MIG – Medical Interoperability Gateway

What is MIG?

MIG stands for Medical Interoperability Gateway and it is a computer system that enables the sharing of specified datasets of patient information between healthcare providers.

The system can be accessed via Detailed Care Record (DCR) which is fully integrated into the healthcare organisations clinical system or via Shared Record Viewer (SRV) which is a stand-alone browser system. Either way the system is fully secure and auditable.

How does it work?

- MIG works with lots of GP systems including both EMIS Web and TPP. It also works in many other clinical systems which are used in the various OOH (Adastra) and secondary care settings.
- MIG will only work and share information with the healthcare organisations detailed in the "Information Sharing Agreement" which each practice needs to sign and return. No data will be shared unless an "Information Sharing Agreement" is in place.
- MIG works in "real time" so there is no delay in the information being made available to view – it is all current.
- This version of the MIG is "view only" – it does not write any data into any system.
- Information via the MIG is only available to permitted clinical staff.
- If a clinician needs to view your patient's data via the MIG they will request explicit consent from the patient at the time. They will have to record on the system that they have the patients' consent in order to be able to see the data. If the patient agrees and the relevant consent is set in the GP clinical system the information will be shared. However, if the patient disagrees or the relevant consent is not set in the GP clinical system no information will be shared.
- The clinician can see a predefined dataset of information for the patient:

Patient demographics
Summary, including current problems, current medication, allergies, and recent tests
Problem view
Diagnosis view
Medication including current, past and issues
Risks and warnings
Procedures
Investigations
Examination (blood pressure only)
Events consisting of encounters, admissions and referrals

- The information they see is only the READ coded data – the system does not display any free text information that may have been entered into the clinical system.
- Fully auditable – there is a full audit trail of who accessed what data both within the MIG and also within the GP clinical system.
- MIG works on N3 with web browser of IE7 and above.

What is the benefit to my patient?

- Improve patient safety, the clinicians have up to date medications and allergy information direct from the GP clinical system.
- Improve clinical decision making, the clinician can see recent visits and also any tests requested and prescriptions issued.

- Improved clinical efficiency, by ensuring the clinical teams have appropriate and timely access to clinical information to inform patients' care.
- Improved patient care, by providing access to appropriate and timely clinical information which will help inform the patients' care.

What is the benefit to me and my practice?
- Improve patient safety, the clinicians from other healthcare organisations who are treating the patient have up to date medications and allergy information direct from the patients' record within the GP clinical system.
- Improve clinical decision making, the clinician can see recent visits and also any tests requested and prescriptions issued information direct from the patients' record within the GP clinical system.
- Improved clinical efficiency, by ensuring the clinical teams have appropriate and timely access to clinical information direct from the patients' record within the GP clinical system to inform patients' care.
- Improved patient care, by providing access to appropriate and timely clinical information direct from the patients' record within the GP clinical system which will help inform the patients' care
- Supports federated working; providing access to appropriate clinical data regardless of the GP clinical system.
- Provides data into a common view.
- Simple and easy to use.

Who else is using MIG?
MIG is in use in many different areas of the country and a case study is attached to the end of this document.

Locally the Connected Notts programme secured the funding for MIG to be used across the local health community. Rushcliffe CCG is the pilot site for the use of MIG in Nottinghamshire and has recently gone live with their urgent care pilot work. All the CCGs along with the following organisations have expressed their interest in utilising the MIG:

> Rushcliffe CCG
> Nottingham City CCG
> Nottingham North and East CCG
> Nottingham West CCG
> Mansfield and Ashfield CCG
> Newark & Sherwood CCG
> NEMs
> Central Nottinghamshire Clinical Services
> Nottingham University Hospitals Trust
> East Midlands Ambulance Service
> Sherwood Forest Hospitals Foundation Trust
> Nottinghamshire Healthcare, including Community Health Partnerships
> Nottingham CityCare Partnership
> Derbyshire Health United (for 111 service)

Who would we be sharing information with?
You would be sharing information with the following organisations as detailed in the Information Sharing Agreement:

> All GP Practices within Nottingham North and East CCG
> NEMs
> Central Nottinghamshire Clinical Services

Nottingham University Hospitals Trust
East Midlands Ambulance Service
Sherwood Forest Hospitals Foundation Trust
Nottinghamshire Healthcare, including Community Health Partnerships
Nottingham CityCare Partnership
Derbyshire Health United (for 111 service)

What is the timeframe for this project?
The first phase of this project must be completed by the end of March 2015.

All practices need to:
- Sign and return the MIG Information Sharing Agreement by 9th February 2015.
- Make patients aware – put up poster, statement on website and inclusion of additional paragraph in recall letters by 28th February 2015.
- Complete the Configuration by 13th March 2015.
- All NNE practices to have enabled MIG Sharing by 16th March 2015

Consents
The consent model for MIG is based on implicit consent to share and explicit consent to view. Patients can opt out from sharing at any time.

The Records and Information Group (RIG) has issued a directive to all GP practise to share their records to ensure that they are fulfilling the duty of care. RIG has stated that the following consent is implied for the patient groups and therefore should be set to share in the GP clinical system:
- All under children under 16yrs
- All risk stratified patients (EG all 75yrs+ with care plan in place etc)

Furthermore RIG have advised practices to set consent to share for all patients with a long term condition – these can be notified via the patient recall letters in addition to notifications in the practice and on the practice web site.

What do I/my practice need to do?
- Firstly your practice need to complete, sign and return the "Information Sharing Agreement".
- You need to make your patients aware of the information sharing that will take place - we will send you a communications pack including a poster you can print out and display, a statement you can include on your practice web site and information to include in your long term conditions (and any other) patient recall letter templates.
- If you are an **EMIS practice** you will need to undertake a small amount of configuration – full details will be provided to you with a step by step guide.
- If you are a **TPP practice** you will need to undertake a small configuration task – full details will be provided to you with a step by step guide. In addition you will need to ensure that the EDSM default is set to "consent to share" for the identified patient groups. NHIS will be running a programme of work to assist practices with this work – they will be sending out details shortly. However if you are confident in setting consent for EDSM then you do not need to wait for the NHIS you can make a start on this.

Who supports MIG?
- The system is really easy to use and a user guide will be provided detailing how to access the system and the elements of it.
- If there are any problems with accessing the MIG these will initially be handled by the NHIS support desk and they will liaise with either the GP system supplier or MIG as necessary.

Urgent care record sharing in Cumbria

NHS Cumbria and Lancashire North CCG are amongst the first projects to **use the MIG to facilitate data sharing among clinicians involved in urgent care** and they are already realising the benefits through speedier clinical decision-making and a higher quality of care.

The project enables information sharing among a number of different clinical systems, including INPS and EMIS GP
systems; Advanced Health & Care's Adastra out of hours system, and CSC's Lorenzo and Ascribe's Symphony systems, both used by A&E departments. It is **the first time in urgent care that this level of information from two GP systems has been accessed in this way.**

Out of hours (OOH) GPs using Adastra in Carlisle are able to see vital information from the care records of patients held on both EMIS and INPS systems. They are rolling out data sharing via the MIG, giving them access to a shared record with information on the patient's recent history, medication and test results. Ultimately, **all clinicians across Cumbria will be able to view if needed, and with patient consent, the GP records of over 500,000 patients.**

Dr Craig Melrose, medical director at Cumbria Health On Call, said: "The MIG allows us to easily view patients' current medication and allergies in our Adastra system, which is essential when dealing with queries and requests out of hours. It has also enabled us to **avoid unnecessary out of hours blood tests**, for example, by giving us access to recent INR results for patients on Warfarin.

"We are able to give higher quality care while enabling patients to stay at home wherever possible. One patient who was very ill with a serious kidney infection was successfully managed at home because we had an MSU result available via the MIG to guide us on prescribing the correct antibiotic. **Access to that vital information gave the clinician and the family the confidence to avoid a hospital admission**."

Dr Peter Nightingale, an urgent care GP working out of A&E at the Royal Lancaster Infirmary, said: "I have witnessed the remarkable success of this level of record-sharing via our Lorenzo system with a number of patients. For example, within minutes I was able to see the history and medication for an elderly man with multiple co-morbidity – **it speeded up clinical decision-making enormously**.

"In contrast, I dealt with a patient whose records weren't yet available in this way. I had to phone the surgery to ask for the records to be faxed over. It took 20 minutes, by which time I had begun treatment. It transpired that he was a palliative care patient and my management might well have been different if I'd had this information."

Dr William Lumb, clinical informatics lead for NHS Cumbria, said: "We are convinced that record sharing in this way is clinically the right thing to do. It is liberating data from GP records to give urgent care clinicians a standard view of the information they need to offer patients an individual, tailored assessment and **safer, more efficient care, 24/7**."