

About EMISNUG : what we do

Extract from the Report of the Trustees, year ended 31 December 2017

Objectives and activities for the public benefit

The EMIS National User Group (NUG) is a registered charity with stated objects *“to aid the relief of suffering and cure illness by continuous research into matters relating to the causation, prevention, diagnosis and treatment of illness and disease, in particular by collecting, collating and exchanging information with users of EMIS computer software or other interested members of the public”*.

EMIS is the most widely used GP IT system in the UK, used by over 55% of all GP practices. GPs in the UK have been at the forefront of medical computing across the world. The EMIS system was developed by GPs, beginning in 1987, to provide a comprehensive informatics platform improving patient safety and quality of practice. In addition to its use as a tool for day to day recording and administration of all patient contacts it has over, many years, collected a rich repository of health data which is used for research. Much of this research has, in turn, fed back improvements in the medical care of the patients and helped refine further the EMIS computer system to directly benefit the care of individual patients and populations, for instance, by developing risk assessment tools, safety alert systems, improved data analytics and sharing information with other systems.

The NUG is a membership group of users of the system from GP practices across the UK involving the whole gamut of healthcare team members looking after patients. The NUG is completely independent and separate from the commercial company supplying the system, EMIS Health, or any of EMIS Health’s subsidiaries or indeed any commercial suppliers of IT equipment and software. The system is complex and can be used in many ways. The NUG offers independent advice, guidance and education as to the best use of EMIS in order to optimise provision of health service, based on on-going research and good practice across an arena which offers health care to millions of people. Through its extensive educational resources, the NUG helps practitioners and administrators improve their use of EMIS and informatics in its wider context to improve patient and population care and to integrate with other systems used in the wider health and social care environment for the benefit of patients. This is in contrast to the services offered by the system supplier which trains users which buttons to press to make the various modules work at a basic functional level.

1. Research into the causation, prevention and treatment of illness and disease

Research databases such as QResearch, CPRD and the RCGP disease surveillance as well as countless other individual studies have pulled aggregated data from GP systems and carried out important analyses resulting in hundreds of medical research papers, furthering medical knowledge and directly informing national clinical guidelines and best practice.

The NUG has encouraged the contribution of data at local and national levels and has among its Trustees, one of the foremost Professors of academic research in this area responsible for setting up the not-for-profit QResearch database at the University of Nottingham. QResearch has been used to developing tools integrated within EMIS to improve the detection and prevention of illness among patients. The NUG was instrumental in establishing the QResearch database in 2002, providing support and guidance on its establishing principles and medical research purpose. Over the last 15 years, the NUG has regularly encouraged its members to share data with QResearch. For example, NUG has produced freely available videos on the EMIS NUG website how to activate the sharing of electronic data for research within the computer system so that practices can contribute. One of our trustees represents the NUG on the QResearch Advisory Board which provides oversight and advice on use of the data for medical research as well as ensuring there are benefits back for patients. The NUG has actively promoted the dissemination of the results of medical research project at its biannual conferences. It has also enabled the integration of the results of medical research back into the GP computer system for the purposes of improving patient care. For example, the QRISK2 tool which predicts risk of heart disease form the basis of the NHS Health check and is implemented into all GP computer systems (not just EMIS) for public benefit.

Another recent example is Qcancer. As GPs, we often have patients with a vague presentation which we feel may be due to cancer such as weight loss, tiredness or anaemia but we need to know where to start with investigating, The Qcancer tool uses the known information on the system and the risk tools developed from data from many practices to rank the individual's cancer risk for lung, bowel etc. This means we use evidence based assessment to direct investigation. It reduces the risk of unnecessary investigation and resultant delays in diagnosis and helps focus investigations on the appropriate area.

We have worked with the charity *Macmillan Cancer Support*, to provide educational materials on the use of cancer decision tools (such as Qcancer) in clinical practice, making the materials freely available to anyone through the NUG website. We rely on the experience of members who are actively engaged with the NUG to make help develop the best tools and educational materials for most beneficial to clinicians and patients.

2. Exchanging information with users of EMIS computer software or other interested members of the public

EMISNUG encourages and promotes better use of the system through its educational work with users of all levels through the extensive material on its website and local and national conferences, a quarterly magazine and a web discussion forum. Members are encouraged to contribute to the various educational streams so the organisation shares the knowledge and skills within the membership, so everyone benefits. By using the system better, patient care and safety is improved. Key elements include:

- **Conferences:** The extremely influential twice yearly National and Regional NUG Conferences provide fora for hundreds of GPs and other primary care workers come together to explore and develop their expertise with the same purpose – improving the care of our patients through the vehicle of a shared IT platform.
- **Email discussion list:** The NUG provides a facility through its publicly available discussion email list to enable other users to rapidly exchange information, share tips, spot bugs and suggest improvements to the system. For example, this discussion list has been used to quickly highlight safety issues which might adversely affect patient care - for example, when there is a software bug which results in the computer system not working as intended.
- **Quarterly magazine:** The NUG also collates this information and uses it to inform the contents of the quarterly NUG magazine which is provided to members.
- **Website:** The NUG website has a wealth of resources for its members with educational courses on how to use the clinical computer system to improve patient care. Whilst some of these videos are only available to members, others are publicly available since they have a general value applicable to any GP computer system.
- **Software problems and faults:** The NUG holds the provider of the EMIS software (EMIS Health) to account on behalf of our members and our members' patients. The NUG 'Watchdog' subcommittee and the 'User email list' provide examples whereby we, as an independent user-driven voice – bring to the attention of the system provider any defects or problems raised by members which have not been dealt with in the usual 'de-bugging' programme. The user voice is extremely important in this process and many problems with the software have escalated and resolved following pressure from the NUG, representing its members. In this way we can ensure the software is fit for purpose to accord with our charitable aims of relieving suffering and curing illness.
- **User development requirements:** Through its regular User Driven Requests meetings between Committee members and the company, suggestions made by users of the system are gathered and represented by committee members to the company and prioritised for development. This fulfils an NHS contractual requirement of the provider to engage with user representatives. The priorities of software developers is often different from those of the end users. The NUG ensures

the system is developed in line with user requirements and in this way, we help to improve and adapt the system to better further its utility to help meet the stated charitable aims. This is vital in the swiftly moving environment of the NHS. This year we have been increasing the channels for obtaining user requests and suggestions, for instance with surveys at our two conferences and use of social media such as Facebook and Twitter. We have worked with the developers at EMIS to prioritise the many existing user requests and plan a realistic implementation map for useful improvements to increase safety and utility of the system for the users.

3. Relief of suffering and improvement in the curing of illness

Use of IT-driven Electronic Health Records is an essential component of modern NHS Primary Care. The NUG supports members in ensuring that development of the system and best use of it ensures patient care is optimised, health promoted and disease and suffering reduced. Cure of illness relies on accurate recording and curating information from a wide variety of data sources and the NUG promotes best practice and innovative methods to carry this out.

Over the last 20 years, the NUG has worked with users and software companies to improve patient safety by GP computer systems. For example, all prescriptions are now issued electronically instead of being written by hand. As a result, powerful warning systems are built into the software and the NUG works continuously with its users and with EMIS to ensure that the relevant safeguards are implemented in the system - for example, checks to ensure that a patient with a drug allergy is not accidentally prescribed that drug or that patients are not prescribed dangerous combinations of drugs. With the complexity and wealth of information collected, it is essential that this is presented clearly and optimally to clinicians and administrators using the system and the NUG has worked to help improve the graphical user interface and the way the system behaves and functions.

National representation

As well as offering direct advice to our NUG members, we operate in the context of a wider NHS IT arena. Over more than 20 years as a charity, we have been influential in representing our members and UK patients many historic and on-going national initiatives in relation to the EMIS clinical system and regarding general issues of electronic patient medical records. The purpose is to ensure that the GP clinical computer systems across the NHS are fit for purpose, appropriate, safe and effective for delivering patient care. Currently trustees sit on the following committees:

- Domain C Advisory Group. A meeting under NHS Digital which is planning the development of Primary Care informatics as an integrated part of the wider patient record and healthcare system.
- Joint GP and Royal College of GPs Information Technology Committee (JGPIT) –a subcommittee of the British Medical Association. This provides advice on standards and best practice for NHS IT across all GP systems.
- Scottish National User Group meetings and SCIMP conference.
- Devolved Nations IT meeting. This is an opportunity for users in Wales, Scotland and Northern Ireland to discuss and exchange ideas as these regions often have differing needs to England which often dominates UK-wide discussions.
- University of Nottingham, QResearch Advisory Board - NUG helps ensure practices and patients benefit from the research being undertaken using data collected by the GP practices)
- NHS Digital pseudonymisation steering group – NUG advises on technical aspects to protect patient confidentiality when data is being used for research and health service development.
- Pathology Messaging Implementation Project (PMIP) – NUG advises on what GP practices needs from this service to deliver care for patients.
- ERS (Electronic Referral System) Programme Board – previously known as NHS Chose and Book (part of NHS England).
- Pan-User Group (PUG) – representing users of all GP clinical systems (including competing current and historic systems – such as InPS Vision, TPP SystemOne, Microtest Evolution, iSoft).
- Expert reference group Macmillan Cancer Charity – providing advice to Macmillan on how best to ensure that cancer decision support tools such as Qcancer and other tools can be integrated into all GP systems to help improve patient care.

For example, the NUG has recently represented on three areas including care.data, patient facing services and pseudonymisation:

- The NUG was instrumental in representing patients and practices and working with the Information Commissioner, to protect their data from care.data, a proposed centralized database, which had poorly defined use in breach of practice data protection rules and patient confidentiality.
- The NUG has helped develop patient facing interfaces with the GP IT system so that patients can make appointments, request medications, view their test results and other areas of their medical record. This meets intended government targets but the NUG has helped shape this in the best way for it to work smoothly and the safest way to guard patient confidentiality. This has been a very complex new area and the experience of the user voice has been critical in the success this now enjoys. This again helps further the charitable aims.
- The NUG has advised NHS Digital's steering group on technical approaches (known as pseudonymisation) to protect patient confidentiality whilst allowing data sharing for public benefit.

NUG Committee

The EMISNUG Committee members continue to show their commitment and enthusiasm by attendance at the NUG committee meetings and there has been good representation throughout the year. Committee members are also each involved in the sub-committees; Education, Conference, Watchdog, User Drive Developments.

A review of our performance this year

Conferences

We held the National Annual Conference over 2 days (with a networking session the evening before) with 4 streams of educational presentations, group sessions and other networking opportunities and systems demonstrations and opportunities for hands on experiences. There are also exhibitors of related software & hardware attending the conference. The conference is advertised to members of the charity at preferential rates and any others with an interest in healthcare IT such as other healthcare professionals, provider organisations, scientists and researchers, administrators and policy-makers.

The 2017 conference was again at the East Midlands Conference Centre, Nottingham and we had 368 delegates, around 40 fewer than the previous year. It was a successful educational event with very positive feedback from members attending. There were speakers from a wide variety of backgrounds discussing issues such as tracking population health data, using research databases to provide tools for GPs to improving the health of their patient populations, information governance advice, case studies of members' practices engaged in innovative healthcare improvements using IT, improving the efficiency of using the EMIS system in patient care, innovatory applications of technology in acquiring health data such as wearable devices and smart apps., SNOMED, progress and advances in telemedicine, tools for improving the early diagnosis of cancer, new models of care, use of new IT systems to improve patient safety, improving the patient experience in interacting

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with their medical record and health provider, improving team-working across the various health professionals using IT, integrating health and social care services using IT and new models of care to help improve patient outcomes.

There were also sessions on getting the best use of the systems to help members use them more fully and more efficiently to improve the healthcare of their patients. Sharing and spreading best practice is a very important function of the EMISNUG to help apply its charitable objectives.

There was also a successful one day Spring Conference held in February 2017 in Manchester, designed to reach members unable to attend the main national event. Similar topics were covered in variety of presentations.

The presentations from both conferences are posted on the EMISNUG website for reference and use by members.

Watchdog Subcommittee

Four meetings were held with EMIS this year. The Watchdog Subcommittee formally monitors the support and other aspects of services provided by EMIS Ltd to our members, to highlight and where possible, resolve issues in the interest of improving the use and functionality of the software to members in order to optimize the utility of the software to further the objectives of the charity.

User Driven Requests Subcommittee

Four meetings were held with EMIS this year. There is a mandatory requirement for the software provider to take account of the users' development requirements under the national GPSoC funding arrangement with the Department of Health and this subcommittee is the official mechanism for this. There is a separate group for Scottish developments on which the National User Group has representation (SNUG). The Subcommittee meets with directors and software developers of EMIS Health in order to feed in users' requests for developments to improve and widen the system to further the objectives of the charity. Ideas are collected from the web fora and other members' contributions. We also discuss the software company's own ideas and draw up priority lists. We see early versions of test software and help shape further development in terms of the members' requirements.

Education Subcommittee and Magazine Subcommittee

Members benefit from our quarterly magazine "EMISUser", lively internet discussion fora and the EMISNUG website. The website has access to a large number of educational resources, including numerous presentations, training videos and courses. The site is interactive with users encouraged to leave comments and feedback to articles. We have links to social media with a Twitter stream and Facebook page.

The Education Subcommittee ensures new material is commissioned, published, and existing items kept up to date. It looks at the educational strategy as a whole and seeks new methods and people to help increase the educational range and depth across all the media to help further the objectives of the charity.

Conference Subcommittee

This work is carried out throughout the year as and when needed and so there are no formal meetings; its work is fed back to the main Committee.

National representation

The Chair of EMISNUG has important national connections as representative of the members to push forward the objectives of the charity. He sat on the Joint GP IT Subcommittee of the British Medical Association / Royal College of GPs which is the official professional representative grouping across the UK. He liaises with the other national user groups.

He liaised with research organisations dealing with health informatics such as University of Nottingham's internationally prominent QResearch team in the Division of Primary Care headed by Prof. Julia Hippisley-Cox (who is also an EMISNUG Trustee) which is doing vital work to improve the healthcare of populations worldwide using computer modelling for risk stratification which has created some important risk identifying tools now incorporated into EMIS software. Other such organisations include UK Biobank and the Information Commissioners Office and other organisations for which expert professional representation and liaison is required. He was the main point of contact for the EMIS NUG.

Subsidiary

EMIS NUG has one subsidiary, EMIS NUG Services Limited, which undertakes the trading activities of the charity.

Financial review

The accounts show a surplus for the year amounting to £41,969 (2016 surplus was £20,417). Bank deposits increased from £252,220 to £262,418. The trustees are very pleased with the financial performance.

Governance

The charity is a company limited by guarantee; its governing document is its "Memorandum and Articles of Association".

The EMIS National User Group (NUG) is run by a committee of dedicated and enthusiastic people, all involved in Primary Medical Care in one form or another. Trustees are elected at the Annual General Meeting each year. A third of the committee of the NUG stand for election each year. Any member of the NUG may put them self forward for election. Officers are elected by the committee and re-elected each year.

The NUG committee members are based throughout the UK. There were 4 full Committee meetings held during the year and 4 meetings of each of the four subcommittees (Education, Watchdog, User Driven Developments and Conference).

The EMIS NUG has an office based in Gateshead, Tyne and Wear which employs two members of staff. It is the office's responsibility to ensure smooth running of the User Group and to provide support to the committee.