

Delivered by PRISMATIC GP champion and member of research team

Training Recipients

As agreed with practice. Typically lead PRISMATIC GP and practice manager, and any other practice staff able and wishing to attend. A registered PRISM user from the practice must be in attendance in order to access the tool.

Before Visit

1. Ensure training takes place with access to an internet accessible pc
2. Ensure practice has log on details available in training session with registered PRISM user and Caldicott guardian attending if possible
3. Ensure practice site pack is available for training session, and PRISM handbook ready for use in training.

Training Overview (circa 1 hour)

Background/Data Protection	10 minutes
Accessing tool	5 -10 minutes
Tour of tool	10 minutes
Discussion on use	15 minutes
Wrap up	5 minutes
Training log (trainer only)	10 minutes

PRISMATIC Training Plan

1. Background

<i>Topic/stimulus</i>	<i>Content</i>
<i>Origin of PRISM</i>	Welsh Government commissioned tool in 2006 alongside Chronic Conditions Management policy and framework. Tool released in 2008 with update 2010. Purpose - to provide a tool to help identify people at risk of hospitalisation so they can be proactively targeted prior to deterioration, prior to admission. Welsh Risk Prediction Service (WRPS) created to manage PRISM. Run by NWIS.
<i>Research outline</i> Site pack 4a - Study flyer	Why undertaking research – need for rigorous research in this field – little quality research on risk stratification use. BMA/GPC Wales involved in discussions over research design. Study aim - <i>To describe the processes of introducing a predictive risk</i>

Site pack 4b – Project Description	<i>stratification model (PRISM) and to estimate its effects on the delivery of care, resources used and patient outcomes.</i> Findings to inform policy and practice. Further details in site pack 4b, 4c.
<i>Timeframe</i> Site pack 8 – Schedule	First practices starting March 2013, with random roll out over a year. Study period lasts 18 months. – i.e. to summer 2014. Analysis and reporting will follow. Latest schedule of practices receiving PRISM will be emailed each month by prismatic team. Also available at www.trustresearch.org.uk/prismatic .
<i>Data collection</i>	Routine GP and hospital data via SAIL databank, PRISM risk scores. Questionnaires at 3 points, user interviews (a crucial part of understanding how PRISM is used, any issues etc)
<i>Tour of site pack</i> Site pack – contents	Summarise contents – note section 2 is to be completed alongside questionnaires. Rest is for information. As new documents are received from study team, they should be added to the site pack to keep it up to date.
Site pack 2b – Questionnaire practice log	Importance of questionnaire log for audit purposes and ensuring patient confidentiality
Site pack 10 - notes	Notes page at end for any thoughts/issues/concerns/ improvements if they wish to write them down

2. Data Protection

<i>User control</i> PRISM handbook – user registration	Role of Caldicott guardian and ISAs – only the practice CG able to authorise or remove users. They need to apply as users too though to access the full tool (tbc – so sign up CG as user). The Caldicott Principles (for sharing patient identifiable data) i. Justify the purpose. ii. Don't use patient identifiable information unless it is absolutely necessary. iii. Use the minimum necessary patient identifiable information. iv. Access to patient identifiable information should be on a strict need to know basis. v. Everyone should be aware of their responsibilities.
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	<p>vi. Understand and comply with the law.</p> <p>If the discussions are about care for a patient, then you can discuss appropriate personal information in the interests of the patient - but again use the minimum necessary - as per a 'normal' discussion with a fellow NHS employee when seeking a referral or consultant opinion for example.</p> <p>Access cannot be granted to non NHS staff.</p>
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3. Accessing PRISM Tool

<p><i>Accessing website</i></p> <p>PRISM web pages</p>	<p>Remind of web address.(https://kryten.hsw.nhs.wales.uk/PRISM)</p> <p>Add as desktop shortcut and bookmark (favourite) the web page – do this in session.</p> <p>Point out link to PRISMATIC website www.trustresearch.org.uk/prismatic</p>
<p><i>Contacts</i></p> <p>PRISM contact page</p>	<p>Confirm where to find technical support number (link at bottom of screen) – in contacts at bottom of PRISM web page</p>
<p><i>New user requests</i> - Site pack – how to add PRISM users</p> <p>PRISM sign up page</p>	<p>Confirm instructions for sign up in site pack</p> <p>Sign up a user during session if someone in room wishes to and sufficient time.</p> <p>Show practice staff location of sign up link on webpage</p>
<p><i>Logging in</i> - PRISM log in page</p>	<p>Password advice – important to type correctly. Flag up the password reset option. Identify support if lost password.</p> <p>Ask Caldicott Guardian to log in</p>
<p><i>Approve user request</i></p>	<p>Caldicott Guardian approves the user request.</p>

4. Tour of WPRS Tool

<p><i>Explain Pyramid</i></p> <p>PRISM pyramid page</p>	<p>Explain pyramid – whole practice population stratified – i.e. put into different levels – according to risk of emergency admission in next 12 months.</p> <p>Uses anonymised data – 37 variables from GP practices and secondary</p>
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	<p>care, and WIMD.</p> <p>Confirm that default presents absolute risk in the practice</p> <p>Risk models based on CCM model and framework – i.e. different types of intervention for different risk levels. E.g.</p> <ul style="list-style-type: none"> Lvl 4 - individual case management, Lvl 3 - disease management, Lvl 2 - supported self-care Lvl 1 - prevention of illness and promotion of health and wellbeing <p>Read out the risk score ranges being used..e.g. Lvl 4 = 50% risk or above.</p>
<p><i>Risk levels</i></p> <p>PRISM risk level 2 page</p>	<p>Explain hyperlinks – can click on them to explore further. Ask user to click on level 2 patients and explain that these are the patients who are not in the very highest level of risk.</p> <p>Explain that risk scores are presented in descending order, but it would be wrong to think that there is much difference in risk between people of very similar risk scores.</p> <p>Note people can move between levels over time – and they could move even if their risk stays the same (if relative risk)</p>
<p><i>Patient profile</i></p> <p>PRISM individual patient page</p>	<p>Ask user to click on a random patient and ask them to open some of the tabs – e.g. secondary care indicators.</p> <p>Explain that risk scores are updated monthly automatically by NHS Wales Informatics Service</p> <p>Data lags – there will be a delay in an incident, from when it happens, to when data entered, and to when uploaded to NWIS and then to PRISM.</p>
<p><i>Filters</i></p> <p>PRISM pyramid page</p>	<p>Ask user to go back to pyramid page. Show them the filters and apply one or more, then press ‘apply filter’ to change population being looked at.</p>
<p><i>NHS number search</i></p> <p>PRISM pyramid page</p>	<p>Illustrate NHS number search facility</p>

<i>Risk thresholds -</i> PRISM risk threshold page	Illustrate ability to amend relative or absolute risk thresholds.
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5. Discussion on Use

<i>Using PRISM</i>	If appropriate, discuss views so far and see if practice staff have ideas on how they might use PRISM to support patient care
PRISM Handbook- section c	Go through how to use guide Explain nature of the guide – not prescriptive, flexible for practices to decide how best to use PRISM. Needs commitment of practices to give it a go – in order for value of research to be realised, as per signed agreements.
One page guide	Discuss potential practice use – who might use, services to link with, etc.
	Note follow up phone call from GP champion in one month to provide further guidance/support. Agree who best to contact and trainer should record this on the training log.

6. Wrap-up

<i>Any questions</i>	
<i>Contacts</i> PRISM Handbook Appendix B	Remind practice staff of contacts page in handbook and online – technical tool queries to NWIS, research queries to SU and queries to GP champs – via prismatic@swansea.ac.uk

7. Training Log (completed by trainer)

<i>Training log</i>	Who was present for training – name and role Questions raised Concerns/issues User added in training yes/no Initial thoughts on usage in practice
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	Follow up contact from GP champion – who to contact at practice and their contact number.
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After Visit

Trainer completes and returns training log to prismatic@swansea.ac.uk

Follow up phone call by GP champion trainer 1 month post training.

Using PRISM - Summary

1	Register practice users Handbook section d	Visit https://kryten.hsw.wales.nhs.uk/PRISM/ [click on 'sign in', then 'sign up']
2	Have a look around the PRISM website: Handbook section b	Explore: <ul style="list-style-type: none">• Patient counts at each risk level• Lists of patients at each risk level• Filters for looking at different groups• Searching by NHS number• Setting the risk threshold• Risk graphs for individuals
3	Plan how you will use PRISM Handbook section c	Consider such things as: <ul style="list-style-type: none">• How often will we review the stratified lists? (n.b. PRISM is updated monthly)• Who will review/discuss patients' risk?• How many patients will we look at each time?• Which patients should we focus on?<ul style="list-style-type: none">• Particular conditions?• People who move up the risk categories?• What can we do to help prevent deterioration/emergency admissions?
4	Next steps – using PRISM to support care	May involve: <ul style="list-style-type: none">• Phone calls• MDT case reviews/meeting• Visits• Practice appointments• Referral