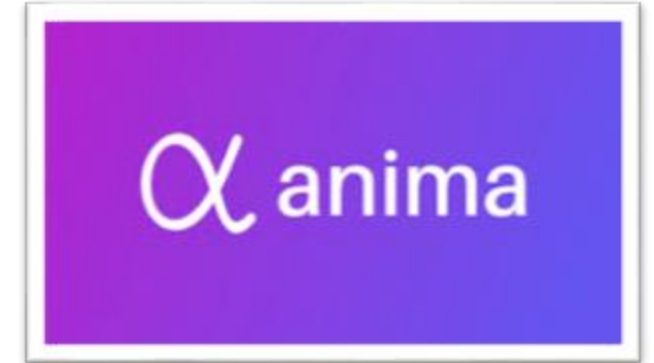


# Primary Care Digital Transformation

Dr Ishani Patel  
19<sup>th</sup> Mar 2025

1. Ambient Hearing / Scribe
2. Practice / PCN Digital Clinical Safety

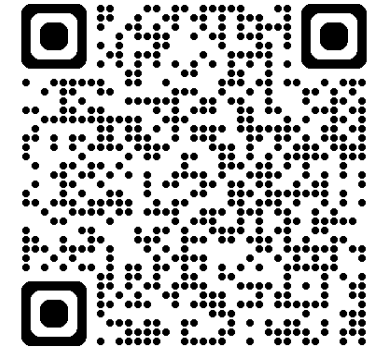
# NWL Approved Ambient Hearing Products



Has multiple  
languages



ANIMA – install  
needed & the only  
one that  
integrates with  
TPP S1 and EMIS-  
Optum



# Anima - the only TPP / EMIS-Optum integrated product

Saves directly into the EMIS / S1 Consult entries

Recordings - Zaina Olmick (21 Jul 85) - 18 Mar 2025, 18:29

Diagnoses

- Lower back pain
- Pain triggered by sitting in one position for long periods due to job
- Pain possibly exacerbated by lifting heavy suitcases and gardening
- Previous back injury a few years ago
- Takes ramps
- Takes Donalgin 1000mg
- Taking tramadol twice daily, left over from previous back injury
- Taxi driver
- Gardener
- Smoking again

Examination

- Discomfort on flexing forward to 60 degrees
- No problems on extension
- Discomfort on standing from chair
- Pain down right hand side on standing
- Straight leg raise 70 degrees on right
- Straight leg raise 50 degrees on left
- No neurological deficit bilaterally
- Normal reflexes
- Denies issues with toe irritation
- Blood pressure 138/78 mmHg
- Pulse rate 72 bpm

Plan

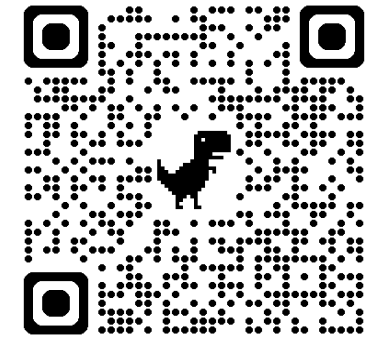
- Referral to MSK physio discussed. Trial of top-profen with stomach protection discussed. Tramadol can be used as backup, but avoid regular use, especially when driving. Advised to return if bowel or bladder changes, or worsening numbness affecting walking.

Problems

- Smoker (1978)
- 77174803 - 1376
- "Smoking again"

Observation Entry

- Blood pressure 138/78
- 77174803 - 1376
- "Blood pressure 138/78 mmHg"
- SYS 138 DIA 78 mmHg



# Anima Scribe for NWL – April is FREE

## Meet Annie, Your Copilot and Scribe

"We have seen the future." - GP Partner

**Seamless EMIS & SystmOne Integration**, pulling all the relevant patient context.

**Lightning Fast, High Quality Notes**, that sound like you. Anima is the only **instant** scribe in the world.

**The Only Scribe with Automated Clinical Coding & One-Click Patient Messaging** built-in.

**Exciting Functionality Coming Soon:** including direct referral and prescription generation.

**Face-to-face consultation**

**Naz** 0:00 Good morning, what brings you in today?

**James** 0:04 Hi, good morning. I've had a cough for more than a week now.

**Naz** 0:13 I'm sorry to hear that. Besides the cough, have you noticed any other symptoms? For instance, have you had a fever, chills, night sweats, shortness of breath?

**James** 0:22 I haven't noticed any night sweats or fever, but there's this uncomfortable feeling in my chest.

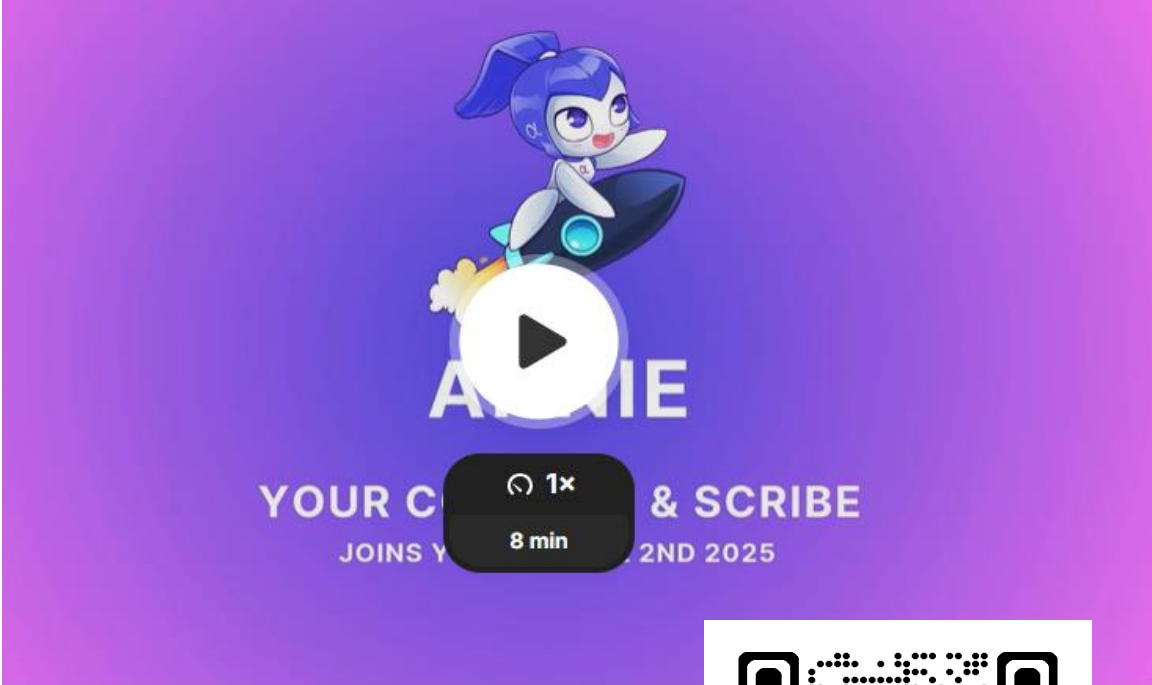
**Naz** 1:38 Understood. I would like to order a chest X-ray to check your lungs...

**Cough** 49727002

**Chest Pressure** 29857009

**Task Created**

0:00 14:52

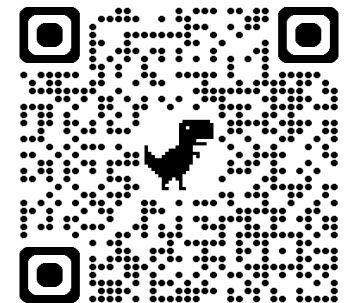


**ANIMA**

**YOUR COPILOT & SCRIBE**

JOINS YOU 8 min 2ND 2025

<https://www.loom.com/share/994b68a4c0694adcaa183b9152187d9e>



# Key Considerations

1. Freemium versus Subscription
2. Consultations: telephone and face to face
3. Home visits, care home ward rounds
4. Multidisciplinary team meetings
5. Customise templates
6. Data privacy, GDPR statements on your website
7. Configure "consent" button
8. Dictation – referrals, letters
9. Languages (Heidi only at present)
10. Cloud-based telephony integration (none at present; some suppliers talking to X-on)
11. Auto-deletion of notes
12. Clinical system interoperability and integration
13. SNOMED codes and tagging the consult with SNOMED: **Audio Dictation**  
(24771000000105)
14. Buffering time up to 3 seconds

# MDT / Ward round / SNOMED

The screenshot displays a clinical documentation interface with three main panels:

- Left Panel (Navigation):** Includes buttons for 'New session', 'View sessions', 'Template library', 'Community', 'Settings', 'Account', 'Preferences', 'Memory', 'Team', 'Integrations', 'Earn \$50', 'Roadmap', 'Shortcuts', and 'Help'.
- Center Panel (Example note):** A template for 'Meeting Minutes' with fields for Date, Time, Location, Attendees, Agenda Items, Discussion Points, Decisions Made, Action Items, and Next Meeting. Each field includes instructions on when to include information (e.g., 'only include if explicitly mentioned in the transcript, contextual notes or clinical notes').
- Right Panel (Patient Note & SNOMED):** Displays a patient note with 'Subjective' (Swelling in legs and shortness of breath, 70-year-old care home patient, history of heart failure, on furosemide, ACE inhibitor, not on beta blockers, no worsening kidney function), 'Objective', 'Assessment' (MDT Assessment: Potential discharge plan for 70-year-old patient with heart failure, swelling in legs and shortness of breath), and 'Plan' (Ensure patient can manage condition safely at home, double check medication, engage in physiotherapy, pay attention to fall risks, guidance on low sodium diets, ensure adequate fluids, heart failure nurse follow ups, regular follow ups to monitor fluid retention, medication tolerance, and lead tracking potentially, and symptom reporting). Below the note is a 'Problems' section with a dropdown to 'Add an existing or new problem'. A 'New' section shows 'Heart failure NOS (X180Y9)' with severity 'minor', starting on '19/03/2025', and active for 'Indefinitely'. An 'Existing' section is also present. A 'Codes' section has a 'Clear section' button and a dropdown to 'Add a code'. A 'Finding' section shows two codes: 'Swelling' (65124004 - X74Eu) and 'Difficulty breathing' (238145002 - 373B), both with the description 'Swelling in legs and shortness of breath.' A link 'View other codes Annie suggested' is at the bottom.



# In-practice training and your SOP

- Publicise Data Privacy / GDPR statements (see Slide 9)
- Follow NWL's consent policy (see Slide 10) or create your own
- Complete all DCB0160 and digital clinical safety assessments (see Slides 11 – 15)
- Hardware
  - Noise cancelling headphones
  - USB camera
  - Microphone (headset or USB camera)
  - Check sound quality
  - Remove all background noise as increases error and hallucinations
  - Hubs / co-location may find challenges and errors
- Check you have pressed "record / start transcription"
- Interacting with the product – Verbalise your examination findings
- Buffering times differ – use this time wisely; can be up to 3 seconds
- Accuracy checks – edit templates, condense, lengthen, etc
  - **DO NOT COPY AND PASTE WITHOUT CHECKING**
  - Suffix the consultation entry with a line to state the consultation entry was made using AI scribing software: **Audio Dictation** (24771000000105)
- Amend the notes and teach the product so it continues to learn
- Check and enter SNOMED codes if there is no integration
- **Paste RESPONSIBLY into the appropriate consultation section (History, examination, comment etc)**
- Involve the patient and seize the opportunity: Promote the NHS App





# Data Privacy and GDPR statements on your website and a message on your cloud-based telephony system

We are committed to providing you with the highest quality of care. To enhance our service, we are introducing Heidi Health, an AI-powered medical scribe, to assist in documenting our consultations. Below, we explain what Heidi Health is, how your data will be managed, and the benefits it brings to your care and our practice. [You can click here to visit their website and know more about them.](#)

## What is Heidi Health?

Heidi Health is an advanced AI medical scribe designed to transcribe patient visits, generate clinical notes, fill out documents, and dictate letters. This tool allows us to focus more on you, the patient, rather than on typing and administrative tasks.

## Benefits of Using Heidi Health

- **Enhanced Focus on Patient Care:** By automating the documentation process, Heidi Health allows us to spend more time interacting with you, improving the quality of care and communication during consultations.
- **Efficiency and Accuracy:** The AI scribe ensures that all details of your visit are accurately recorded, reducing the risk of errors and omissions in your medical records.
- **Streamlined Workflow:** Heidi Health helps in managing various administrative tasks such as generating patient summaries, filling out forms, and creating letters, making our workflow more efficient.

## How Your Data is Managed

- **Data Security and Privacy:** Heidi Health adheres to stringent UK compliance frameworks, including the Data Protection Act, GDPR, and NHS standards. This ensures that your personal information is handled securely and confidentially.
- **Local Data Hosting:** All data is hosted within the UK, enhancing security and compliance with local data protection regulations.
- **Temporary Data Storage:** Audio recordings used for generating notes are not stored permanently. They are processed and then deleted, ensuring your data remains private and secure.

# NWL Data Protection and Information Governance for Approved Scribe Products

- Only use products approved by NWL
- Privacy Notices informing patients of AI scribe utilisation to reassure patients of their safety.
- **No need to obtain individual patient consent** for the use of AI scribing tools prior to each consultation. Consent is not needed as this is a tool being used to process the patient data for direct Care purposes.
- If a patient expresses a wish for AI scribing not to be used in their consultation, this should be turned off for that encounter.
- Clinician is responsible for reviewing the contents of the consultation entry. The clinician is liable for any errors that may arise.
- Suffixing the consultation entry with a line to state the consultation entry was made using AI scribing software: **Audio Dictation** (24771000000105)
- <https://www.themdu.com/guidance-and-advice/guides/using-ai-in-primary-care>



# What is a DPIA and where can I get it?

## Data Protection Impact Assessment

- identify and reduce privacy risks when handling personal data
- follow data protection laws, such as GDPR
- How data is collected, stored, and shared.



The infographic is divided into four sections. The top-left section, titled 'What is GDPR?', features a shield icon and explains that the UK GDPR is a framework for handling personal data in the healthcare sector, mandating strict guidelines and compliance with various practices like consent and data protection measures. The top-right section, titled 'What is DTAC?', features a heart icon and describes the Digital Technology Assessment Criteria as a framework introduced by NHS England in 2021 to ensure digital health technologies meet essential standards. The bottom-left section, titled 'Do you store data?', features a server icon and states that the system architecture is cyber-secure and penetration-tested, recording audio locally and sending it to secure, UK-based and GDPR-compliant cloud servers. The bottom-right section features a photo of a healthcare worker in a clinical setting and explains that once processing is complete, outputs are returned to the desktop application, and the original and intermediate data in the cloud is permanently deleted, with data in the cloud only kept in working memory for processing and never stored beyond a 20-30s processing time window.

**What is GDPR?**

The UK GDPR is a vital framework that mandates strict guidelines for handling personal data in the UK's healthcare sector. Healthcare organizations and health tech companies in the UK must comply with several practices, including implementing robust data protection measures, obtaining consent from patients, having effective incident response plans, facilitating patients' rights, justifying data processing on legal grounds, and complying with international data transfer regulations. Compliance with these regulations ensures ethical handling of sensitive health data, enhances patient trust and security in digital health technologies, and impacts how patient data is managed, shared, and protected.

**What is DTAC?**

DTAC, or the Digital Technology Assessment Criteria, is a framework that was introduced by NHS England in 2021. Its primary objective is to ensure that digital health technologies meet essential standards before being used within the NHS and social care environments. The framework evaluates and approves digital health products by focusing on five core areas: clinical safety, data protection, technical security, interoperability, and usability and accessibility.

**Do you store data?**

We don't store data - our system architecture is a cyber-secure and penetration-tested local desktop application that records audio locally and sends that file to secure, UK-based and GDPR-compliant cloud servers which host our speech-to-text A.I. and Large Language Models, where the audio is converted into transcript, note, codes and other documentation.

Once the processing ('inference') is complete, the outputs are returned to the desktop application, and the original and intermediate data in the cloud is permanently deleted. The data in the cloud is only ever kept in working memory for processing and never stored beyond that 20-30s processing time window. The data in O.S.I.E.R. itself on the local desktop is maintained in the app for as long as it is open, but once it is closed, that data is also deleted. When you restart O.S.I.E.R., the process starts afresh.

# What is a DCB0160 and where can I get it?

Practices need to manage clinical risk when using IT solutions and make sure the tools are safe and reliable.

Includes:

1. Product scope
2. Clinical risk management file and activities
3. Hazard identification, log and risk estimation
4. Deployment
5. Post-deployment modifications
6. Accountable personnel to support ongoing monitoring

## Clinical Risk Management Plan: HEIDI AI Scribe (Heidi)

Document filename	Clinical Risk Management Plan (CRMP)
Directorate / Programme	<u>North West</u> London (NWL) ICB Digital Transformation in Primary Care Pathway Team
Document Reference	CRMP
Director	Dr Ishani Patel
Owner	[PRACTICE NAME]
Authors	Dr Ishani Patel Dr <del>Sadhia</del> Khan

### Staffing and Responsibilities

Clinical safety activities have been undertaken in accordance with the named personnel listed on the Document Management section at the start of this CSCR.

As the NWL ICB Digital First team are not deploying the system directly for practices, the individual GP surgery is responsible for housing and storing all relevant documentation within their Clinical Risk Management File (CRMF). Locally, the GP surgery is to appoint a suitable individual responsible for the deployment of the software, maintenance of all relevant safety documentation (DCB0160 and DCB0129) and appropriate escalation of any unacceptable risks.

### Clinical Risk Analysis, evaluation and control

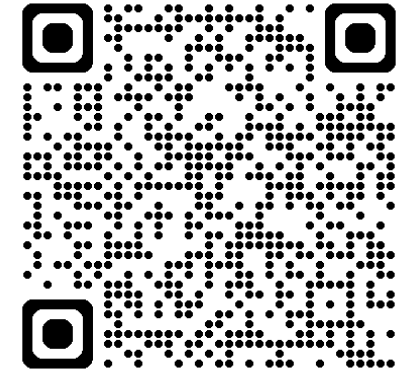
Hazard identification was undertaken during the following activities:

- Clinical attendance at Digital Leads monthly meetings
- Review of the supplier HL prior to approval by the NWL ICB Digital First team
- Workshops to agree approach to consent and Privacy Notices, including input from Data Protection Officer (DPO) and Primary Care Information Governance (IG) leads

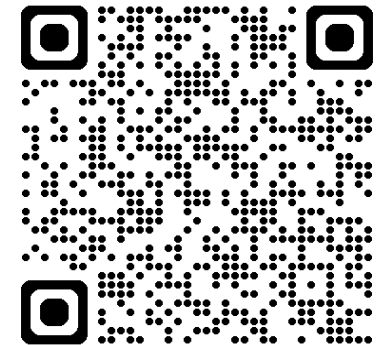


# Digital Clinical Safety

<https://www.e-lfh.org.uk/programmes/digital-clinical-safety-training/>



<https://digital.nhs.uk/services/clinical-safety/clinical-risk-management-training>



# DCB0160 – Keeping it simple

## 1. Assign a Clinical Safety Officer (CSO)

Appoint a qualified healthcare professional to oversee clinical risk management.

## 2. Identify and Assess Risks

Conduct a **Clinical Risk Assessment** to identify potential risks in the IT system.  
Consider risks to **patient safety** (e.g., incorrect patient data, system downtime).

## 3. Create a Clinical Safety Case Report

Document risks, mitigations, and actions taken to ensure system safety.  
Keep this report updated throughout the system's lifecycle.

# DCB0160 – Keeping it simple

## **4. Implement Risk Controls**

Apply safety measures (e.g., alerts, validation checks) to reduce risks.  
Test the system to ensure it functions safely.

## **5. Conduct Regular Reviews & Audits**

Regularly assess the system for new risks or issues.  
Keep records of changes, incidents, and risk assessments.

## **6. Communicate and ensure adequate training**

Inform staff and users about risks and safety measures.



# Resources

<https://healthinnovationnetwork.com/wp-content/uploads/2023/11/Ambient-Voice-Technology-discussion-article-2023.pdf>

<https://www.gosh.nhs.uk/news/gosh-pilots-ai-tool-to-give-clinicians-more-quality-time-with-patients/>

<https://www.youtube.com/watch?v=y5ZHjSC46BE>

<https://www.themdu.com/guidance-and-advice/guides/using-ai-in-primary-care>

