

Diabetes and Endocrinology

Specialty Induction Guide

OPD2

*Royal Infirmary of Edinburgh
51, Little France Crescent
Edinburgh EH16 4SA*

Metabolic Unit

*Anne Ferguson Building
Western General Hospital
Crewe Road
Edinburgh EH4 2XU*

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ENDOCRINOLOGY AND DIABETES IN EDINBURGH

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INTRODUCTION

Welcome to the departments of endocrinology and diabetes in Edinburgh. Training for StRs takes place mainly in the Royal Infirmary (RIE) and the Western General Hospitals (WGH) in Edinburgh, but you will rotate to St John's Hospital (SJH) in West Lothian, Victoria Infirmary in Kirkcaldy or the Borders General Hospital for general medicine placements. If you are doing an FY2 placement you will be based at the metabolic unit at WGH. GP placements in diabetes lasting 3 months take place at both RIE and WGH.

There are agreed management protocols for diabetes and endocrinology that are used in both RIE and WGH. These are all available on the intranet under the Metabolic Unit Handbook at <http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/Diabetes/DiabInfoforHealthProf/ECEhandbook/Pages/MetabolicUnitHandbook.aspx> Please take some time to read these protocols.

As part of the strategy to streamline endocrine services in Edinburgh, the diabetes and endocrine units at RIE, WGH and SJH have amalgamated to function as a single unit: the Edinburgh Centre for Endocrinology and Diabetes (ECED). There is a shared administrative structure and integration of clinical services in endocrinology across the three sites. Weekly cross-site meetings are held to facilitate case discussion and review of unified protocols for investigation and management. ECED meetings also incorporate MDTs and liaison meetings with allied specialties.

- ECED meetings take place every Monday from 4 to 5pm (with an additional meeting 08.30-9.15 on the 1st Monday of the month) in the Blackford room at the RIE postgraduate education centre and the Padfield room at the WGH Metabolic Unit, using the MCU-5 bridge.
- The thyroid/endocrine pathology MDT runs monthly (generally 4th Monday of the month).
- Other topics covered and the appropriate lead clinicians (who generate the agendas) are given below.
- ECED meetings are coordinated by Dr Fraser Gibb.
- The monthly pituitary MRI meeting runs separately on the last Friday of the month at 2pm at WGH.

| Topic | Lead clinician |
|----------------------------|---------------------------|
| Thyroid/pathology MDT | Mark Strachan/Fraser Gibb |
| Case presentations | Fraser Gibb |
| Protocol review | Roger Brown |
| Clinical chemistry liaison | Mike Crane/Cathy Shearing |
| Rep endo liaison | Richard Anderson |
| Paeds liaison | Rod Mitchell |
| Morbidity and mortality | Nicola Zammitt |

There are also evening meetings in diabetes and endocrinology at RCPE and GIM teaching days at RCPE every month to 6 weeks. These should be considered mandatory training for registrars.

ROYAL INFIRMARY OF EDINBURGH (RIE)

WHO'S WHO AT RIE

You will find a list of permanent staff in OPD2 below. Margaret Turnbull, who is head of A&C, can organise passwords for SCI-Diabetes (diabetes IT system) as well as general computer passwords if you do not already have one. Dr Nicola Zammitt coordinates the clinic rota, along with Sue Veitch (medical secretary). The form used for applying for staff ID is on page 32.

CONSULTANTS – (D) = Diabetes (E) = Endocrinology

Clinical Staff

Dr Alan Patrick (D+E)
Dr Matthew Young (D)
Dr Alan Jaap (D+E)
Dr Nicola Zammitt (D+E)
Dr Fraser Gibb (D+E)
Dr Anna Dover (D+E)
Dr Pauline Jones (D+E)
Dr Wei Leng Teoh (D+E)
Dr Scott MacKenzie (D+E)

Academic Staff

Prof Jonathan Seckl (E)
Prof Rebecca Reynolds (D+E)
Dr Roger W Brown (E)
Dr Shareen Forbes (D+E)
Dr Roland Stimson (D+E)
Dr Rob Semple (D+E)

SPECIALTY DOCTORS

Dr Trisha McPhail

RESEARCH NURSES

Alison Sudworth

CLINIC NURSING STAFF

Staff nurses

Valerie Smith (C/N)
Tara Wilson (S/N)
Susan Taylor (S/N)

Clinical Support Workers

Kathryn Roberts

DIABETES SPECIALIST NURSES

| | |
|---------------------------|--|
| Janet Barclay | Lead DSN |
| Mike Richards | In-patient DSN |
| Joan Grant | Pregnancy, insulin pumps |
| Vida Heaney | Adolescent diabetes, DAFNE , pumps |
| Lindsay Aniello | DAFNE, RECLAIM, pumps, learning difficulties |
| Susan Johnston | Pregnancy, DAFNE, RECLAIM |
| Lynn Gourlay | GLP-1 group starts |
| Kay Malloch | Home visits |
| Margaret Boyd (Roodlands) | Erectile dysfunction (monthly clinic RIE) |
| Denise Watson | Clinical Support Worker |

ALLIED HEALTH CARE PROFESSIONALS

Dietetic staff

Debbie Anderson
Alyson Hutchison
Renny McAllister
Hanne Luxon

Diabetes Specialist Podiatrists

Emma Brewin
Joanne McCardle
Ben Bullen

A&C STAFF

Secretaries

Margaret Turnbull (Head of A&C)
Sue Veitch (AWP, ARD) Louise Hanlon (MJY, SDM)
Elaine Dowding (AJJ)
Janey Anderson (NNZ, MWJS)
Liz Farnworth (PJJ, FWG)
Debbie Higgins (Endo/gen med)

Clerical Officers

Yvonne Dickson (Diabetes)
Paula Oakes (Diabetes)
Catherine Clark (Endo)
Karen Robson (Endo)
Maria Montserrat Pearce (Endo)

UNIT MEETINGS

- Monday 4-5pm ECED meetings Blackford room in Postgrad suite, RIE (+ 1st Monday of month 8.30-9.15).
- STR teaching ("morning prayers") 08.30-09.15 Mon, Tues, Thurs, OPD2 seminar room (except July-Aug)
- In-patient diabetes meeting Wednesday morning 08.30-09.30 registrars' room, OPD2.
- Journal club run by Dr Fraser Gibb Tuesdays 12.45 – 13.30 in registrars room, OPD2
- Wednesday 12.30-13.30 hospital grand rounds in Chancellor's building.
- Friday 12.30-13.30: unit meeting for discussion of diabetes clinical cases hold in seminar room OPD2.

CLINICS

The clinic timetable is given overleaf. Most of the clinics run weekly with the following exceptions:

Diabetes/renal clinic: 2nd and 4th Monday of the month

Late effects clinic: 4th Fri month at WGH

Roodlands: endocrine clinics every 4 weeks and adolescent diabetes clinics approximately every 6 weeks

RIE adolescent diabetes clinic: Every 6 weeks on a Friday afternoon

Registrars will be allocated to RIE clinics depending on their training needs and service requirements (including antenatal and renal clinics). More detailed guidance on subspecialty training will be offered at the training programme induction, and a document detailing the subspecialty training opportunities is in development. While registrars are at RIE, they should arrange to attend foot clinics with Dr Matthew Young (Monday and Wednesday mornings), diabetes retinopathy clinics at the Princess Alexandra Eye Pavilion (Dr Karen Madill) and paediatric endocrine clinics with Dr Louise Bath at the Royal Hospital for Sick Children (all contactable on nhslothian.scot.nhs.uk Emails). In addition, registrars should ensure they get adequate exposure to the antenatal diabetes and renal diabetes clinics, and attend appropriate sessions within the bariatric surgery service (email Mhairri Duxbury, Bariatric Specialist Nurse).

As optional extras, registrars can attend the islet cell clinic on Monday mornings with Dr Forbes (shareen.forbes@ed.ac.uk), the metabolic antenatal clinic on Tues afternoons with Prof Reynolds (r.reynolds@ed.ac.uk), the thyroid eye clinic with Dr Zammitt (nicola.zammitt@nhslothian.scot.nhs.uk) or Dr

Dover (anna.dover@nhslothian.scot.nhs.uk) and the late effects clinic with Dr Zammitt. You are supernumerary and attendance, which should be pre-arranged with the relevant consultant, is for educational purposes. There is also a nurse-led (Margaret Boyd) erectile dysfunction clinic once a month on a Monday morning.

LEAVE

The clinic rota is coordinated by Nicola Zammitt and Sue Veitch. They need to be informed of any leave requests, HAN commitments and GIM study days when making up the rota. Annual and study leave request forms (obtainable from Sue Veitch) need to be approved from a service perspective by Dr Zammitt and then passed on to Sue. Leave must be authorised with at least 6 weeks' notice.

StRs are entitled to up to 30 days of study leave per year, and have an allocated annual study leave budget of £500. Study leave must be requested and approved using the Turas online system (refer to the NES Study Leave Policy and Turas User Guide for further details). In general however, you must ensure that for any eligible study leave, you first seek approval to be released from clinical duties for the event, and then you may make a formal application on Turas which will be approved where appropriate by Dr Anna Dover as TPD.

SAMPLE RIE WEEKLY DIABETES/ENDOCRINOLOGY TIMETABLE

| | | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|-------------|---|--|--|--|--|
| | | Registrar on call – XX | | | | |
| | Date | 3rd ECE meeting 8.30 | 4th AJJ/AWP | 5th In p-t mtg | 6th BRW/RWB | 7th Unit meeting |
| <u>Week 1</u> | <u>AM</u> | DM AJJ/AWP Reg Reg Reg Reg Islet cells SF (OPD1) ED MB Feet MJY WGH endo PJJ | DM PJJ WLT Reg Reg Rood DM SDM PM | Endo AWP Reg Reg ARD Feet MJY | DM MJY AJJ Reg FWG Reg Rood AWP Reg | DM MJY SF Reg PM LCTC PJJ/FWG |
| | <u>PM</u> | ANC AWP ARD Reg Thyroid Ca MWJS/FWG OPD4 | Metabolic ANC RR/SF (SMMP) Endo JRS FWG WLT Reg Thyroid eyes NNZ (PAEP) | Intensive T1DM RS FWG AJJ ARD DA/JG | ANC NNZ | Endo RWB NNZ RS RR Reg |
| | | Registrar on call – XX | | | | |
| | Date | 10th NNZ/RS | 11th AJJ/AWP | 12th In-pt mtg | 13th BRW/RWB | 14th Unit meeting |
| <u>Week 2</u> | <u>AM</u> | DM Reg Reg Renal AJJ/AWP Reg Feet MJY Islet cells SF | DM PJJ WLT Reg Reg Rood DM SDM PM | Endo AWP Reg Reg ARD Feet MJY | DM MJY Reg NNZ Reg Reg Rood AWP Reg | DM MJY Reg PM Reg LCTC PJJ/FWG |
| | <u>PM</u> | ANC AWP ARD Reg Thyroid Ca MWJS/FWG OPD4 ECE meeting 4pm | Metabolic ANC RR/SF (SMMP) Endo JRS FWG Reg Reg Thyroid eyes ARD (PAEP) | Intensive T1DM RS FWG AJJ DA/JG | ANC AJJ | Endo RWB NNZ RS SDM |
| | | Registrar on call – XX | | | | |
| | Date | 17th NNZ/RS | 18th AJJ/AWP | 19th In-pt mtg | 20th BRW/RWB | 21st Unit meeting |
| <u>Week 3</u> | <u>AM</u> | DM AJJ/AWP Reg Reg Reg Islet cells SF (OPD1) ED MB Feet MJY WGH endo PJJ | DM PJJ WLT Reg Reg Rood DM SDM PM | Endo AWP Reg Reg ARD Feet MJY | DM MJY AJJ Reg FWG Reg Rood AWP Reg | DM MJY SF Reg PM LCTC PJJ/FWG |
| | <u>PM</u> | ANC AWP ARD Reg Thyroid Ca MWJS/FWG OPD4 Thyroid MDT 4pm | Metabolic ANC RR/SF (SMMP) Endo JRS FWG WLT Reg Thyroid eyes NNZ (PAEP) | Intensive T1DM RS FWG AJJ ARD DA/JG | ANC NNZ | Endo RWB NNZ RS SDM |
| | | Registrar on call – XX | | | | |
| | Date | 24th NNZ/RS | 25th AJJ/AWP | 26th In-pt mtg | 27th BRW/RWB | 28th Unit meeting |
| <u>Week 4</u> | <u>AM</u> | DM Reg Reg Reg Renal AWP/AJJ CV risk AC Feet MJY Islet cells SF (OPD1) | DM PJJ WLT Reg Reg Rood DM SDM PM | Endo AWP Reg AJJ ARD Feet MJY | DM MJY Reg NNZ Reg Reg Rood AWP Reg | DM MJY Reg PM Reg LCTC PJJ/FWG WGH late effects NNZ |
| | <u>PM</u> | ANC AWP ARD Reg Thyroid Ca MWJS/FWG OPD4 ECE meeting 4pm | Metabolic ANC RR/SF (SMMP) Endo JRS FWG Reg Reg Thyroid eyes ARD (PAEP) | Intensive T1DM RS FWG AJJ DA/JG | Rood Endo & adol DM AWP (Variable dates) ANC AJJ | Endo RWB NNZ RS SDM * Adol DM (every 6/52) AJJ NNZ RHSCx2 occasional reg |

AJJ – Alan Jaap
AWP – Alan Patrick
ARD – Anna Dover
AC – Alison Cockburn

BRW – Brian Walker
FS – Frances Soutter
FWG – Fraser Gibb
JRS – Jonathan Seckl

MB – Margaret Boyd
MJY – Matthew Young
NNZ – Nicola Zammit
PJJ – Pauline Jones

PM – Patricia McPhail
RWB – Roger Brown
RR – Rebecca Reynolds
SF – Shareen Forbes

SDM – Scott MacKenzie
WLT – Wei Leng Teoh
DA – Debbie Anderson
JG – Joan Grant

- * When the adolescent diabetes clinic is on, the endocrine clinic is cut to 2 lists

OUT PATIENT DEPARTMENT 2 (OPD2)

Diabetes and endocrine clinics take place in OPD2, along with clinics in haematology, neurology, general medicine and hypertension. Diabetes has a designated entrance and reception area while the north entrance via the mall is the reception area for all other clinics. Useful paperwork is kept in the grey filing cabinet next to the endocrine reception area.

Diabetes clinics

Clinic nurses/support workers will check patients' weight and BP and take clinic bloods, which consist of either full annual review venous bloods or a capillary sample for glucose and HbA1c. Nurses will create a clinic episode on SCI Diabetes and enter the patient's weight and BP on SCI. Results for glucose and HbA1c will be attached to the front of the notes. Other blood samples are routinely processed in the hospital labs. Patients are asked to bring a urine sample to all clinic visits. You should retrieve this from the nurses after it has been dipped and send to the lab along with any venous bloods. Blood tests should be requested electronically on Trak. There are pre-specified trak order sets for type 1 and type 2 diabetes. These are visible when you select the patient from the trak clinic list in order to request their bloods. Where patients are monitoring blood glucose, clinic nurses will download their data on Diasend. There are laminated instructions on how to access these readings on each clinic desk and a guide to use of Diasend later in this document.

With over 9,000 patients currently attending the clinic, we can generally only offer 6-7 month or annual review appointments. While it is possible to bring a small number of patients back sooner, this is the exception rather than the rule. Patients requiring early review can also be referred to the DSNs or dieticians. There is a diabetes specialist nurse covering every clinic. If you are planning on bringing a patient back for DSN review, this should be discussed with the clinic DSN, who will book the patient in at a mutually convenient time and make sure that the patient understands the reason for the follow-up visit. Insulin-treated patients usually attend every 6-7 months. Other patients (including those with stable, well-controlled, insulin-treated type 2 diabetes) may be suitable for shared care with their GP and only require an annual review appointment. There is slightly more flexibility in the type 1 clinic to offer 4 monthly review appointments for selected patients requiring intensive input.

DIABETES CLINIC FORMS

All insulin-treated patients will be given a questionnaire to complete on arrival, **which must be used during the consultation**; particularly the sections on the patient's own concerns, hypoglycaemia and driving. The HADS score should be dictated into the text of the letter and the section on the mental health pathway explains how to interpret and manage the HADS

scores. If the patient completes their Email address and wishes to be signed up to My Diabetes My Way, instructions on doing this via SCI Diabetes can be found on page 20

We previously used a range of different forms to refer patients to the Diabetes Specialist Nurses (DSNs) but have moved to a system where there is a DSN on for each clinic. Any referrals should be discussed with the DSN at the time so that she can agree an appointment with the patient at a mutually convenient time. This also ensures that the patient understands the reason for the referral.

Referrals to DAFNE

Information on DAFNE courses can be found on the ECED website. Patients can book themselves onto DAFNE courses online and there are printed leaflets with the link for patients to use. When details are given to patients about registering for a DAFNE please Email Fiona.gilchrist@nhslothian.scot.nhs.uk (DAFNE administrator) with the patient's name, CHI number & up to date telephone number so that she keep an eye on referrals and ensure that appropriate people are booking onto the course. Please Email her rather than sending a copy of the clinic letters.

DSNs are not able to accept referrals to phone patients unless discussed with them first. This is because they have an average of 40-50 phone calls a day and have very little time left over to chase patients up. The DSNs have an answer phone and will return patient calls. There are business cards with the DSN telephone number available and clinic sheets for recording advice given to patients, which also includes the DSN phone numbers (242 1470/1471) and clinic Email address (diabetesclinic.RIE@nhslothian.scot.nhs.uk) to encourage patients to make contact with the department if they need support.

Endocrine clinics

Patients will be weighed by nurses on arrival, with data entered on Trak. Blood tests should be undertaken by doctors and requested on Trak. For short synacthen tests (SST), take baseline bloods but do not seal the blood form. Prescribe 250mcg synacthen im on a prescription sheet (available in grey filing cabinet) and give this to one of the clinic nurses along with the baseline blood samples and a patient sticker. They will do the synacthen injection and 30 minute blood sample. Patients can be brought back to OPD2 for SSTs, acromegaly GTTs and routine bloods (e.g. early morning testosterone). More complex tests and procedures (e.g. water deprivation tests, annual iv zoledronate infusions, Cushing's and Conn's protocols) should be arranged at the WGH metabolic unit by writing to Sister Suzanne Dillon. Please ensure that you outcome the endocrine clinics yourself, and update the endocrine database on TRAK. See later sections on the database and outcoming for guidance.

INFORMATION FOR StR's

Supervision

During your time at RIE, you will be allocated a clinical/educational supervisor whom you should meet with at the start, midway point and end of your placement. You need to ensure that specialty clinics and general medicine blocks are arranged in good time. The Training Programme Director (TPD) for diabetes and endocrinology is Dr Anna Dover. You must discuss any planned GIM blocks with Dr Anna Dover. There is a post-clinic discussion after all endocrine clinics and after Tuesday, Wednesday and Thursday diabetes clinics. On Mondays and Fridays you can discuss any complex cases with the consultant in clinic. Cases can also be discussed at the Friday lunchtime unit meeting.

Inpatients and the role of the on call registrar

Each week, there is a registrar on call for diabetes and endocrinology (indicated on the clinic rota). The registrar carries the pager (#6800) from 09.00-17.00 and takes call from GPs and other specialties within the hospital. The registrar on call is not routinely rostered for clinic, with the exception of sub-specialty training or emergencies (e.g. sick leave). They are thus freed up to work with the in-patient DSN (Mike Richards), under the supervision of the in-patient consultant of the week, to support diabetes (and endocrine) patients across the hospital. Appropriate in-patient referrals to DSN include: insulin starts, district nurse support post discharge, hypoglycaemia, DKA, blood glucose monitoring. The in-patient DSN will do a ward round on the acute medicine unit and wards 207/208 each day with the on call registrar, and the in-patient consultant of the week when available. Complex cases on other wards can also be reviewed if required. The consultant on call for inpatient diabetes will also facilitate a weekly meeting to discuss case at 08.30 on Wednesdays in the registrars' room in OPD2. Endocrine cases can either be discussed with the consultant on call for the week, or brought up at any of the post-clinic discussions. If you are seeing any new referrals urgently within the department (e.g. newly diagnosed type 1 diabetes) please inform reception staff. You should also liaise with dietetic and specialist nursing staff as needed. The on call registrar of the week also presents a small number of patients for discussion at the Friday lunchtime unit meeting, as directed by Dr Scott Mackenzie (clinical lead in-patient diabetes).

When on-call, please ensure that any advice (including verbal/Email) provided to GPs is included in the correspondence in TRAK. Emails can be copied and pasted, or manually typed in. If there has been a significant change to an existing patient's management then please dictate a letter (cc'ing the responsible consultant). This should always be done if a patient is being referred to clinic as a new patient. For telephone advice to the wards (requiring subsequent routine OP review) then a copy of the IDL should suffice.

Out of hours on call

There is a diabetes/endocrine out of hours cross-city on call rota, currently coordinated by Dr Anna Anderson (anna.anderson@nhslothian.scot.nhs.uk.) Specialty on call cover runs from 5-8pm Mon-Fri and 9am – 5pm Saturday and Sunday, using the #6800 pager. Scottish Government regulations do not allow junior doctors to work more than 7 days in a row. On call weekends are therefore split and **trainees should not routinely work both Saturday and Sunday on call.** While much of the specialty on call consists of phone advice, you are expected to review patients in person in either hospital if needed, particularly any pregnant diabetic patients or any neurosurgical patients with endocrine issues. There is a consultant on-call rota so that specialist advice is always available to you. The consultant will also offer diabetes and endocrine advice outwith your on call times **to medical or nursing staff only**. If a patient calls asking for advice outwith the usual registrar hours, switchboard will advise them to contact NHS 24 in the first instance. The only patient calls that will be put through to the consultant are those where a woman identifies herself as being pregnant or if the patient has been given special dispensation to call the consultant. Such patients will identify themselves to the switchboard operator. Therefore, if a patient you have been involved with is likely to need consultant input out of hours, it is vital that you hand this over to the consultant.

While on call, you may need to enter OPD2 out of hours, for example if a new type 1 is referred over the weekend. OPD2 is locked out of hours but can be accessed by taking the lift from ward 103 or 203 (you will enter the unit by the lift near the diabetes reception). The key to the insulin fridge is kept in the safe in the notes room next to the Lifescan lab. You will need to ask for the code to open the safe, and the code to enter the room; these are not documented here for security. Please see Sister Val Smith so that she gives you these codes. You can also ask security to let you in (you will obviously need your ID badge).

When handing over patient information, this must be done appropriately, either in person, over the telephone or using a secure Email account. Whilst it is secure and permissible to send patient specific information between e-mail addresses within the NHS Lothian system or on nhs.net Emails, exchange of such information with an e-mail address outwith this system is forbidden (**including University of Edinburgh accounts**) and monitoring systems are in place to pick up any security breaches. It is worth bearing this in mind if multiple handovers are anticipated outside of normal working hours e.g. if on call over Christmas is shared between several registrars. Please see the later section on confidentiality for details

You will also contribute to Hospital At Night (HAN) on call. There is one pool of registrars to cover SJH, WGH and RIE rotas, with shifts being allocated by Dr Ganesh Arunagirinathan.

ROODLANDS GENERAL HOSPITAL HADDINGTON (RGH)

Dr Patrick runs an outreach diabetes clinic at RGH every Thurs morning. One registrar from RIE helps with clinic each week. Approximately every 6 weeks, there is an adolescent diabetes clinic and every 4 weeks there is an endocrine clinic, both on Thursday afternoons. Dr Patrick usually does these himself, but if he is unavailable a senior registrar (ST5 or above) will cover these clinics. You will need a separate SCI-DC password for RGH and this should be organised with Amanda Muir (Dr Patrick's secretary at RGH) before you attend clinic (amanda.muir@nhslothian.scot.nhs.uk). There is parking provided for medical staff at RGH. During diabetes clinic, HbA1c results are available but the remaining clinical chemistry results will not be available till you sign your letters. You should arrive by 8.30am to allow time to sign letters from the previous week. Each week, the registrar signs the previous week's letters, even if these were dictated by a different registrar. To get to RGH drive down the A1 and take the first turning off the A1 for Haddington then follow signs to Roodlands Hospital.

INFORMATION FOR GP PLACEMENTS (DIABETES)

During your 3 month placement at RIE, you will do one clinic a week. This is usually the Friday morning clinic, alongside our regular specialty doctor and 1-2 consultants. The Friday clinic is followed by a unit meeting for case discussion from 12.30-13.30. Compared to other clinics, the Friday clinic has the most appropriate case mix for GPs.

If Friday mornings do not fit in with your other commitments, arrangements can be made to attend a clinic on a different day. The clinic rota is coordinated by Dr Nicola Zammitt (nicola.zammitt@nhslothian.scot.nhs.uk) and she should be informed of any annual or study leave requirements with at least 6 weeks' notice.

Arrangements will be made for you to sit in on at least one clinic before you start seeing your own patients. On this first visit, you should see Margaret Turnbull, head of A&C, to organize computer passwords. You should also ask the consultant you sit in with to show you how our diabetes IT system, SCI-Diabetes, works.

WESTERN GENERAL HOSPITAL (WGH)

WHO'S WHO IN THE METABOLIC UNIT (MU) AT WGH

Consultants – (D) = Diabetes (E) = Endocrinology

Prof John A McKnight (D+E)
Prof Mark W J Strachan (D+E)
Prof Rebecca Reynolds (D)
Dr Stuart Ritchie (D+E)
Dr Roger W Brown (E)
Dr Pauline Jones (E)
Dr Emily McMurray (D+E)
Dr Ganesan Arunagirinathan (D+E)

Specialty doctors/Clinical Assistants

Dr Mike Cash
Dr David Jolliffe
Dr Jo Duncan

MU Nursing Staff

Suzanne Dillon (C/N)
Alison McLean (S/N)
Caroline Preston (S/N)
Jenny Gray (S/N)
Dominique Wyckoff (S/N)

Clinical Support Workers

Denise Martin
Andrea Munro

Diabetes Liaison Nurses

Liz MacKay
Jill Duncan
Gayle McRobert

Jacqui Charlton
Katie Suggett

Secretaries

Cathy McDonald (JMK)
June Tonks (RR)
Helen Mitchell (RWB, GXXA)
Jan Martin (SR, SRM, EMM)
Abigail Pelik (MWJS)

Clerical Officers

Fiona Gilchrist
Gillian Mathieson
Manjula Bhatnagar
Zuzanna Hola

Dietician

Lorna Wyllie
Debbie Currie

Podiatrists

Lorna Jarrett
Karen Balanowski

Pharmacists

Lubna Kerr
Alison Cockburn

UNIT MEETINGS

- Monday 4-5pm ECE meetings in the Padfield room at the Metabolic Unit (MU) with video-link to RIE on MCU5 bridge.
- StR teaching (“morning prayers”) 08.30-9.15 Mon-Thurs, Padfield room.
- Tuesday 1-1.30pm journal club in the Padfield room. Registrars and FY doctors take it in turns to present papers for discussion. 1st Tuesday of the month is led by the DSN team.
- Wednesday 1-2pm hospital grand round 4th floor lecture theatre, OP building.
- Thursday 1-1.30pm: unit meeting MU seminar room. The on-call registrar for the week should present all of the pituitary in-patients for that week along with any other complex patients, and all urgent new diabetes patients seen outwith clinic.
- 1st Friday of each month 2pm: Pituitary MDT in Department of Clinical Neurosciences seminar room
- 2nd Monday of each month: Neuroendocrine MDT 8.30am, Oncology seminar room.

CLINICS

The clinic rota is made up by Prof McKnight’s secretary, Cathy McDonald (cathy.mcdonald@nhslothian.scot.nhs.uk) and she should be informed of any annual or study leave requirements with at least 6 week’s notice. Annual and study leave should be discussed as soon as possible. The clinic timetable is given overleaf. Most of the clinics run weekly with the exceptions below. Arrangements will be made for you to sit in on at least one clinic before you start seeing your own patients. On your first day in the metabolic unit, you should have an induction to the unit and see Cathy McDonald, to organize computer passwords. You should also ask the consultant you sit in with to show you how our diabetes IT system, SCI-Diabetes, works.

Please ensure that you outcome the endocrine clinics yourself, and update the endocrine database on TRAK. See later sections on the database and outcoming for guidance.

Neuro-endocrine oncology clinic: On Monday afternoons every 2 months.

Tues morning diabetes renal clinic: alternate weeks

Tuesday morning MODY clinic every 2 months.

Wednesday afternoon CF clinic every 3 months

Diabetes young person’s late clinic (15.45-18.00): 2nd Tues of each month

Adolescent diabetes clinic: Every 6-8 weeks on a Friday afternoon

Registrars will be allocated to clinics depending on their training needs and service requirements. This includes the subspecialty diabetes renal, adolescent diabetes and

hypertension clinics, the neuro-endocrine oncology clinic and Prof Strachan's thyroid nodule clinic at RIE. While registrars are at WGH, they should be offered experience in the cardiovascular risk (and hypertension/lipid) clinics, participate in the thyroid nodule clinic (which is held at RIE on Monday afternoons but is staffed by a registrar from WGH) and arrange to undertake reproductive endocrinology clinics with Prof Richard Anderson (richard.anderson@ed.ac.uk), paediatric diabetes clinics with Dr Louise Bath at the Royal Hospital for Sick Children (louise.bath@nhslothian.scot.nhs.uk) and bone clinics with Prof Stuart Ralston (Stuart.Ralston@ed.ac.uk). As an optional extra, registrars can attend the CF clinic with Prof John McKnight (john.mcknight@nhs.net), MODY clinic with Prof Mark Strachan (mark.strachan@nhs.net) and the neuroendocrine clinic (stuart.ritchie@nhslothian.scot.nhs.uk). Attendance is for educational purposes and should be pre-arranged with the relevant consultant.

WGH WEEKLY DIABETES/ENDOCRINOLOGY TIMETABLE

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|-----------------------|--|---|--|--|--|
| AM 09.00- 12.30 | | <p>DIABETES NEW/RETURN Prof Reynolds Dr Arunagirinathan (alt weeks) + 1-2 Registrars</p> <p>DIABETES/RENAL CLINIC *every 2/52 Dr King + 1Spr/Prof McKnight*</p> <p>MODY Prof Strachan – every 2months</p> <p>PHARMACIST LED DIABETES CARDIOVASCULAR RISK CLINIC Alison Cockburn</p> | <p>CARDIOVASCULAR RISK CLINIC Dr Brown Prof Webb Prof Simon Maxwell +/- 1 Registrar</p> <p>PHARMACIST LED DIABETES CARDIOVASCULAR RISK CLINIC Lubna Kerr</p> | <p>DIABETES NEW/RETURN Prof McKnight Prof Strachan/ Dr Ritchie + 2 Clinical Assistants + 1 Registrar</p> | <p>LEITH CTC Dr Gibb/McKenzie + 1 registrars</p> |
| PM 13.30- 17.00 | <p>ENDOCRINE NEW/RETURN PATIENTS Dr Ritchie (weeks2,4,5) Dr Arunagirinathan (weeks 1 and 3) Dr Pauline Jones (alt wks) + 1 Registrar</p> <p>ENDO/ONCOLOGY JOINT CLINIC Prof Strachan/Dr Ritchie/Dr Wall every 2 months</p> | <p>ANTENATAL/DIABETES Prof Strachan/Dr Ritchie</p> <p>1330-1700** DIABETES RETURN Prof McKnight + 2 Clinical Assistants + 1 Registrar</p> <p>**1545-1800 2ND TUESDAY OF EACH MONTH</p> | <p>DIABETES NEW/RETURN Dr Arunagirinathan Dr McMurray + 2 Registrars</p> <p>DIABETES/CF CLINIC EVERY 2 MONTHS Prof McKnight</p> | <p>ENDOCRINE NEW/RETURN Dr Ritchie Prof Strachan Dr McMurray Dr Brown + 2 Registrars</p> | <p>ADOLESCENT DIABETES 1400-1700 EVERY 2 MONTHS (Check with secretary) Prof McKnight /Dr McMurray / Dr Ritchie Dr Bath Dr Noyes + 2 Registrars</p> |

INFORMATION FOR StR TRAINEES

During your time at WGH, you will be allocated a clinical/educational supervisor whom you should meet with at the start, midway point and end of your placement. There is a post-clinic discussion after all clinics. You need to ensure that specialty clinics and general medicine blocks are arranged in good time. The Training Programme Director (TPD) for diabetes and endocrinology is Dr Anna Dover (RIE). StRs are entitled to up to 30 days of study leave per year, and have an allocated annual study leave budget of £500. Study leave must be requested and approved using the Turas online system (refer to the NES Study Leave Policy and Turas User Guide for further details). In general however, you must ensure that for any eligible study leave, you first seek approval to be released from clinical duties for the event, and then you may make a formal application on Turas which will be approved where appropriate by Dr Anna Dover as TPD.

Each week, there is a registrar on call for diabetes and endocrinology and this is indicated on the monthly rota. The registrar can be contacted on 07542 061 772 from 09.00-17.00 and takes call from GPs and other specialties within the hospital. Close liaison is advised with the inpatient diabetes specialist nurse first thing in the morning to co-ordinate patients for review. Complex cases, including all pituitary in-patients, should be discussed with a consultant and/or be brought to the Thursday unit meeting. Throughout the week, patients will be admitted to the day-bed area of the Metabolic Unit for dynamic endocrine tests. You may be asked by the nurses to administer some of the drugs required for these tests and determine when tests should be terminated e.g. water deprivation tests. On Monday and Thursday mornings there will usually be a thyroid cancer patient to clerk-in, who will be admitted for inpatient radioiodine to the oncology unit. Prof Strachan leads on the thyroid cancer service.

Please consult the metabolic unit protocols or discuss with a consultant if in doubt about what to do. Protocols are all held on the ECED website: www.edinburghdiabetes.com.

When on-call – please ensure that any advice provided to GPs is included in the correspondence in TRAK – this should include both verbal and email advice. Emails can be copied and pasted in, or manually typed in. If there has been a significant change to an existing diabetes /endocrine patient's management then please dictate a letter (including the responsible consultant). This should always be done if a patient is being referred to clinic as a new patient (following personal review) to ensure the outpatient appointment is carried out in a timely manner. For telephone advice to the wards (requiring subsequent OP review) then a copy of the IDL should suffice. If it is a more urgent or complex then please dictate a referral letter as often IDL / FDL coming from the wards can be erratic.

Occasionally the consultant will be at another site in NHS Lothian for clinics / meetings – please contact them on their mobile phone via switchboard for advice. A pan-Lothian consultant is available out of hours and weekends (via switchboard).

Registrars will be expected to contribute to medical student teaching on Fridays 12-12.45pm according to the monthly clinic rota.

Clinic processes

Diabetes clinics: If a diabetes nurse specialist review is required on a separate day after clinic, then we currently use a diary system where the patient can be booked for an appointment, and given to them at clinic. Please ensure that the patient's details are filled in the diary with an up to date contact number, and brief clinical details for the reviewing DSN. Please ask the on-call DSN attached to the clinic if there are any queries. Patients referred to DAFNE should be given the information sheet in the folder to self book onto the course, Information on DAFNE courses can be found on the ECED website. When details are given to patients about registering for a DAFNE please Email the DAFNE administrator on Fiona.gilchrist@nhslothian.scot.nhs.uk with the patient's name, CHI number & up to date telephone number so that she keep an eye on referrals and ensure that appropriate people are booking onto the course. Please Email her rather than sending a copy of the clinic letter. We proactively use Diasend to download and interpret patients' blood glucose readings, so please ensure you are familiar with this (see later section). The diabetes folders have a significant amount of information in them. Please make sure you familiarise yourself with them.

Endocrine clinics: We use the blue sheets for requesting blood tests at the endocrine clinics, and other dynamic tests. If you are requesting complex or unusual tests, then please let the nursing team know.

The bottom line is please ask if you are unsure about any of the processes – we are more than happy to help. A quick question answered can be time well invested!!

Out of hours on-call

While on call, you may need to enter the unit out of hours, for example if a new type 1 is referred over the weekend. The metabolic unit is locked out of hours but can be accessed using the keypad on the door by the reception desk. There are also key pads to enter the registrars' and secretaries' rooms. Please see Cathy McDonald prior to your first on call so that she can give you the keypad codes. Prior to your first on-call shift, please ask the DSN team where key to the insulin fridge is kept. You can also ask security to let you in if you forget how to access the unit (you will obviously need your ID badge).

There is a diabetes/endocrine out of hours cross-city on call rota, currently coordinated by Dr Anna Anderson (anna.anderson@nhslothian.scot.nhs.uk.) Specialty on call cover runs from 5-8pm Mon-Fri and 9am – 5pm Saturday and Sunday, using the #6800 pager. Scottish Government regulations do not allow junior doctors to work more than 7 days in a row. On call weekends are therefore split and **trainees should not routinely work both Saturday and Sunday on call.** While much of the specialty on call consists of phone advice, you are expected to review patients in person in either hospital if needed, particularly any pregnant diabetic patients or any neurosurgical patients with endocrine issues. There is a consultant on-call rota so that specialist advice is always available to you. The consultant will also offer diabetes and endocrine advice outwith your on call times **to medical or nursing staff only**. If a patient calls asking for advice outwith the usual registrar hours, switchboard will advise them to contact NHS 24 in the first instance. The only patient calls that will be put through to the consultant are those where a woman identifies herself as being pregnant or if the patient has been given special dispensation to call the consultant. Such patients will identify themselves to the switchboard operator. If a patient you have been involved with is likely to need consultant input out of hours, this must be handed over to the consultant.

Handovers must be done appropriately, either in person, by phone or via a secure Email account. Whilst it is secure and permissible to send patient specific information between e-mail addresses within the NHS Lothian system or on nhs.net Emails, exchange of such information with an e-mail address outwith this system is forbidden (**including University of Edinburgh accounts**) and monitoring systems are in place to pick up any security breaches. Please see the section on 'Confidentiality and Email transmission' for details

You will also contribute to Hospital At Night (HAN) on call. There is one pool of registrars to cover SJH, WGH and RIE rotas, with shifts being allocated by Dr Ganesh Arunagirinathan

LEITH COMMUNITY TREATMENT CENTRE (LCTC)

Dr Gibb and Dr Mackenzie run an outreach diabetes clinic at LCTC every Friday morning. One registrar from WGH helps with clinic each week. You will need a separate SCI-DC password for LCTC and this should be organised with Cathy McDonald before you attend clinic at Leith. There is parking provided for medical staff at LCTC. During diabetes clinic, HbA1c results are available but the remaining clinical chemistry results will not be available till you sign your letters. There is a consultant-led post-clinic meeting to discuss the patients seen that day.

INFORMATION FOR GP PLACEMENTS (DIABETES)

During your 3 month placement at WGH, you will do one clinic a week on either a Tues or Thurs morning or a Wednesday afternoon. The day will be arranged to fit in with your practice commitments and should be negotiated with Cathy McDonald and Bonnie Thomson (details below).

The clinic rota is made up by Prof McKnight's secretary, Cathy McDonald (cathy.mcdonald@nhslothian.scot.nhs.uk) and she should be informed of any annual or study leave requirements with at least 6 weeks' notice.

Arrangements will be made for you to sit in on two clinics before you start seeing your own patients. On your first visit, you should see Cathy McDonald to organize computer passwords. You should also ask the consultant you sit in with to show you how our diabetes IT system, SCI-DC, works.

INFORMATION FOR CMT DOCTORS

During your placement at WGH, you will do a range of diabetes and endocrine clinics. Cathy McDonald will issue you with a SCI-DC password for WGH. Your annual leave requests should go to Kelly Black, Prof McKnight's medical secretary (with a copy of the request sent to Cathy McDonald). Once you are familiar with the unit, you will be expected to take the on-call bleep and it useful training to assist the on call registrar with in-patient reviews under supervision. You will be expected to contribute to the journal club rota and attend "morning prayers" with the registrars. Wednesdays are spent at the lipid clinic at RIE (contact Peter.Rae@nhslothian.scot.nhs.uk).

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SCI-Diabetes

SCI-Diabetes is a computerized clinic management system/database used in our diabetes clinics. It is a single computer system used across primary and secondary care. It is vital to use SCI-Diabetes for every patient and to ensure it is up-to-date and accurate. In particular, data should be entered for new patients, including their past history and medication. If there is no time to do this during clinic, it should be done at the end.


When dictating your clinic letter, try not to repeat data items that appear in the SCI-Diabetes report. However, **it is good practice to state the type of diabetes and the dose and type of insulin, ideally at the start of your letter.** This is so that other teams looking up letters on Trak (e.g. when patient gets admitted to hospital) have some information on patients' insulin doses. Blood/urine analyses (including lipids, TFTs, creatinine, albuminuria) will have been added to the SCI-DC system and your letter by the time it is ready to be signed. You may wish to add a footnote to the letter (and its copy in the case notes) including, for example, the need to start a statin for hypercholesterolaemia.

The following pages are a quick user guide to SCI diabetes (v3 Sept 2014). The most up to date version of this guide can also be found separately on the intranet.

SCI Diabetes Quick Guide v3 - Sep2014.doc



Login / Logout

1. Login with your **User Name & Password** – you'll be prompted to change your password on first login
2. If you forget your password, click on the [Forgotten your password](#) link, enter your **User Name** & click **Submit** & the system will send you another password
3. When you're logged in your **User Name & Designation** show in the top right corner of the screen
4. Logout use the  button on the top menu bar in order to avoid data loss.

Customising SCI-Diabetes

1. When you login to **SCI-Diabetes** it's worthwhile spending time customising it to suit your needs:
 - i. Go to **User >> Change User Options** to set-up your **User Profile**
When completing forms, you can choose whether to: Always pre-populate / Never pre-populate / Always ask me.
 - a. Always pre-populate means you'll see the last data entered on a form, & will only need to update information if it changes from one appointment to the next, if you choose this option you're accepting responsibility for the data already recorded
 - b. Never pre-populate means you'll be presented with blank forms to complete

- c. Always ask me means you'll see buttons at the top of each form & you'll need to choose each time whether to [Keep Pre-populated Form](#) or [Clear Form](#)
- ii. Go to ★ >> **Add to Favourites** by saving screens to your favourites in the order you use them in a clinic you can map your clinic workflow to speed access
- iii. [Default](#) this lets you set a screen as your default within a particular section of **SCI-Diabetes**, so that when you select a patient / set up a contact you're taken straight to that screen.

To Search for & Select a Patient:

1. To search for an individual patient:
 - i. If you've already set this option, you will see a Search for a Patient screen when you login OR
 - ii. Go to **Main Menu >> Search for a patient record >> Patient Search** to open the patient search screen
 - iii. Enter search criteria: CHI No / Surname / DoB / Postcode / Diabetes Type & click **Search**
 - iv. If you get a search result of: '**No records found**' you'll need to enrol the patient into your clinic (see below)
2. To find a patient Population Overview
 - i. If you've already set this option, you will see the Patient Overview screen when you login OR
 - ii. Go to **Main Menu >> Population Overview >> choose an Overview** to open the relevant list of patients
3. Click on the patient's details to select them & open their **Clinical Summary** (or the **Default** form you have selected)
4. When a patient's selected their **Patient Record** will show on the left of the screen including their **Detailed Clinical Record**

Adding a patient into a clinic

1. If, when you search for a patient you get a search result of '**No records found**' you'll need to enrol the patient into one / more Lothian clinics
2. Go to **Main Menu >> Patient List Management >> Add Patient** (into Clinic)
 - a. The **Add a Patient** screen shows, enter search criteria e.g. CHI No & click on **Search**
 - b. The patient shows in the **Search Results**
 - c. Click on the [Add Patient](#) link at end of the record
 - d. Message: '**The patients shown below have been enrolled into Lothian Diabetes Clinic**'
 - e. Click on the patient to select them & open their **Clinical Summary** (or the **Default** form you have selected)

Clinical Summary

1. When you select a patient / establish a contact you're taken to the **Clinical Summary** screen by default.
2. This gives a high level overview of key clinical information about the patient.


Demographics (top option in **Patient Record**)

1. The patient's main address can't be updated manually, but is updated from National CHI system overnight
2. You can add an alternative address. Tick the box: 'Enter alternative correspondence address' (bottom of Contact Information section), this opens up fields to the right, type in address & [Save](#)

You can see this address in the patient status bar above & the copied clinical letter will be sent.





You can also add in a patient's Email address. Once this is saved, the option to [send account request details](#) will appear in blue at the top of the page. Clicking on this **registers them for My Diabetes My Way**.



Establishing a contact–







1. Search for patient & click on name to select, this will take you to their **Clinical Summary / Paediatrics** screen
2. You need to **establish a contact** before data entry (same as an **Episode** in **SCI-DC Clinical**). The clinic nurses will generally establish the contact when the patient arrives
3. *** Data entry without linking to a contact will not allow letters to be generated ***
4. There are 2 ways to establish a contact:
 - i. Go to **Contact** >> select **[Type of Contact]** – only use for contacts today e.g. Face to face – Outpatient or Use Last Contact
 - ii. Go to **Contact** >> **Manage Contacts** – opens the **Manage Contacts** screen, where you can:
 - a. Select an existing contact by clicking on  (right of screen) & record data e.g. When contact created by a colleague who's seen a patient earlier in the same visit. You can also edit contact data at a later date
 - b. Set up a new contact before / after a clinic or consultation. Click 'Add a new entry' link. Complete form & click either **Save Entry** (without recording data against it now e.g. for a future appointment) or **Save Entry & Use**, which selects this contact to record further data e.g. completing a form
 - c. Go to **Detailed Clinical Record** >> **Patient Contacts** >> **Patient Diary** To see a list of patient contacts (including from SCI DC Clinical episodes)
 - d. **Please note:** SCI-Diabetes doesn't include a complete record of previous episodes created in **SCI-DC Clinical**. It only stores separate data items e.g. Lab Results / Clinical Comments, without linking these together as an episode
 - e. Contacts are saved automatically when they are created





Common features of Clinical Forms


You can access forms from 3 different places:


1. **Patient Record** (left of screen when patient selected) – all forms can be accessed from here
2. **Tabs** (if set in User Profile) – Some main forms can be accessed, but not DSN / Dietetics
3. **Forms** (Top Menu) – e.g. DSN, Foot Screening & Routine Clinic Recording
 - i. Forms are read-only, you need to establish a contact to make it editable
 - ii. Recording data – To record any measures e.g. HbA11c, cholesterol, weight, height etc, click on relevant data field & enter value. The date of the contact will automatically be entered. If recording data without establishing a contact, today's date will be entered by default >> 
 - iii. Refreshing the screen - if when you save a form it doesn't automatically show the new data, click on the  **Refresh** button (top screen, to the right of breadcrumb trail)
 - iv. Edit  (**Top Menu**) >> you can edit a form you've just saved. Edit data, add amendment reason & 
 - v. Exclude information– Forms and data can't be deleted but you can exclude incorrect or duplicate data from showing on screen or in audit results.

Once you've saved or edited a form, you can exclude it e.g. if it's been added in error, click on  (**Top Menu**), add reason for exclusion & 

To exclude data - click on  to open the history screen for a data item >> click  beside data item you want to exclude >> choose a reason for excluding data >> click **Exclude Entry**
 - vi. Reinstate form – Click on  (**Top Menu**) to reinstate a form, add reason for reinstating & 
 - Reinstate data – Click on  to open the history screen for a data item >> tick the '**Show excluded data**' box, >> click on  >> choose reason >> click **Reinstate Entry**

- vii. To view historic data – Click on icon  or  beside data field to see a list of previously recorded data in graphical / written format. This can be printed  & the window closed using  icon (top right)
- xii. Some forms have fields for adding a clinical comment, as long as the form is linked to a contact when comments are added & saved, they can be shown in the letter resulting from the Clinic Attendance

Detailed Clinical Record – When a patient is selected, you can see full details of their record on the left of the screen.  highlights an area of concern e.g. High risk foot score / high HbA1c / cardiovascular risk

1. You can change a patient's diagnosis if this has been recorded in error using the Diagnostic Admin Form.
Go to **Contact >> Data Entry without Contact >> Forms >> Diagnostic Admin Form** – change the diagnosis & add other details as required &  **Save**

2. **Treatment / Medication** –

- i. Go to **Detailed Clinical Record >> Treatment/Medication >> Primary Care Prescribing Record** to view all medication prescribed by patient's GP

Go to **Detailed Clinical Record >> Treatment/Medication >> Specialist Prescribing**

Click Add a new entry to add extra drugs, or recommend a treatment change, & click **Save Entry**

- ii. Any changes recommended will feed through into the GP letter generated after the clinic

3. **Glycaemic Control**

- i. Go to **Detailed Clinical Record >> Glycaemic Control** to review / record details


4. **Eye Screening**

- i. Go to **Detailed Clinical Record >> Eye Care >> Eye Care Summary** to review patient's screening status, previous eye procedures & any visual problems. Complete details & click **Save Entry**

ii. SCI-Diabetes gives access to results & images from **DRS (Diabetes Retinopathy System)**


Go to **Detailed Clinical Record >> Eye Care >> Eye Images** to view images from **DRS**

5. **Foot Screening**

- i. Go to **Forms >> Foot Screening Tool**. Complete form &  **Save**. If the patient has foot pulses that are not palpable but are present on Doppler, they should be documented as present on the foot screening form.

ii. To identify patients by their foot risk category: **Main Menu >> Population Overview >> Foot Screening**


- a. Click on column header **Foot Risk Calculation** to sort patients by their current foot risk category: **Active Disease / High Risk / Low Risk**





- b. You can print the list by clicking on the  icon on the top menu bar


6. **Laboratory Results** –

- i. Go to **Detailed Clinical Record >> Laboratory Results**
- ii. You can view / record individual targets for HbA1c & total cholesterol. Other individual targets can be found on the **Lifestyle & Cardiovascular** screens e.g. weight & blood pressure

7. **Adding & viewing Clinical Comments**

- i. These can be added / viewed from the tab menu (if set in User Profile)
 - a. Click **New Comment** – type comment &  **Save**
 - b. Comments added by all members of the team will show if they are added using the same Contact
 - c. Click **Clinical Comments** to view a history of clinical comments OR

- ii. Go to **Detailed Clinical Record >> Patient Contacts >> Insert New Comment** to add a new clinical comment. Type comment &  **Save** (The date defaults to the date of the contact)
All Clinical Comments recorded on SCI-Diabetes are entered into the **Clinical Comments Record**, which provides a complete history of all comments. This can be accessed from **Detailed Clinical Record >> Patient Contacts >> Clinical Comment Record**
 - iii. Comments can be filtered e.g. by date range, staff group, where the data was entered etc
 - iv. You can select how many comments show on a page at bottom right of screen
 - v. The list shows the first few lines of a comment, click on comment to show full text
7. **Routine Clinic Recording** –
- i. On the tab menu click **Clinic Recording** (if set in User Profile)
 - ii. Go to **Forms >> Routine Clinic Recording** to record routine information e.g. weight, height, blood pressure, urinalysis & smoking status. Complete form &  **Save**
 - iii. To view routine recording history go to **Specialist Clinic Support >> Routine Clinic Recording History**
8. **DSN Form** – includes a free text field to record clinical comments
- i. Go to **Forms >> DSN Form**. Complete form &  **Save**
 - ii. To view a history of previous DSN forms go to **Specialist Clinic Support >> DSN Form History**
9. **Dietetics**
- i. Go to **Detailed Clinical Record >> Dietetics** - there are 5 screens:
 - ii. **Dietetic Patient Review** – you can view / record key information about the consultation: patient's lifestyle, biochemistry, dietary advice given, clinical comments, agreed patient goals & notes
 - a. Record any measures by clicking in relevant field & entering the value. Today's date will be entered, (unless you're using an established contact) but can be changed if need be.
 - b. **Recording Dietary Advice** –
 - Click on '[Add a new entry](#)', click on arrow to open drop-down menu & select from the list
 - When you select a topic, a number of related tick boxes will show, tick the boxes to show what advice you've given, & then **Save**.
 - The advice given will be recorded in a table with an entry for each box ticked
 - Click on  to exclude an item from the results e.g. box ticked in error
 - c. **Recording Patient Agreed Goals / Clinical Comments & Notes** – There are 3 free text boxes to record this information.

Clinical Comments – by default the most recent comment entered by any member of the MDT will show. To add a new comment, click in the box,  **Save** when you've finished

- 10 **Patient Education** – You can record any diabetes education that the patient has received,
- i. Go to **Patient Support >> Patient Education History** to view / record information. There are 3 levels of education:
 - ii. To add new information click '[Add a new entry](#)' & complete the screen, then click '**Save Entry**'

Important information to enter on SCI diabetes


Please complete the following information on the clinical summary page:

1. Number of severe hypoglycaemia episodes and hypo awareness status
2. Smoking status
3. Erectile dysfunction
4. Pregnancy plans and discussions regarding contraception

Information on points 1-3 can be found on the clinic questionnaire for insulin-treated patients. Pregnancy and contraception advice should be documented on SCI and in the clinic letter.

WGH ONLY

Creating lab test form

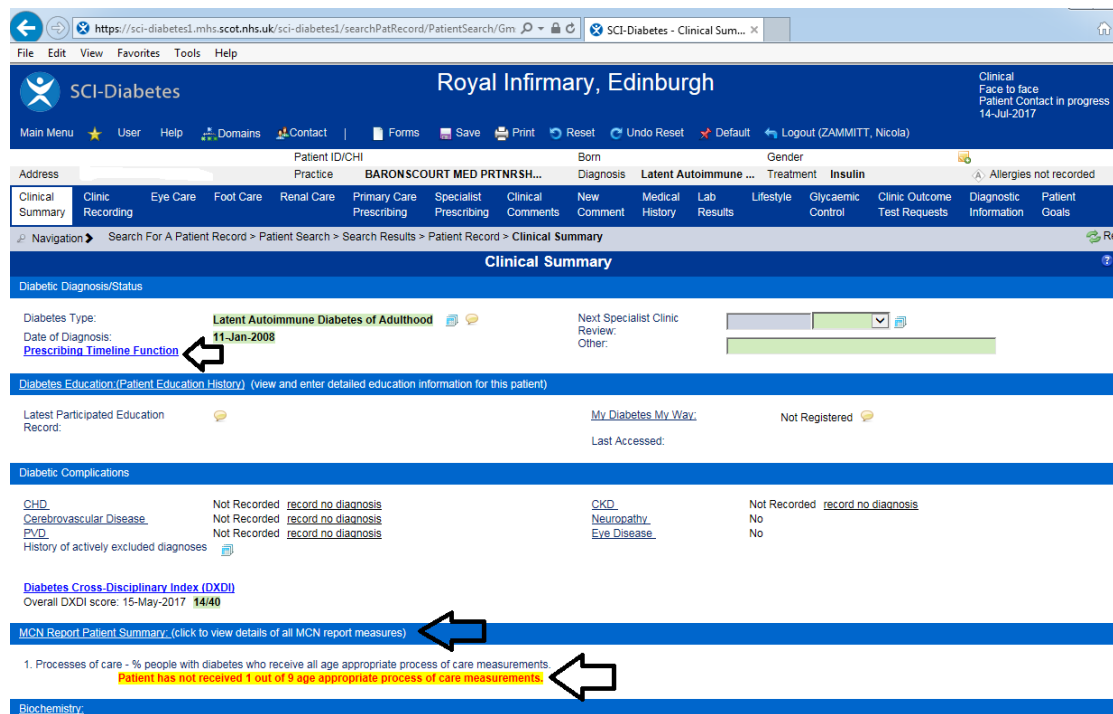
1. Search for patient & click on name to select,
2. Go to **Contacts >> Use Last Contact or Manage Contacts** to find correct contact
3. Go to **Navigation tab >> Specialist Clinic Support >> Clinic Outcome & Test Requests**
4. Enter details of next clinic appointment; tick the required tests, then .

To print the lab test form

1. Go to **Main Menu >> Clinic Management >> Clinic Attendance List**
2. Enter date of clinic and click on Search
3. A list of patients appear. Either tick the "Select All" box or tick the individual patients
4. Click on [Generate a Document](#) to see then print your forms.

Useful functions:

The prescribing timeline and MCN report patient summary are two particularly useful functions and they can be found, as below, on the clinic summary page.



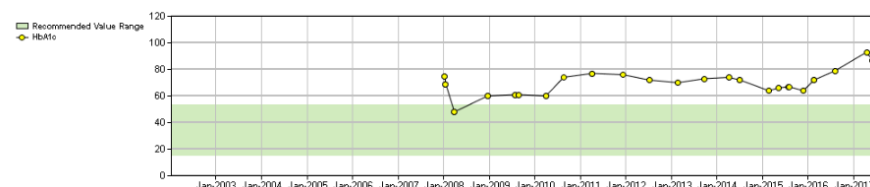
The screenshot shows the 'Clinical Summary' page for a patient with 'Latent Autoimmune Diabetes of Adulthood' diagnosed on '11-Jan-2008'. The page includes sections for 'Diabetes Type', 'Diabetes Education', 'Diabetic Complications', and 'Diabetes Cross-Disciplinary Index (DXDI)'. Two arrows point to specific links: one to 'Prescribing Timeline Function' under the 'Date of Diagnosis' section, and another to 'MCN Report Patient Summary (click to view details of all MCN report measures)' at the bottom of the page.

1. Prescribing timeline

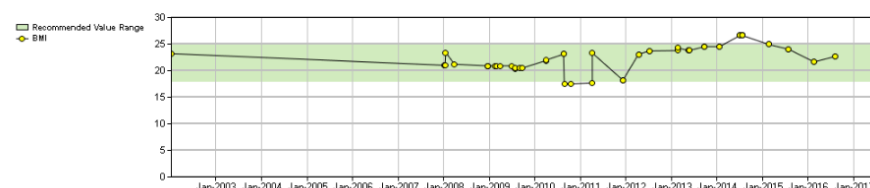
This function summarises the different treatment modalities the patient has been on by plotting them on a graph with time as the x axis. Two separate graphs shown below the prescribing timeline marry up the HbA1c and the BMI at any given time-point, making it possible to retrospectively assess the clinical effects of various different drugs on weight and HbA1c or the effect of BMI on glycaemic control. A sample screen-grab of the prescribing timeline function is shown on the next page.



HbA1c Timeline Summary (mmol/mol)



BMI Timeline Summary (kg/m²)



2. MCN report

Lothian has to report to the Scottish Government quarterly on its performance on 9 essential processes of care, which should be carried out annually. We are allowed a 15 month window in which to update HbA1c, weight, BP, urine ACR, U/E, cholesterol, smoking status, and eye and foot checks. The MCN report flags up any measure not completed in the last 15 months but will not show measures that are about to expire. All these processes should be checked every year and they should be done in clinic if about to expire (e.g. if last foot check was 11 months ago, please update it). In the example below, eye screening is overdue and HbA1c is done but is high. Items flagged up on the report should be addressed during the consultation.

1. Processes of care - % people with diabetes who receive all age appropriate process of care measurements

| | |
|------------------------------|---|
| MCN Category: | Type 2 & Other Age 18+ POC incomplete |
| Meet Criteria: | At least one record for each of the following data items was created in the previous 15 months. |
| Process of Care Status: | Patient has not received 1 out of 9 age appropriate process of care measurements. ⚠ |
| HbA1c: | 29-May-2017 87 mmol/mol |
| Weight: | 04-Aug-2016 70.2 kg |
| BP: | 14-Jul-2017 100/62 mmHg |
| Smoking Status: | 14-Jul-2017 Never smoked |
| Last Screening Date: | 25-Jan-2016 ⚠ |
| Latest Urinary Albumin Test: | 13-Apr-2017 The system determines Latest Urinary Albumin Test as the most recent date of any of the following tests: ACR, Microalbumin Concentration, PCR, Total Urinary Protein, Timed overnight Albumen excretion rate, and 24hr Albumen excretion rate. |
| Creatinine: | 14-Jul-2017 82 µmol/L |
| Total Cholesterol: | 13-Apr-2017 5.4 mmol/L |
| Foot Risk Category: | 13-Apr-2017 Low Risk |

To enter new values see [Data Entry](#) panel below

2. HbA1c early control - % persons with an HbA1c <56 mmol/mol at 1 year post diagnosis

MCN Measure not applicable to this patient

3. HbA1c overall control - % persons with an HbA1c <58 mmol/mol and >75 mmol/mol

| | |
|----------------|-----------------------------------|
| MCN Category: | Type 2 & Other Age 18+ HbA1c > 75 |
| Meet Criteria: | HbA1c <=75 mmol/mol |
| HbA1c: | 29-May-2017 87 mmol/mol ⚠ |

To enter new values see [Data Entry](#) panel below

4. Current smokers - % current smokers

| | |
|-----------------|--|
| MCN Category: | Type 2 & Other Age 18+ Recorded |
| Meet Criteria: | "Smoking Status" is "Current smoker" (recorded in the last 15 months). |
| Smoking Status: | 14-Jul-2017 Never smoked |

To enter new values see [Data Entry](#) panel below

5. 50-70 CVD indicators - % of people aged 50 to 70 with a total cholesterol <5mmol/L AND a systolic blood pressure <140 mm Hg

MCN Measure not applicable to this patient

6. Ulcer management - % prevalence and incidence of foot ulcers

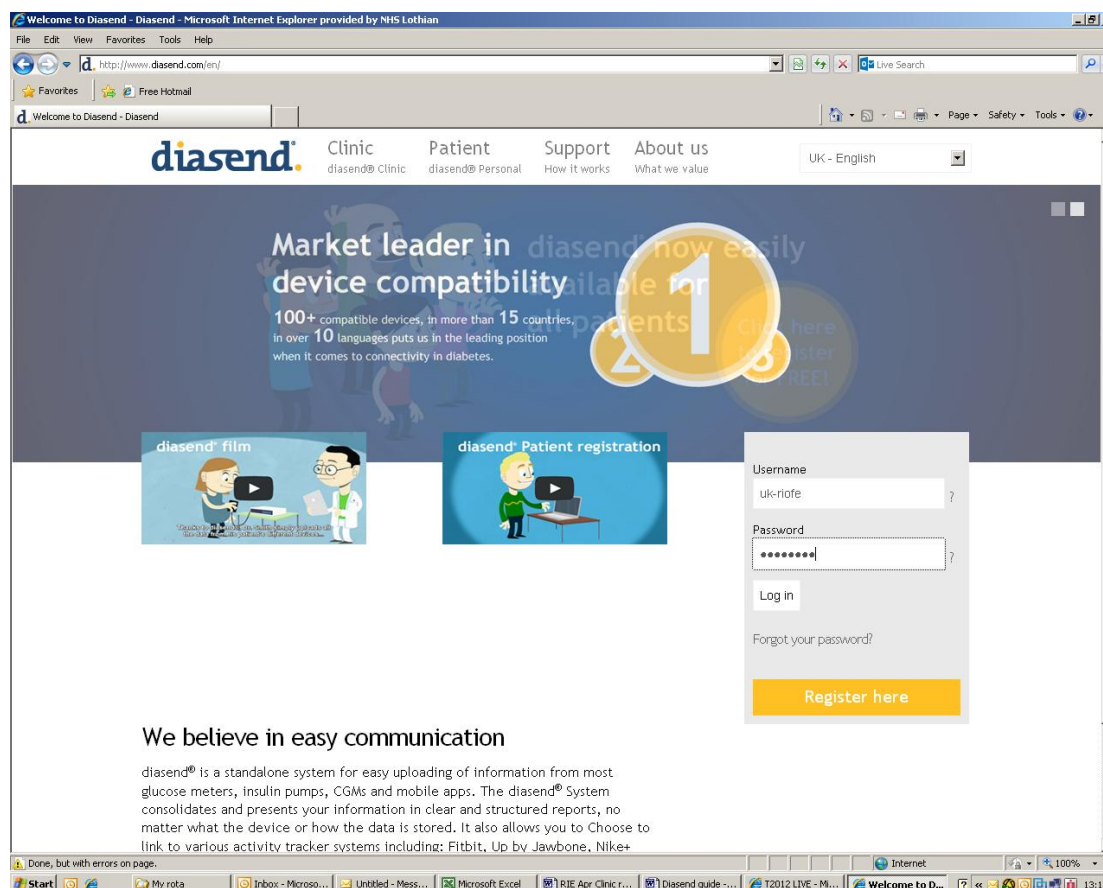
MCN Measure not applicable to this patient

7. Eye screening - % of people eligible for diabetic retinopathy screening actually screened within last 15 months

| | |
|----------------------|--|
| MCN Category: | Type 2 & Other Age 18+ not screened |
| Meet Criteria: | Last DRS Screening date occurred in the last 15 months and the DRS Last Screening Status = "Attended - Successfully Screened" or "Attended - Unsuccessfully Screened". |
| Last Screening Date: | 25-Jan-2016 ⚠ |

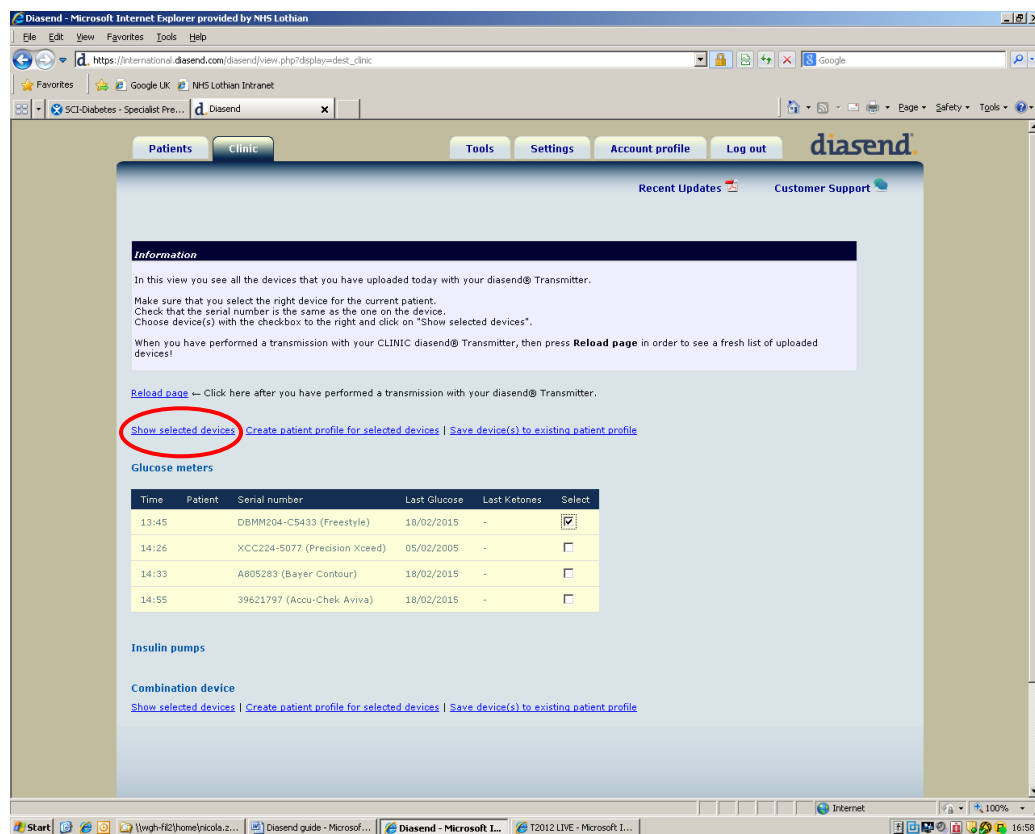
Guide to using Diasend in diabetes clinics

Log into Diasend (<http://www.diasend.com/en/>): Log in details will be available at the unit where you work and are not displayed here for security, as this induction manual is available on the ECED website and accessible to the general public.

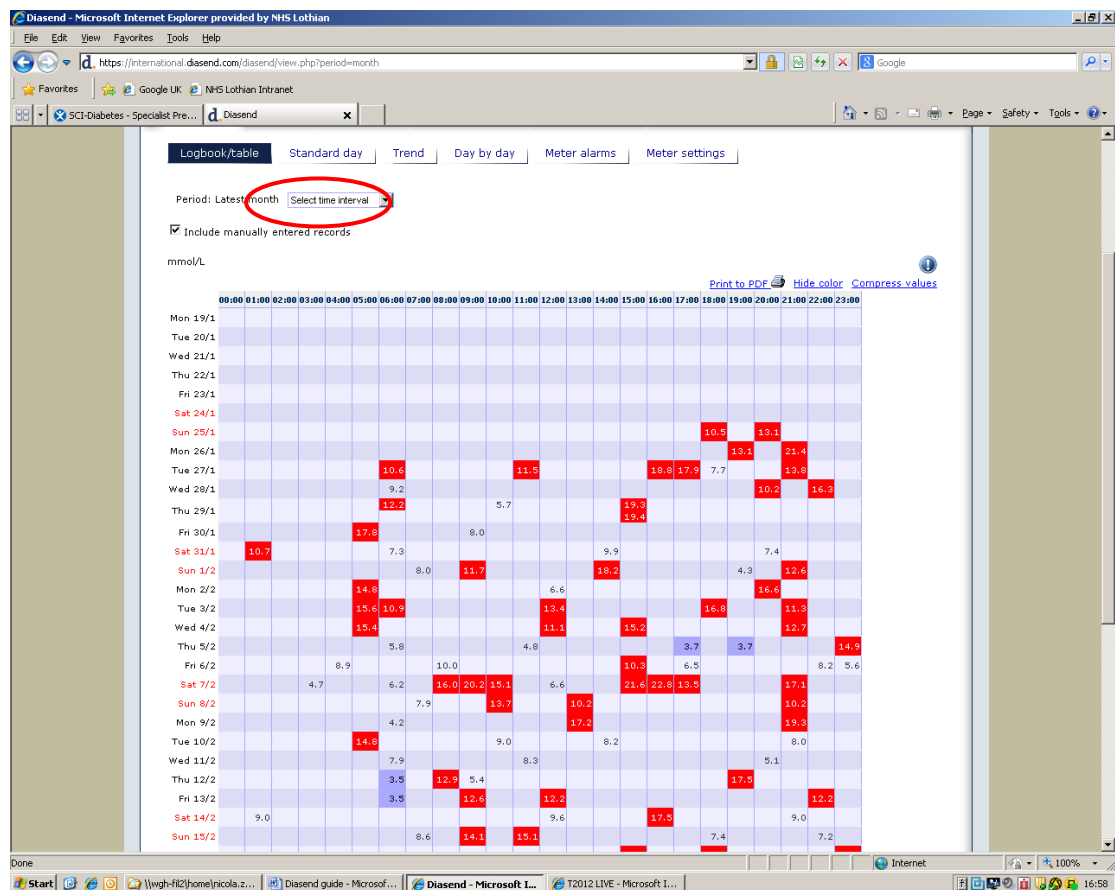


When you press the “log in” button you will be taken to the next screen, which shows all the meters that have been downloaded in clinic that day. No patient identifiable data is stored and data is wiped at the end of the day, so if you want to record any of the data from Diasend it must be printed out in clinic (instructions on how to do this follow later). The serial number for your patient’s meter will be recorded by the nurses on the appointment slip (or they will have ticked that the patient did not bring a meter with them)

Select your patient’s device by clicking the box in the “select” column (see next page) Then click on “show selected devices” (in the red circle)

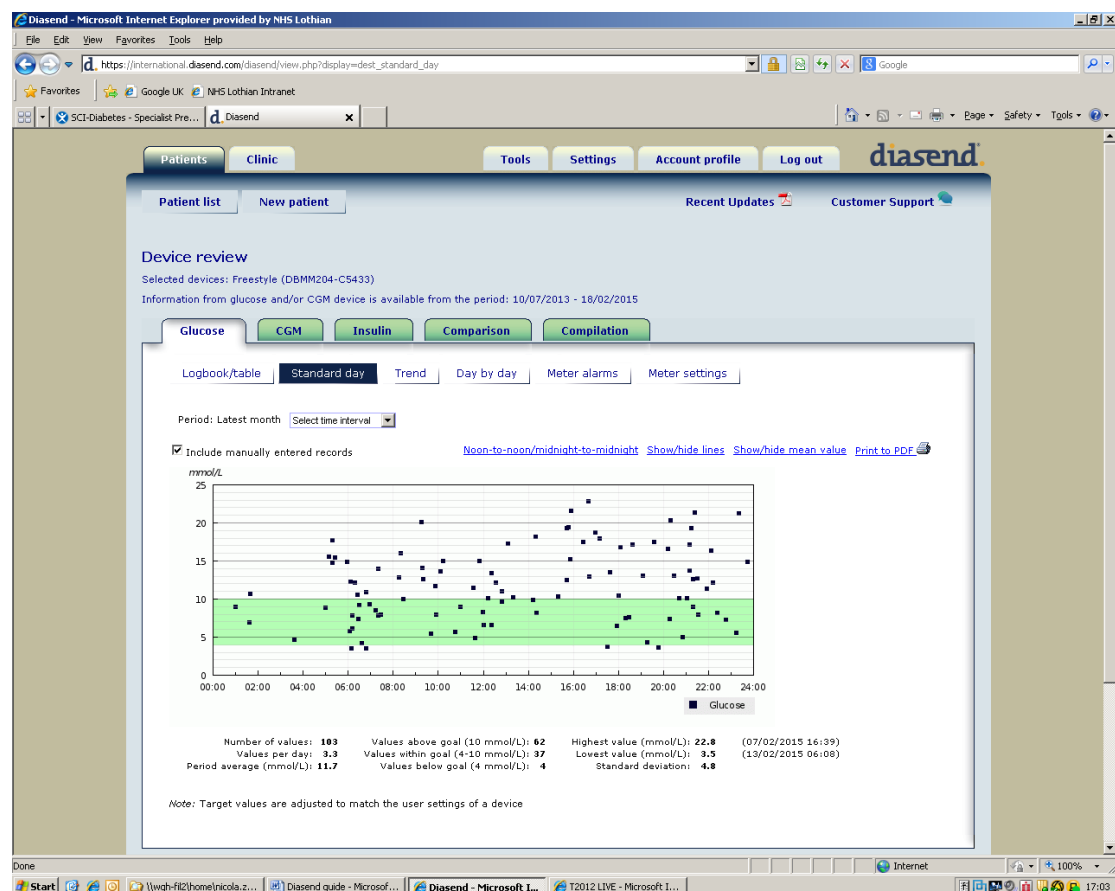


This will take you to the next screen, where readings are shown in logbook format, with readings >10 highlighted in red and readings <4 highlighted in purple

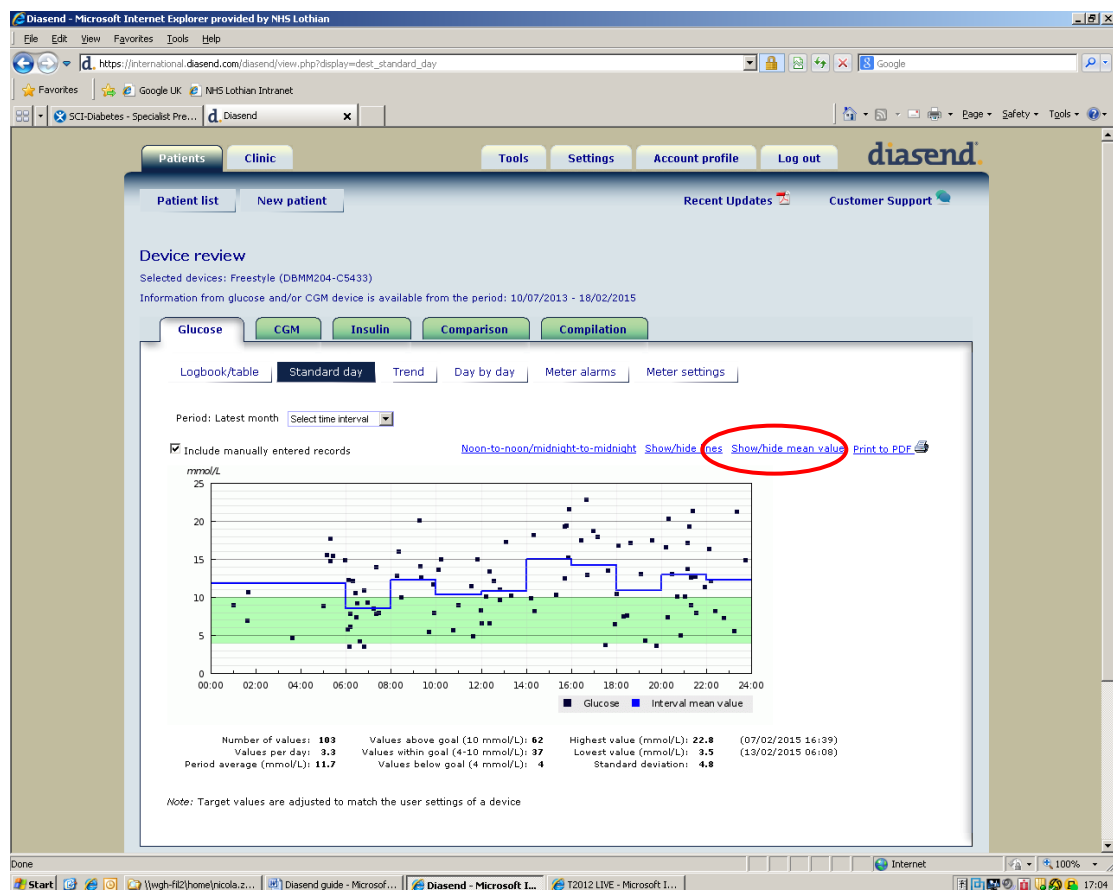


By using the drop-down menu in the “select time interval” box, you can change the amount of data that is displayed (e.g. 1 week, 2 weeks, 1 month, custom interval)

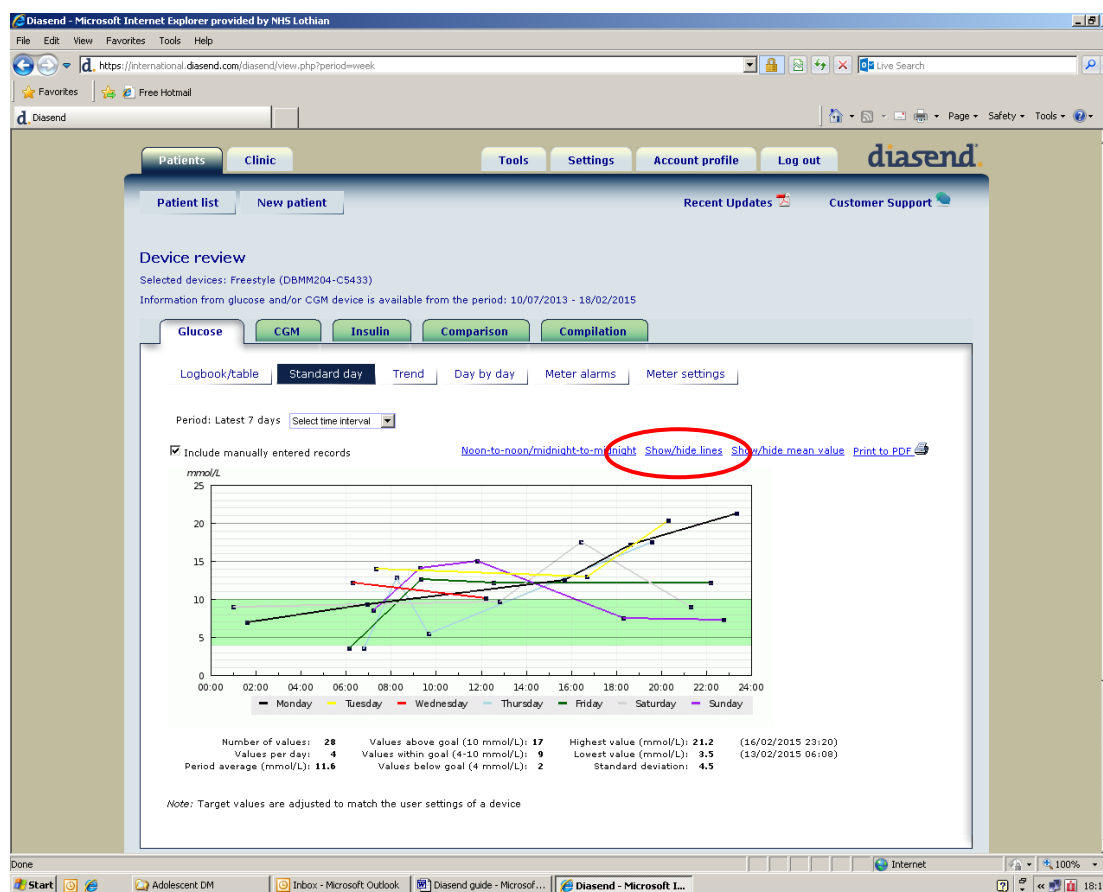
While this logbook format looks familiar to patients, it is often more useful to select the “standard day” format (just above the “select time interval” drop-down menu). This overlays each day on top of the next, with the green band giving a target range of 4-10 mmol/l



Clicking on the “show/hide mean value” (see next page) will bring up a mean line across the day, allowing you to see trends across the day. The stats below the graph also give useful figures (e.g. number of blood glucose check per day; range of blood glucose readings).



Alternatively, clicking on the “show/hide lines” option will mark a different coloured trend line for each day (see next page). This is useful when one day’s pattern is very different to another (e.g. adolescents during school-week and weekend or patients who do a lot of exercise on certain days of the week). When looking at data in this way, it is better to limit the time interval to one week.



If you want to print any of these screens from clinics at RIE, you can print them on the colour photocopier in OPD2 (in room T8, next to clinic room 8; entry code is 2 & 4 pressed together then 3). Select “print to pdf” (on the right of the “show/hide lines” option). You will need to set up your computer to print from the photocopier by searching for: **RIE OPD2 G1304 RICOH** in the printer options on your computer. It is expected that you should look at Diasend for all patients who bring a blood glucose meter to clinic at RIE. You do not need to routinely print off downloads but it is useful to note the meter serial number so the download can be found again if needed during post-clinic discussions.

All insulin-treated patients at RIE are given written instructions along with their clinic questionnaire explaining how they can sign up to Diasend at home. There are also instructions on how to do this on the RIE and WGH sections of the ECED website (see page 30). This will allow them to download their readings and analyse them at home. They can also share their readings with us as explained on the form by entering our clinic code then Emailing the clinic Email. This allows for detailed advice to be offered to patients inbetween appointments. Please encourage patients to sign up for Diasend at home. If they use an insulin pump, they should be encouraged to sign up for Carelink personal. Instructions follow on the next page.

CSII DOWNLOADS ON CARELINK

Carelink Pro has now been downloaded on to all RIE OPD2 and WGH metabolic unit clinic computers. This allows access to pump patients' downloads in the clinic. In the adolescent clinic, patients send in their pump downloads the week before clinic and these are printed out and analysed before clinic. Eventually, we hope that the same process will be in place for the RIE pump patients. The first step in this process is to ensure that all patients on Medtronic pumps are signed up to Carelink Personal.

If your patient permits it, you can set up a link to his or her CareLink Personal account. This Web-based tool allows patients to upload and store device-derived data and to run various therapy reports. After you link to the patient's CareLink Personal account, you can retrieve the device data stored there. This is ideal for creating CareLink Pro therapy reports between office visits. It also reduces the need to read the patient's device in the office.

Linking to an existing account

NB: The patient must be present to complete these steps

3. Open Carelink then open the patient's profile workspace
4. Ensure all required fields in the patient profile section are filled in then click *Link to existing account*.
5. The Carelink Personal LogIn screen is displayed.
6. Ask the patient to type in their username and password then click *Sign In*.
7. A *Grant Access* page is displayed, based on the patient's enrolment settings.
8. Ask the patient to read the terms of use and click to check the box next to *I agree to the terms of use above*.
9. Click *Grant Access* to link to the patient's CareLink personal account.

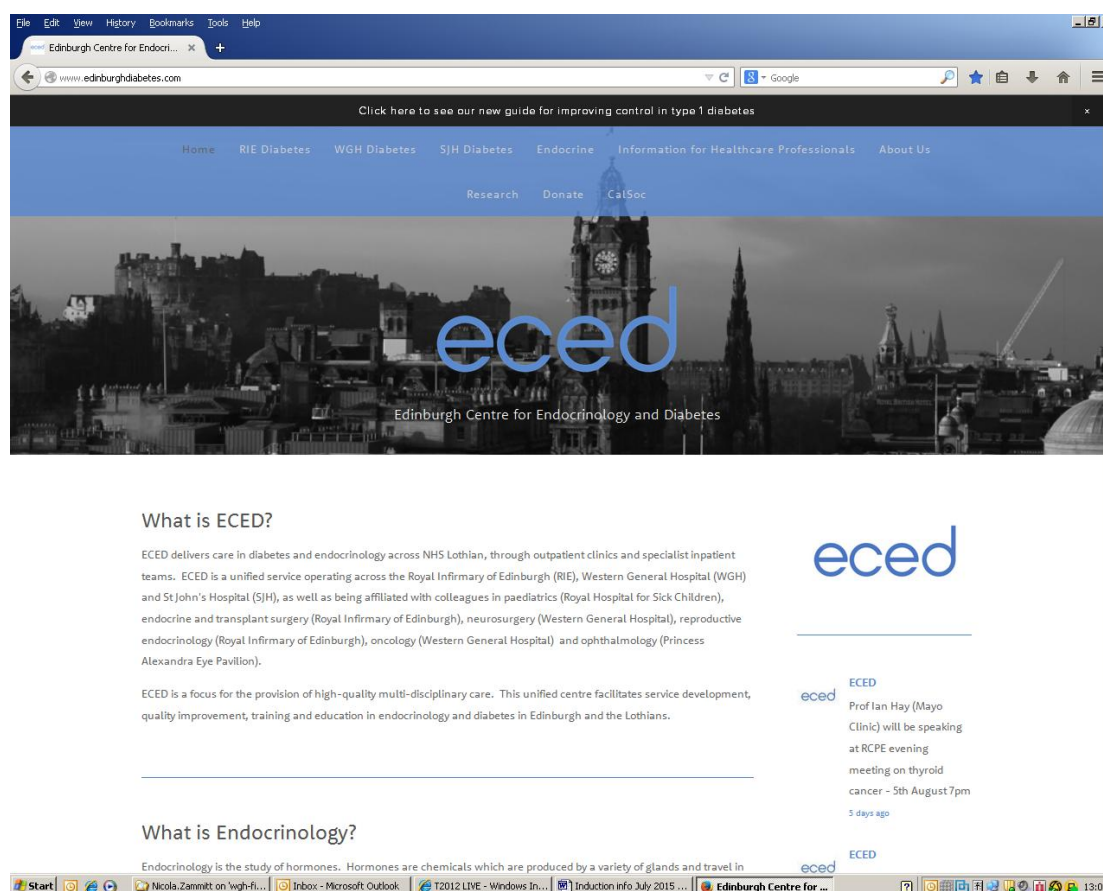
Setting up a new account

To do this for the first time, a profile will need to be created for that patient.

1. Click '*new patient*' and then fill in the fields (First name, Last name, DOB, CHI).
2. Synchronize with their Carelink personal account as in steps 5-7 above.

ECED WEBSITE AND RESOURCES FOR TYPE 1 DIABETES

The ECED website is still being developed, but it has useful resources for both staff and patients.



You can reach the website on www.edinburghdiabetes.com This website does not function well on old versions of internet explorer but can also be accessed on Firefox.

Patients may find the Preparing for clinic section under RIE or WGH useful. Registrars should familiarise themselves with the advice under the following sections, which is useful when seeing patients with type 1 diabetes:

- [Improving control in Type 1 Diabetes](#)
- [Using DIASEND at home](#)
- [Pump patients](#)
- [DAFNE](#)

The section on Information for Healthcare Professionals has other useful information such as links to the metabolic unit handbook, rotas and this induction document.

Lothian Diabetes Mental Health Pathway – Jan 2015

1. ACTIVE SCREENING

- 1.1. Identify patients with poor diabetic control: HbA1c > 9% or 75 mmol/mol or risk of multiple acute admissions / A&E attendances due to diabetes.
- 1.2. Identify patients with mental disorder, particularly Depression (**HADS D > 8**) & Anxiety (**HADS A > 8**) or Eating Disorders.

2. ESTIMATING SEVERITY

2.1. Mental Health Tiered Model:

2.1.1. Level 1 – Subclinical / Mild: General coping difficulties, problems adjusting to diabetes and lifestyle changes, at a level common to many newly diagnosed diabetics.

2.1.2. Level 2 – Moderate: This includes diagnosed mental disorder (e.g. significant anxiety / depression, difficulties coping and resultant impaired self care) amenable to psychological therapies or prescription.

2.1.3. Level 3 – Severe / Complex: Diagnosed mental disorder, complex co-morbidity or high risk that requires specialist psychological therapy or prescription.

2.2. Poorly controlled Diabetes:

2.2.1. Risk of multiple A&E presentations or acute admission due to poorly controlled diabetes, DKA or diabetic complications.

2.2.2. HbA1C > 9% or 75 mmol/mol.

3. MATCHING CARE

3.1. Level 1 – subclinical / mild mental disorder

3.1.1. Well controlled diabetes:

- * Self help (www.moodjuice.scot.nhs.uk)
- * Voluntary sector support / counselling (self referral)

3.1.2. Poorly controlled diabetes:

- * Enhanced DM care - support, education, motivational interviewing.
- * Health Psychology or self help (www.moodjuice.scot.nhs.uk).

3.2. Level 2 - moderate mental disorder

3.2.1. Well controlled diabetes:

- * GP management, including prescription of psychotropic medication.
- * GP referral to primary care mental health services / psychology.

3.2.2. Poorly controlled diabetes:

- * Enhanced DM care - support, education or Motivational Interviewing.
- * Potential referral of T1DM to Diabetes Mental Health Service if mental disorder impacts significantly on control or is treatment resistant.

3.3. Level 3 - severe / complex mental disorder

3.3.1. Well controlled diabetes:

- * GP referral to CMHT or specialist service (e.g. Substance Misuse, Eating Disorder or Learning Disability).
- * Consider joint working with such services when appropriate.

3.3.2. Poorly controlled diabetes:

- * Referral of T1DM & T2DM to Diabetes Mental Health Service.
- * Consider joint working with CMHT or specialist services.

4. BRIEF INTERVENTIONS / TREATMENTS

4.1. Pharmacological Treatments:

4.1.1. Anxiety / Depression (in secondary care setting):

- * 1st line: Sertraline 50 – 200 mg daily.
- * See DMHS Pathway development document re alternatives.

4.1.2. Anxiety / Depression & neuropathic pain:

- * 1st line: Duloxetine 60 – 120 mg daily.
- * See DMHS Pathway development document re alternatives.

4.1.3. Specialist treatments as required / according to guidelines.

4.2. Psychological Therapies:

4.2.1. Unhelpful health beliefs / illness behaviours:

- * Motivational Interviewing.
- * Problem Solving.

4.2.2. Anxiety / Depression:

- * Cognitive Behavioural Therapy (CBT).
- * Interpersonal Therapy (IPT).

4.2.3. Specialist therapies as required / according to guidelines.

4.3. Social Support:

- * Outreach and assessment of social stressors / needs.
- * Linking with appropriate agencies (support, social activity, education, employment, finances and housing).
 - * Accompany, support, advocate (all short term) for patients.

IT systems for logging on call work

Royal Infirmary of Edinburgh
Western General Hospital

Diabetes Department
Metabolic Unit

SYSTEM FOR RECORDING AND MANAGING SPECIALIST DIABETES & ENDOCRINOLOGY REFERRALS

A uniform system for recording D&E on-call work now exists for both the RIE & WGH; it is expected that all on-call work will be logged on the system.

The purpose and potential benefits of this system:

1. Comprehensive lists of 'active' patients, organised by ward, can be easily generated, assisting the process of reviewing patients.
2. Reliable and contemporaneous information sharing between SpRs, consultants and nurse specialists (particularly useful for weekend 'cross-town' cover).
3. Monitoring of on-call workload, which can be used to defend protected time for SpR on-call (particularly relevant if the increasing profile of inpatient diabetes results in an increase in referrals).
4. Spreadsheet can form the basis of regular trainee – consultant discussion of inpatients.
5. Improved governance – clear record of advice given to GPs and patients.

On-call workload includes:

- Ward referrals for diabetes & endocrinology (including telephone advice)
- GP telephone calls
- Direct contact from patients

All these episodes should be recorded.

The excel spreadsheet

Two separate excel files are located in the shared 'diabetes G drive' for the RIE and WGH, respectively. If you don't currently have access to the 'G-drive', please complete an IT access request form for access to 'diabetes on 'RGH-Rumina.luht.scot.nhs.uk'(G:)'

Most of the fields are self-explanatory but notes are attached to the headings for clarification.

DSN/SpR: Was patient initially referred to SpR or DSN

Ward or OP: If a ward patient, enter ward number. If an emergency outpatient encounter (e.g. urgent insulin start), enter 'OP'. If a GP telephone call, enter 'GP'. If patient telephone call for diabetes advice, enter 'Pat'.

Main problem & background: should include a brief summary of the reason for referral (e.g. T2DM on met & SU. Recent course of prednisolone. BMs all >20)

Action taken (SpR): should include a summary of the advice given. Each update should be initialled and dated (e.g. Suggested increase dose of gliclazide (16/12 FG) Started tds novorapid 6 units (18/12 FG)

Action taken (DSN): as above but for DSN to record their input.

Referral date / Referral time: For the purposes of auditing activity it will be useful to document the date and approximate time of referrals/contact. Please ensure this field is completed.

Active / Complete: Whilst actively dealing with the patient, mark this field 'A'. When the episode is completed, mark this field 'C'. This is important as this list can be sorted by active/complete to generate a useful list of patients requiring review.

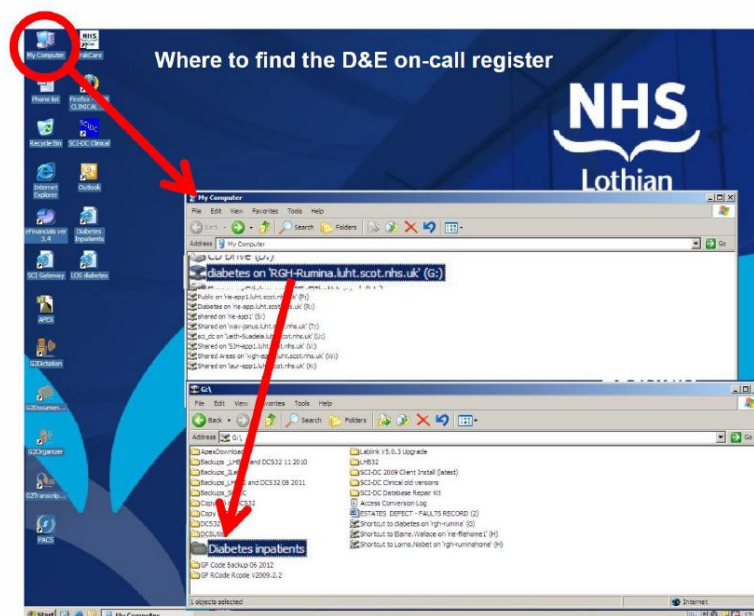
Date of final input: For the purposes of monitoring the on-call workload, it will be very useful to determine the duration of involvement with each case.

Follow-up: Where follow-up has been arranged, describe the arrangements in this field (*e.g.* OP clinic 3/12)

Printing a sheet to assist with on-call 'ward round'

To print out a sheet with active patients:

- Go to 'Data' then 'Sort'.
- Sort patients by 'Active/complete' (1st level) then 'Ward/OP' (2nd level).
- Now, select all the cells you want to print.
- Choose 'print' and then choose 'print selection'.



Whilst this process may seem like extra work, it has the potential to offer significant benefits and is also likely to be labour saving, once established. If you have any questions or comments, please speak to Fraser Gibb (RIE) or Stuart Ritchie (WGH).

CLINICAL OUTCOMING

A patient's journey can be broken down (in time) into a number of steps:

- Referral received to triage
- Triage to booking appointment
- Time from booking appointment to actual attendance in OPD
- Wait for diagnostics
- Diagnostic to review appointment (to discuss results and plan treatment)
- Review appointment to treatment (outpatient, inpatient or day case)

The sum total of all these steps needs to be less than 18 weeks. In practice, for many of our diabetes and endo patients, treatment is started on the first OPD appointment. NHS Lothian requires all staff members to contribute to “outcoming” patients when they attend clinic appointments in order to facilitate monitoring of these processes. If patients on this pathway take longer than the pre-determined trigger points, Trak will automatically flag them. By creating these trigger points, it is hoped that any problems can be identified at an early stage and not as the patient is about to breach their 18 week guarantee. Clinical outcomes are crucial to monitoring the patient's journey on Trak.

In some units, a paper sheet may be used to record outcomes which secretarial staff will enter onto trak, but the quickest way is to outcome patients ourselves on trak (faster than filling in a form for someone else to do the outcoming).

Once clinic staff have marked the patient as having arrived on trak, you will be able to see the red outcome icon on the right hand side. This is shown on the screen grab on the next page. Clicking this icon will take you to the single outcome screen for the selected patient.

Home | Tools | Logout User: [Redacted] Location: [Redacted] Lock TrakCare by InterSystems

OPD

Clinical Menu > ATD Menu > Appt Menu > PT Enq Menu > WB Menu > OP WL Menu > WL Menu > MRT Menu > Specialty Forms > Caseload

Help

OPD

Diabetes: Dr Nicola N Zammit | Diagnostic Procedure (Regional) - Regional Endoscopist | Edinburgh Breast Unit: Breast Unit Advice Only | Endocrine: Dr Nicola N Zammit | Gynaecology: Dr C Busby-Earle | Gynaecology: Dr C West

Gynaecology: Dr K Scott Fegan | Respiratory Medicine: Dr NA Hirani

Consultant Date Time From Time To Appointments Booked Booked Attended Vacant DNA List Message Description Specialty Room Add/Edit Message Overbookings

Dr Nicola N Zammit 01/06/2017 08:30 11:45 34 34 1 2 4 doc 36 max DOP/NNZ Diabetes RIE OPD2 Back Desk Outpatient Department

Edit Help

ClinicList
4 doc 30 max paperlite

< Prev Day 25/05/2017 Next Day > Thursday Diabetes Dr Nicola N Zammit DOP/NNZ

☐ Tick to hide unbookable slots Find

| Time | Select | UHP/ICHI | Surname | Forename | DOB | Sex | Service | Status | Arrived | Contact | Transport | Outcome | Not Available | Remarks | Icon Profile | Room |
|----------|--------------------------|----------|------------|----------|-----|-----|---------|---------|-------------------------------------|---------|-----------|--|---------------|---------|--------------|--|
| 08:30 | <input type="checkbox"/> | | [Redacted] | | | | | Arrived | <input checked="" type="checkbox"/> | | | Discharge to GP | | | | RIE OPD2 Back Desk Outpatient Department |
| 08:35 | <input type="checkbox"/> | | | | | | | | | | | | | | | RIE OPD2 Back Desk Outpatient Department |
| 08:40 | <input type="checkbox"/> | | | | | | | | | | | | | | | RIE OPD2 Back Desk Outpatient Department |
| 08:45 | <input type="checkbox"/> | | [Redacted] | | | | | Arrived | <input checked="" type="checkbox"/> | | | | | | | RIE OPD2 Back Desk Outpatient Department |
| 08:45 | <input type="checkbox"/> | | [Redacted] | | | | | Arrived | <input checked="" type="checkbox"/> | | | | | | | RIE OPD2 Back Desk Outpatient Department |
| 08:45(B) | <input type="checkbox"/> | | [Redacted] | | | | | Arrived | <input checked="" type="checkbox"/> | | | Decision to start active monitoring / watchful waiting | | | | RIE OPD2 Back Desk Outpatient Department |
| 08:50 | <input type="checkbox"/> | | | | | | | | | | | | | | | RIE OPD2 Back Desk Outpatient Department |
| 08:55 | <input type="checkbox"/> | | | | | | | | | | | | | | | RIE OPD2 Back Desk Outpatient Department |

Please click this icon to enter single outcome screen for the selected patient

Once you are in the outcome screen (below) select the desired outcome from the left-hand list then click save to complete the process.

Please Note: Next Appt Date, Hospital, Speciality, consultant and Priority fields are currently there for testing purposes and do not need to be completed

T2016 LIVE - Internet Explorer

M/W Whinpark Booking Clinic

Outcomes Add Questionnaire

Appt Date: 25/05/2017 Appt Care Provider: Dr Nicola N Zammit Outcome Date: 25/05/2017 Outcome Time: 08:45

Pathway Decision (must select one)

- DE01 - Treatment Started Prior To Clinic
- DE02 - Treatment Commenced / Follow up Appt
- DE03 - Active Monitoring / Follow up Appt
- DE04 - Transfer of Care to Another Clinician For Same Condition
- DE05 - Waiting For Diagnostic Test
- DE06 - Patient Did Not Attend - Further Appointment
- DE07 - Patient Did Not Attend - No Further Appointment
- DE08 - Patient Attended But Not Seen
- DE09 - Discharge to GP

Select desired outcome

Additional Decisions

Actions / Procedures Undertaken

Click "Save"

Seen By: [Redacted] Users: [Redacted] Next Appt Date: [Redacted]

Onward Referral Details

Hospital: [Redacted] Speciality: [Redacted] Consultant: [Redacted] Priority: [Redacted]

SAVE

CLOSE User: PO9

| RTT | Type | Description | Seen By | Remarks | Outcome Date | Delete |
|-----|---------|-----------------|------------|---------|--------------|--------|
| X | Outcome | Discharge to GP | [Redacted] | | 25/05/2017 | |

PO9 95%

Outcoming codes are similar for diabetes and endocrinology and are shown in the table below:

| | Diabetes | Endo |
|---|--|--|
| 1 | DI01 Treatment Started Prior To Clinic | EN01 Treatment Started Prior To Clinic |
| 2 | DI02 Treatment Commenced / Follow up Appt | EN 02 Treatment Commenced / Follow up Appt |
| 3 | DI03 Active Monitoring / Follow up Appt | EN 03 Active Monitoring / Follow up Appt |
| 4 | DI 04 Transfer of Care to another Clinician For Same Condition | EN 04 Transfer of Care to another Clinician For Same Condition |
| 5 | DI 05 Waiting for Diagnostic Test | EN 05 Waiting for Diagnostic Test |
| 6 | DI 06 Patient DNA - Further Appointment | EN 06 Patient DNA - Further Appointment |
| 7 | DI 07 Patient DNA - No Further Appointment | EN 07 Patient DNA - No Further Appointment |
| 8 | DI 08 Patient Attended But Not Seen | EN 08 Patient Attended But Not Seen |
| 9 | DI 09 Discharge to GP | EN 09 Discharge to GP |

A new patient should get either an outcome 1 or 2 if treatment has already been started or is being started that day in clinic. These codes “stop the clock” and confirm that we have got the patient on treatment within the 18 week target. Once they are on established treatment (e.g. any patient with diabetes on a follow-up appointment) they are usually just given an outcome 3 for active follow-up (for those who have outcome previously, this is equivalent to the old return patient RC code)

Confidentiality and Safe Email Transmission

Standard Operating Procedure (SOP)

1. There is an ever-increasing demand for sensitive, confidential information to be quickly exchanged between NHS Lothian and partner agency colleagues. As well as a number of information sharing applications and databases hosted in the secure 'demilitarised zone' (DMZ), there is also considerable demand that email is used to transmit such information.

2. NHS Lothian has a closed IT network which, for the purposes of sending email, is considered to be sufficiently secure to send and receive sensitive, confidential information between NHS Lothian email addresses as listed in the grid below. It is also very important to ensure that only the correct recipients are selected when composing an 'internal' email, as there are instances of there being more than one person with the same name in the global address book.

3. NHS Lothian also has secure email links with a number of partner agencies. This enables NHS Lothian staff to send sensitive, confidential information with these partners, as listed in the grid below. As well as ensuring that only appropriate recipients are selected when sending email to approved partner agencies, the following guidance must also be followed.

- The 'reply to all' function should not be routinely used, as it is bad practice to assume that all recipients have 'safe' email addresses.
- Where Blackberrys and Smart Phones are used for email, the data contained on these devices can be remotely wiped immediately in the event of loss or theft.
 - These devices are to be protected with an additional password or pin and when being used should be held in such a way as to prevent any onlookers from viewing sensitive data.

4. Before sending any email containing personal data, staff must double-check that they have addressed the email to the correct recipient. It is very easy for an email message to be forwarded on to additional recipients who were not on the original distribution list, without your knowledge or consent, so care must be taken with the overall content and confidentiality of the topics being discussed. Microsoft Outlook remembers previously used email addresses and, whilst it can be a useful feature, it is all too easy to accidentally send personal data to an incorrect recipient. **STOP AND CHECK** and, only then, **SEND**.

5. Any personal, sensitive or confidential information (either yours or someone else's) should not be shared or sent over the Internet or by email unless appropriate confidentiality and security procedures are used. Before sending any confidential material you must ensure that you have read, understand and abide by the NHS Lothian eHealth Security policy. This is contractual obligation of your NHS Lothian network access. If, having consulted the eHealth Security Policy and email use is deemed appropriate, ensure that you address emails only to people who really need to know about the subject and that you are aware of confidentiality and data sensitivity issues before sending messages.

6. Before sending an email containing personal data you must ask yourself:

- Is email the appropriate, and most secure, communication method?
- Do you have a justified purpose for using this confidential information?
- Do you need to seek advice or authorisation?
- Are you using it because it is absolutely necessary to do so?

- Are you using the minimum information required, including an anonymous email header?
- Are you allowing access to this information on a strict need-to-know basis only?
- Can you encrypted or password-protect the message contents?

7. Staff must not to encourage email communication, which may involve the transfer of personal data, with private individuals or external companies into NHS Lothian. The email matrix below defines those partner agencies with which NHS Lothian has secure links. Addresses which do not appear on this list constitute a significant risk when transferring personal data. The sending of email to non approved external addresses such as hotmail.com, doctors.org.uk or ed.ac.uk is not secure and should not be used for personal data. All mail is filtered to prevent junk email and to reduce the risk of personal data being sent via an insecure channel.

If you have any doubts or queries as to whether an email address is safe, presume it is not and **STOP AND CHECK** with IT Security. DO NOT use external email accounts for the transfer of personal data.

8. Misuse of email may contravene one or more legislative frameworks, including (but not limited to) the Data Protection Act 1998, Computer Misuse Act 1990, Electronic Communications Act 1990, Freedom of Information (Scotland) Act 2002, Copyright, Design and Patents Act.

9. NHS Lothian may develop further secure email links when the need is identified and it is technically possible to enable the links within available resources. Key staff will be informed of any such developments, and the grid below will be updated as and when this happens.

10. This guidance only applies to NHS Lothian staff, and partner agency staff based in NHS Lothian premises with an NHS Lothian email address. Council and partner agency staff must follow the guidance issued by their own employer and not assume that the detail within this guidance applies to them.

Notes:

1. This matrix is based upon the user being at a desk top connected to the NHS Lothian or national N3 network using NHS Lothian mail accounts or using nhs.net mail. Sensitive and confidential information should only be sent where it is necessary and where the recipients are expecting the information to arrive by email.

2. Some council addresses are in the form of @xxx.gsi.gov.uk as against @xx.gov.uk. Mail from 1, 2, and 3 above and *.gsi addresses within East, Mid and West Lothian and the City of Edinburgh Councils only, can be considered suitable for confidential and sensitive information.

Mail from NHS Lothian desktops to other *.gsi addresses should not be used for confidential or sensitive information. Mail from @nhs.net accounts may be used to send confidential and sensitive information to any "xxx.gsx.gov.uk" address.

3. If any message contains a single address which is not shown above as being suitable (y) for exchanging confidential information it will be routed via the internet and could lead to compromising the confidential information. NHS Lothian staff should therefore not use the "reply to all" function in email unless certain that all addresses are suitable.

4. Note that currently there is only a connection suitable for confidential email exchanges between nhs.net addressees and L&B Police, not between addresses at 1, 2 or 3 above and L&B police. A direct connection between NHS Lothian and L&B police is being made but it will be some time before the link is considered suitable for email traffic.
5. Other NHS Health Boards may not agree to a reciprocal agreement on exchanging sensitive and confidential material except between two nhs.net addresses.
6. email between @nhs.net to @nhs.net is recommended
7. email between @nhslothian.scot.nhs.uk, @lothian.scot.nhs.uk and @luht.scot.nhs.uk and vice versa is recommended
8. @nhs.net to @nhslothian.scot.nhs.uk, @lothian.scot.nhs.uk and @luht.scot.nhs.uk and vice versa will be permitted. However this communication method should be minimised.
9. Email between @nhslothian.scot.nhs.uk, @lothian.scot.nhs.uk and @luht.scot.nhs.uk and @edin.sch.uk, @educ.edin.gov.uk, @ea.edin.sch.uk City of Edinburgh Council education are permitted.
10. All emails to academic institutions ending with ".ac.uk" or to ISP email accounts usually ending in ".com" or ".co.uk" carry a higher risk of interception and should not be used to send sensitive and confidential information.

Safe Email Transmission Grid

| To: | | @luht.scot.nhs.uk | @nhslothian.scot.nhs.uk | @lothian.scot.nhs.uk | @yyy.scot.nhs.uk *** | @nhs.net | @westlothian.gov.uk | @eastlothian.gov.uk | @edinburgh.gov.uk | @midlothian.gov.uk | @X.gsx.gov.uk | @edin.sch.uk | @educ.edin.gov.uk | @ea.edin.sch.uk | @any.ed.ac.uk | @isp.com | @lbp.pnn.police.uk | @children1st.org.uk |
|-------|-------------------------|-------------------|-------------------------|----------------------|----------------------|----------|---------------------|---------------------|-------------------|--------------------|---------------|--------------|-------------------|-----------------|---------------|----------|--------------------|---------------------|
| From: | | | | | | | | | | | | | | | | | | |
| 1. | @luht.scot.nhs.uk | Y | Y | Y | Y | Y | Y | Y | Y | Y | N | Y | Y | Y | N | N | N | N |
| 2. | @lothian.scot.nhs.uk | Y | Y | Y | Y | Y | Y | Y | Y | Y | N | Y | Y | Y | N | N | N | N |
| 3. | @nhslothian.scot.nhs.uk | Y | Y | Y | Y | Y | Y | Y | Y | Y | N | Y | Y | Y | N | N | N | N |
| 4. | @nhs.net | Y | Y | Y | Y | Y | N | N | N | N | Y | N | N | N | N | N | Y | N |

*** Please refer to points 5 and 6

Social Media

The full policy can be found on the intranet on the following link:

<http://hronline.lothian.scot.nhs.uk/HRPolicy/SocialMedia/Pages/SocialMedia.aspx>

Alternatively, it can be accessed on the intranet, under HR, then under A to Z then under social media. The main points are summarised here.

Overview:

Social Media is an umbrella term that includes websites and other means of online communication that are used to share information, pictures, videos and audio, and to develop social and professional contacts including Facebook, Twitter, blogging websites, Linked in etc. This policy sets out the responsibilities of all staff and highlights the importance of confidentiality, professionalism and acceptable behaviours when using social media. It sets out the organisation's expectations to safeguard staff in their use of social media.

Social media can be a great way to network socially and professionally, however it is essential that personal and work boundaries do not become blurred and that staff have an awareness of the public nature of the media.

The policy should be read in conjunction with [NHS Lothian eHealth Security Policy](#).

Mandatory Policies - Executive Summary

If a member of staff joins a discussion group or newsgroup they should conduct themselves in a professional manner. **Unless they are authorised to do so by the nature of their job and responsibilities, they are not permitted to write or present views on behalf of NHS Lothian.** No member of staff, unless expressly authorised by the Director of Communications & Public Affairs, is allowed to use the name of Lothian NHS Board (or the common name "NHS Lothian") to:

- attribute his or her contributions to an on-line discussion
- write or present the views of the Board, or
- use the name in the design or content of a website.

Any breaches of the policy will be fully investigated in line with the Management of Employee Conduct Policy and may lead to disciplinary action including dismissal.

The Board as an employer has a duty to consider informing regulators if they believe an employee's actions may have implications for the continuation of their professional practice. Similarly, the Board will become aware of any proceedings by regulators against members of

their profession. Therefore, misconduct at work may lead to the professional regulatory bodies being informed. They will then decide what action to take. If that action includes a restriction on the professional practice of the individual then that person's employment would be put at risk.

Policy Summary

Staff must not:

- Access social networking websites from NHS Lothian equipment.
- Access these websites during normal working hours, except during an unpaid lunch break.
- Use NHS Lothian email addresses on any social networking websites.

Use of Social Networking Websites

Employees should be mindful that social networking websites are not secure and can be accessed by the general public. It is therefore essential that no content is placed on social networking websites or personal blogs which could:

- breach patient confidentiality, trust or ethics by sharing the of confidential information;
- constitute bullying or harassment of an individual or group;
- constitute defamation of an individual's character by posting inappropriate comments about a colleague or patients ;
- discredit the services provided by NHS Lothian or discredit NHS Lothian as an employer;
- discredit a particular profession.

Privacy settings should be used where appropriate to protect the information you want to share and with whom. If a member of staff joins a discussion group they should conduct themselves in a professional manner. No member of staff is authorised to join a discussion under the name of NHS Lothian or to design a website and publish it under the name of NHS Lothian without the authority of the Director of Communications & Public Affairs.

NHS Lothian Twitter and Facebook Accounts

The Facebook and Twitter accounts for NHS Lothian are managed by the Communications Team and no member of staff is permitted to open a Twitter or Facebook account on behalf of NHS Lothian or for any NHS Lothian corporate or clinical service.

Breach of the Policy

Any breach of the Social Media policy including the inappropriate use of chat rooms, blogs,

newsgroups and social networking sites or where there has been a breach of confidentiality or an inappropriate discussion about patients, colleagues or management, will be fully investigated in line with the [Management of Employee Conduct Policy - Disciplinary](#) and may lead to disciplinary action including dismissal.

It should be noted that employees who are regulated by a professional regulatory body e.g. doctors, nurses, midwives and allied health professional are subject to professional rules and standards of conduct. Therefore, misconduct at work may lead to the professional regulatory bodies being informed.

What is inappropriate use of social media?

Anything which:

- Breaches patient confidentiality, trust or ethics
- Constitutes bullying or harassment
- Defames an individual's character e.g. by posting inappropriate comment about a colleague or patient
- Discredits the services provided by NHS Lothian or NHS Lothian as an employer
- Discredits a particular profession
- Utilises work time to access social media sites
- Distributes sexually explicit material
- Or is in any way unlawful

Staff must not use social media sites to express personal views that could be seen as representative of NHS Lothian, or that could breach patient or staff confidentiality, or discredit NHS Lothian in any way.

What can happen to me if I have been advised that I have been using social media inappropriately?

Your actions will be investigated under NHS Lothian Employee Conduct: Disciplinary Policy and Procedure. Following an investigation you might be invited to a disciplinary hearing and disciplinary action could be taken against you, up to and including dismissal.

Why should my personal use of social media have anything to do with my employer (NHS Lothian)?

As an employee, your actions can reflect on your employment with NHS Lothian and if your actions do not meet the expected standards then NHS Lothian may feel that they must take action.

I am a member of a professional body, could what I put on my personal

social media affect my profession?

Yes, increasingly professional bodies have been developing guidance to set out the expected standards. If you failed to meet these standards then your continued professional registration could be put in jeopardy.

<http://bma.org.uk/-/media/Files/PDFs/Practical%20advice%20at%20work/Ethics/socialmediaguidance.pdf>

<http://www.gmc-uk.org/guidance/12022.asp>

Using social media is just like chatting with friends isn't it, so can I say whatever I like?

No, social media provide a written record which could be printed off or stored electronically. This is different from a private conversation and you have a personal responsibility to ensure that your interactions could not reflect badly on yourself or indeed on your employer.

Should I use privacy settings where available on my personal social media account?

Yes, privacy settings should be used where appropriate to protect the information you want to share, and with whom.

Will privacy settings guarantee my privacy and mean that I can express anything I like on my personal social media account?

Everything you post online is public, even with the strictest privacy settings. Once something is online, it can be copied and redistributed and it is easy to lose control of it. Presume that everything you post online will be permanent and will be shared.

What if someone else posts something which could be offensive on my social media page?

You should take actions to disassociate yourself e.g. by deleting the content as soon as you become aware.

What should I do if my colleague puts confidential patient information relating to NHS Lothian on their social media page?

This could be deemed a matter of misconduct. As an employee of NHS Lothian you have an obligation to maintain patient confidentiality and should report any breaches of confidentiality to a line manager or senior colleague.

What should I do if my colleague is critical of a department within NHS

Lothian on their social media account?

Derogatory comments about an employee's workplace may be deemed as misconduct and this may result in disciplinary action taken against the employee.

As an employee of NHS Lothian you have a responsibility to uphold the reputation of the organisation and should report any breaches of this nature to your line manager or a senior colleague.

What should I do if my colleague is critical of another colleague on their social media account?

'Cyber bullying' (i.e. posting offensive personal comments, spreading rumours, carrying out acts that deliberately isolate or exclude a colleague via social media) may be perceived as bullying and harassment by the individual being targeted in the same way as if this was carried out in person.

As an employee of NHS Lothian you have a responsibility to comply with [NHS Lothian Preventing and Dealing with Bullying and Harassment Policy and Procedure](#).

I noticed one of my friends was linked to a patient in my ward, can I contact them on their social network account and send them a get well soon message?

No, this is not an appropriate course of action. This would result in a breach of confidentiality and may result in disciplinary action being taken against you.

Can I put details of where I work and what I do on my personal social network account?

It is generally not advisable to do so. It could blur the boundaries between your work and private life and if you became involved in something online which your employer did not approve of then it may be looked at in a more serious light. However, there may be a small number of specific exceptions to this such as use of Linked In.

I have a Linked in account. What information relating to work can I post?

Due to the nature of linked in, it may be appropriate to include basic information about the name of your employer or your type of work. However, you should be careful not to include too many details or anything which could breach confidentiality, be construed in a negative manner or be seen as speaking for the organisation when you are not authorised to do so.

I have a blog/twitter account and often make positive comments about the

day I have had at work – is this okay?

It is not advisable to do so. This is because there is a risk of the boundaries between your public and private online life being blurred. It may appear that you are officially speaking for the organisation. In addition, what you may consider to be positive or light hearted comments may not be construed that way by the reader.

A patient has contacted me via a social media account; can I accept their friend's request?

No, you are not normally permitted to do so as there are professional boundaries which should be observed. If there are particular circumstances and you are still unsure, then you should discuss with your line manager in the first instance.

Several of my colleagues are contacts in my social media account, they often chat about work – can I join in with this conversation?

No, you should not be discussing work matters using your social media account. If there are things which have to be discussed then this should be done in the workplace.

Can I access my social network account from my work computer during break times?

No, social networking websites must not be accessed from NHS Lothian equipment.

Nor should you use external proxy sites in an attempt to bypass NHS Lothian filters. If staff are found to be doing so this may lead to disciplinary action being taken against them, up to and including dismissal.

Can I use my work email address to link to my social media account?

No, NHS Lothian email addresses must not be used on any social networking websites.

What should I do if I am concerned about a colleague's wellbeing from information displayed on their social media account?

You should deal with this in the same manner as if you were observing the behaviour in person. If you have concerns regarding their safety or well being you should raise this with them in the first instance or discuss confidentially with your manager.

If someone's use of social networking is unlawful, you should report them to the police.

[Print](#)

NHS Lothian User ID Request Form

Please complete this form, print it, sign it and return to eHealth Directory Services Team by emailing a scanned copy with signatures to Directory.Services@nhslothian.scot.nhs.uk or mail to The Old Atos Building, Woodburn House, 56 Canaan Lane, Edinburgh, EH10 4SG

Type of request: ☐ New Account ☐ Amendment ☐ Account Removal ☐ Reactivation

Section 1 - User details and Declaration

| | | | | | |
|---------------------------|----------------------|--|----------------------|---------|----------------------|
| Forename | <input type="text"/> | Initials | <input type="text"/> | Surname | <input type="text"/> |
| Site | <input type="text"/> | Department | <input type="text"/> | | |
| Job Title | <input type="text"/> | Phone or Bleep | <input type="text"/> | | |
| NHS Lothian Employee | <input type="text"/> | If no, Employer Name or University & Year <input type="text"/> | | | |
| Current computer username | <input type="text"/> | GMC / NMC Number | <input type="text"/> | | |
| Details of amendment | <input type="text"/> | | | | |

I agree to comply with the NHS Lothian eHealth Security Policy and confidentiality requirements. I have read the eHealth Statement on the reverse and understand that I am responsible for all transactions carried out under my User ID and will not disclose my password with anyone. I acknowledge that contravention of this policy can lead to disciplinary action against me, up to and including dismissal.

Signature Date

Section 2 - To be completed by Service Manager only

| System | Access Requested | Additional Information (Practice Code/Hospital Site/security Group/Team/Speciality) |
|----------------------------------|--------------------------|---|
| Clinical Portal & Imprivata | <input type="checkbox"/> | <input type="text"/> |
| Imprivata (Single Sign On) | <input type="checkbox"/> | <input type="text"/> |
| Trak | <input type="checkbox"/> | <input type="text"/> |
| iLab / APEX | <input type="checkbox"/> | <input type="text"/> |
| InterAgency Information Exchange | <input type="checkbox"/> | <input type="text"/> |
| SunRay Card | <input type="checkbox"/> | <input type="text"/> |
| eIRD | <input type="checkbox"/> | <input type="text"/> |
| SCI Store | <input type="checkbox"/> | <input type="text"/> |
| SCI Gateway | <input type="checkbox"/> | <input type="text"/> |
| MIDAS | <input type="checkbox"/> | <input type="text"/> |
| ECS | <input type="checkbox"/> | <input type="text"/> |
| Chemocare | <input type="checkbox"/> | <input type="text"/> |
| Other (shared drives) | <input type="checkbox"/> | <input type="text"/> |

I approve the above system access for this member of staff and confirm that they require this in order to carry out their job and they are authorised to access the data held on these systems. I will release this member of staff for training required, prior to access to any of the systems.

Name Designation

Signature Date

NHS Lothian - eHealth Security Statement

This document is in support of the eHealth Security Policy with which users should familiarise themselves. This is available on the Intranet Home page under: Corporate/Policies/eHealth Policies and Procedures/NHS Lothian eHealth Security Policy. NHS Staff must read this document and agree to abide by the statements below before access is given to Systems.

1. Security Passwords and User ID Codes

It is my responsibility to ensure that any system passwords allocated to me are kept confidential and secure, and are not disclosed to any other person whether or not an employee of NHS Lothian. I further understand that I will be held responsible for any transactions carried out under my ID and password

2. Data Protection

I acknowledge that the Data Protection Act governs all information gathered or accessed by me. I understand that I may not without explicit permission extract subject identifiable data and hold it on any system not owned by NHS Lothian. I further understand that when transmitting data (electronic or otherwise) I must take all reasonable precautions to ensure that the recipient is entitled to receive it and that only the intended recipient(s) will receive it.

3. E-Mail

As part of my duties I will have access to NHS Lothian's e-mail facilities. I acknowledge that I must not send or communicate any e-mail or attached statement containing obscene language, or of an inflammatory, derogatory or insulting nature about any person or organisation. NHS Lothian will monitor e-mail and block movement of certain e-mail attachments that are considered a threat to the infrastructure.

4. Internet

As part of my duties I will have access to the Internet via NHS Lothian's network / equipment. I acknowledge that such access is intended primarily for NHS Lothian business. I may use this facility for reasonable and limited personal use provided it is with the agreement of my line manager and does not adversely affect my own or other's work. I am wholly responsible for the consequences of such access, which must not impact on network performance, conflict with NHS Lothian policies and procedures or in any way endanger NHS Lothian's legal or moral reputation. I acknowledge that such access is monitored and reported by specialised software. I also acknowledge that any approved patient identifiable data be transmitted only to approved addresses out-with NHS Lothian.

5. Computer Misuse

I acknowledge that it is expressly forbidden to use NHS Lothian owned equipment or networks for malicious purposes e.g. hacking, software piracy, software or data theft, copyright contravention etc.

6. Virus Protection

If a virus is encountered it must be reported immediately to the eHealth Service Desk (x85050, service-desk.ehealth@luht.scot.nhs.uk).

7. Unapproved Software

I acknowledge that it is expressly forbidden to load software not licensed to NHS Lothian on to any NHS Lothian owned equipment or networks. I also acknowledge that I may not load any software not approved by NHS Lothian eHealth department.

8. Connection of Equipment

I acknowledge that I may not connect any non-NHS Lothian computer equipment including peripheral devices (e.g. printers, scanners, storage devices, memory sticks, PDA's, digital equipment etc) to NHS Lothian equipment or connect NHS Lothian computer equipment to any non-NHS Lothian communications system or network except to use the NHS Lothian VPN or Firepass applications.

9. Non NHS Lothian Staff

As a non NHSL employee I will complete the NHS Lothian User ID Request Form for access to NHSL systems or PAN Lothian Partnership shared systems hosted in NHSL. I will ensure this form is approved by an authorised signatory in my organisation. I will familiarise myself with and abide by all NHSL IT policies particularly the IT Security Policy, and note that all users IT access is routinely monitored. I will also adhere to my employers Policies. I acknowledge that failure to comply may lead to an investigation and disciplinary action being taken by my employer or University in consultation with NHSL.

Appropriate Access to Electric Health Records and IT Security – Guidance Note

1. Examples of misuse of information include looking up the clinical records of:-

- Yourself – you must make an application under the Data Protection Act to the Health Records Manager to access your own information
- Your family – including your child's information which must be formally requested under the Data Protection Act
- Relatives/Friends/Neighbours
- Patients who are not under your management of care or administration

Together with;

- Emailing patient identifiable information outwith the secure NHS Lothian network e.g. sending information from home to work.
- Discussing patients by name or with enough information for them to be identifiable, in a public place.
- Informing friends that you saw their son/daughter/husband etc in the clinic

The same applies to the misuse of staff information. NHS Lothian treats deliberately inappropriate and unlawful accessing of patient data very seriously. Staff absolutely **MUST NOT** access records of any patients who are not under their management or administration. **DO NOT access your own records or that of friends and family, neighbours and celebrities**; to do so is highly unethical and a misuse of information.

2. IT Security

- Do not connect any device or software not provided by NHS Lothian including games, music (MP3), videos, or personal photos to the network or use NHS Lothian equipment to copy any software, game, video or DVD, photographs or similar.
- Do not share user IDs or passwords. Where an ID or password has been shared, the owner of that ID will have any errors caused or policy breaches attributed to them.
- Do not download or store on any device material which might cause offence/upset.
- Do treat an email as an official document. Under the Freedom of Information Act, an email might need to be released to meet certain requests for information.
- Do not send anything in an email which might cause offence to the recipient(s).
- Do not attempt to use Proxy servers or other routing in an attempt to bypass NHS Lothian internet filters without explicit permission from the eHealth Department.

NHS Lothian
IDENTIFICATION / SECURITY PASS APPLICATION FORM



Part 1 and 3 to be completed by employee. Parts 2 and 4 to be completed and signed by the designated department/line manager or authorised signatory. The completed form with photo ID (eg passport, driving licence) should be taken to:

St John's Hospital – Logistics, Main Entrance, Monday to Friday between 10.00am - 12.00pm **or** between 2.00pm - 4.00pm

Western General Hospital – Security Office, Anne Ferguson Building, Monday to Friday between 10.00am - 12.00pm **or** 2.00pm - 4.00pm

Royal Infirmary of Edinburgh – Cofely, Facilities Management Offices, Monday, Tuesday and Thursday between 1.00pm - 3.00pm **or** Wednesday between 9.00am - 11.00am **or** Friday between 10.00am - 12.00pm

Waverley Gate – Facilities Department, Tuesday between 10.00am - 12.00pm

Lauriston Building – ID Badge office, Lauriston Building, 2nd floor, Thursday between 9.00am – 10.00am

Royal Edinburgh Hospital – Logistics Department, Tuesday and Wednesday between 10.00am – 12.00pm, Thursday between 2.00pm – 4.00pm

Herdmanflat Hospital – Logistics Department, Wednesday 12pm – 1.30 pm. **Appointment only**, phone 536 (5)8533

PART 1: APPLICANT DETAILS (please print)

Forename(s): _____ Surname: _____

Job Title: _____ Department: _____

Hospital/Base: _____ Contact details: _____

PART 2: ACCESS CARDS

Is an access pass required: Yes ☐ No ☐

If yes, please outline reason for access _____

PART 3: REPLACEMENT ID BADGE

Reason from replacement:

Lost ☐ Damaged ☐ Change of details ☐: _____

ID badge last issued from: SJH ☐ WGH ☐ RIE ☐ DH ☐ PAEP ☐ REH ☐ Herdmanflat ☐

PART 4: AUTHORISATION (to be completed by the departmental/line manager or authorised signatory)

THIS SECTION MUST BE COMPLETED PRIOR TO A PHOTOGRAPH BEING TAKEN

The above employee started with NHS Lothian _____

The post is permanent/temporary until _____

This is a new post/this employee replaced _____

Has the employee who has been replaced left NHS Lothian? Yes ☐ No ☐

Print: _____ Signature: _____

Contact Details: _____ Date: _____

ISSUE OF PASS (to be completed by Issuing Officer)

Pass Number: _____ Issuing Officer: _____ Date: _____

RECEIPT OF PASS (to be signed by employee)

I confirm receipt of the pass described above and agree to return it if I leave the employment of NHS Lothian.

Signature: _____ Date: _____

The information provided will be kept under the terms of the Data Protection Act 1988 and will be treated in a secure and confidential manner.

V0.9

University Hospitals Division

DIVISIONAL MEDICAL DIRECTOR
NHS Lothian

Lauriston Rooms
The Royal Infirmary of Edinburgh
Little France Crescent
EDINBURGH EH16 4SA.



Associate Divisional Medical Directors
Clinical Directors

For circulation to all medical staff

Date: 16 May 2011
Our Ref: SJM/kab
Enquiries: Karen Burnside
Extension: 23308
Direct Line: 0131 242 3308
Email Karen.burnside@luht.scot.nhs.uk

Dear Colleague

Death Certification

Since October 2008 it has been our policy that all death certificates for patients in UHD must be agreed by the responsible consultant before they are issued. I am pleased to say that this is generally happening, but there have been exceptions so it would be useful to remind staff.

It is also important that the content of certificates is discussed with relatives and this should be done whenever possible by taking them through the Death Certificate before it is sealed in the envelope. This may give the opportunity to explain in lay language information that may be quite medical on the actual certificate. I would also remind all doctors of the Chief Medical Officer's guidance of September 2009 with which this is entirely compatible. [http://www.sehd.scot.nhs.uk/cmo/CMO\(2009\)10.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2009)10.pdf)

Yours sincerely

A handwritten signature in black ink, appearing to read 'Simon Mackenzie', with a horizontal line drawn underneath the signature.

DR SIMON MACKENZIE
Divisional Medical Director