 [beats/min](#)

04-Oct-2024 **112 beats/min** »

Text

Blood pressure procedure declined

16-May-2024 »

Baseline SpO2 (oxygen saturation at periphery)

 [%](#)

16-May-2024 **97 %** »

Text

Respiratory rate

 [/minute](#)

04-Oct-2024 **48 /minute** »

Tympanic temperature

 [degrees C](#)

04-Oct-2024 **36.7 degrees C** »

Abdo examination:

Dietic Outcome

Dietetic Impression 16-May-2024 **Medium risk ...** [»](#)

Text

Dietetic impression:

PASS statement

Dietetic outcomes and goals: drop down, select as many as relevant.

Proposed outcome and goal 16-May-2024 **Dietetic goal ...** [»](#)

Proposed outcome and goal

Dietetic patient recommendations: if entry required, please tick the box and then select from any of the various suggestions below.

Dietetic education:

Action plan DM, wt mgt, heart health 16-May-2024 **Dietary educ...** [»](#)

Action plan Nutrition Support 16-May-2024 **Dietary man...** [»](#)

Action plan gastro 16-May-2024 **Dietary educ...** [»](#)

Action plan paed 16-May-2024 **Dietary man...** [»](#)

Action plan - general: 18-Jul-2024 **Education abo...** [»](#)

Further Information

Referrals to: 16-May-2024 **Referral to d...** [»](#)

Plan

FCP actions: if you have taken FCP actions, please tick the box and then select from any of the various suggestions below.

FCP actions:

	E	F	G	H	I	J	K
7							
9	New Versus follow up Code Term	New versus follow up Code Term	Referral by Code Term	Referral reason Code Term	Location Code Term	Dietetic action Code Term	FCP action Code Term
10							
11	In-house dietetics first appointment		Referral by GP	Altered bowel function		Dietary education for irritable bowel syndrome	Blood test requested
12				Gastrointestinal symptom		Dietary management education, guidance, and counselling	Faecal occult blood requested
13						Fluid intake education	Test request : Stool culture
14		In-house dietetics follow-up		Gastrointestinal symptom	Telephone consultation		Blood test requested
15	In-house dietetics first appointment		Referral by GP	High risk of malnutrition	Home visit	Dietary management education, guidance, and counselling	
16				Oral nutritional support		Food fortification education	
17				Unintentional weight loss		High protein diet education	
18	In-house dietetics first appointment		Referral by GP	Gastrointestinal symptom		Dietary education for irritable bowel syndrome	Examination of abdomen
19				Irritable bowel syndrome		Dietary management education, guidance, and counselling	Faecal occult blood requested
20				Irritable bowel syndrome			Test request
21							Test request : Stool helicobacter antigen test
22	In-house dietetics first appointment		Referral by GP	Chronic diarrhoea		Dietary management education, guidance, and counselling	Discussed with doctor
23				Gastrointestinal symptom			
24	In-house dietetics first appointment		Referral by GP	Nutritional assessment			
25		In-house dietetics follow-up		Frailty	Home visit	Dietary management education, guidance, and counselling	
26				High risk of malnutrition		Food fortification education	
27				Nutritional assessment		High protein diet education	
28						Modified texture diet	
29	In-house dietetics first appointment		Referral by speech and language therapist	At risk for malnutrition	Home visit	Dietary management education, guidance, and counselling	Assessment by multidisciplinary team
30				High risk of malnutrition		Food fortification education	Test request
31				Nutritional assessment		High energy diet education	
32						High protein diet education	

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TEMPLATE FEEDBACK AND LEARNING

Please state what you liked about the template:

- Flows well, captures key FCP Dietetic assessment in clear and concise format. It is customizable. Good use of drop down boxes and easy to use. Useful step by step guides.
- Overall, the template is brilliant and will give us a way to collect data nationally to share with NHSE and others to promote the value of these roles.

Please state anything you didn't like about the template:

- Follow up section was unsure what to complete, is it a duplication?
- It looks a bit repetitive in the entry- seen by dietitian, seen in dietitian clinic, in house dietetics.
- It is quite lengthy. I have not had to use every section however think each section has potential to be used and worth including on template to cover wide scope of FCP role.

Did you experience or can you anticipate any barriers to using the template:

- Would be useful to know the versatility to adapt template and reports for local use
- Clinician preference- Data collection versus documentation template
- Confidence that the template works across the 5 roadmap areas

SNAPSHOT OF RESULTS

- 4 dietitians reports available, 2 month period
- 207 female, 71 male.
- Age range 3-97, average 62
- News 150 and reviews 128
- Referrals- 79% from GP, 15% from patient, remainder from MDT
- Error in report for those in clinic, 81% telephone and 19% homevisit
- Referral reason in line with 5 roadmap areas- Frailty (30%), Wt mgt (12%), Diabetes (10%), Paeds (1%), Gastro (31%)
- Other referral reasons- 16% 'nutritional ax', coeliac, cholesterol, osteoporosis, PCOS

Abnormal weight loss
Acid reflux
Altered bowel function
At risk for malnutrition
At risk of diabetes mellitus
Bile acid malabsorption syndrome
Checking dietary intake assessment
Chronic constipation
Chronic diarrhoea
Coeliac disease annual review
Coeliac disease monitoring
Constipation
Cow's milk intolerance
Diabetes mellitus diet education
Diarrhoea
Dietary advice for type II diabetes
Diverticular disease
Frailty
Gastrointestinal symptom
Gastroesophageal reflux disease
Health promotion education
High risk of malnutrition
Hypercholesterolaemia
Irritable bowel syndrome
Loose stool
Low cholesterol diet education
Morbid obesity
Nutrition problem in child
Nutritional assessment
Obesity
Oral nutritional support
Osteoporosis
Overweight
Physical/nutritional assessment
Picky eater
Polycystic ovary syndrome
Type 2 diabetes mellitus
Unintentional weight loss
Wants to lose weight
WR - Weight reducing diet

FCP ACTIONS

- FCP actions x112 actions (40% of contacts) by 4 dietitians in 2 months!!!
 - Instigated blood, faecal, tests- 41%
 - Physical exam-9%
 - Medication action- 20%
 - Specialist referral- 12%
 - GP signposting/MDT escalation- 18%
- At the point of discharge (n=33):
 - 82% achieved the goals set, 18% partially achieved goal

FUTURE THOUGHTS

- Learning from the running of the reports
- Starting point, what do commissioners want
- Webinar to feedback results in full
- Future thoughts- Data collection versus National template..... Hands up
 - Logistics around national data runs, staggered launch
 - Consider qualitative data FFT
 - Consider validated symptom scores, impact on GPs.
- Opening up of other reporting options- ie/ DNA, failed encounters
- System One- Approach BDA- additional funding may be required, any volunteers?
- Keep in the loop with other FCPs



THANKYOU

TO THOSE WHO ACTIVELY ENGAGED WITH THIS
WORK, BIG STEP FORWARD IN BEING ABLE TO
ACCURATELY CAPTURE ALL THE VALUABLE FCD
WORK.

