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# **The successful merger of DAWN AC between University Hospital Aintree and Southport & Ormskirk NHS Trust**

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# Why are we doing this?

- Community Anticoagulation Services for Southport and Formby CCG and South Sefton CCG were put out to tender

.....and Aintree was awarded the contract

# Brief history.....

- Both hospital (UHA) and community clinics use Thrombotrak analysers and DAWN
- Both are BMS led
- UHA has 1 Specialist Nurse Practitioner (NMP) and a Consultant Haematologist lead

## **UHA**

~ 2500 patients

11 clinic sessions pw (500 pts)

2 new patient sessions pw (20pts)

DAWN v7

Comprised of patients from Liverpool CCG, South Sefton CCG, Southport & Formby CCG, Knowsley CCG

Comprised of patients from South Sefton CCG, Southport & Formby CCG, West Lancashire CCG

## **Southport & Ormskirk**

~1900 patients

2 sessions pw at ODGH

3sessions pw at SDGH

~ 4500 community patients

19 sessions pw (1000 patients)

Domicillary visits (100 – 150 pw)

AF only initiated in community

DAWN v7

# Tender specification included

- Time to first appointment – less than 14 days for new patients, five working days for patients discharged from hospital
- INR should be made available to GP within 1 working day and done as part of computerised support software.
- Quality indicators – TTR, etc

# Aim

- To meet the tender spec and create one DAWN system for UHA and the community service.

~ 7000 patients

11 sessions pw at UHA

23 sessions pw at 9 locations across the community

Domicillary visits (100 – 150 pw)

*\* Only South Sefton CCG and Southport & Formby CCG patients will be transferred from Southport & Ormskirk*

## **Already in place**

- GP read only access to DAWN (community only)
- DAWN mailer (AHT only)

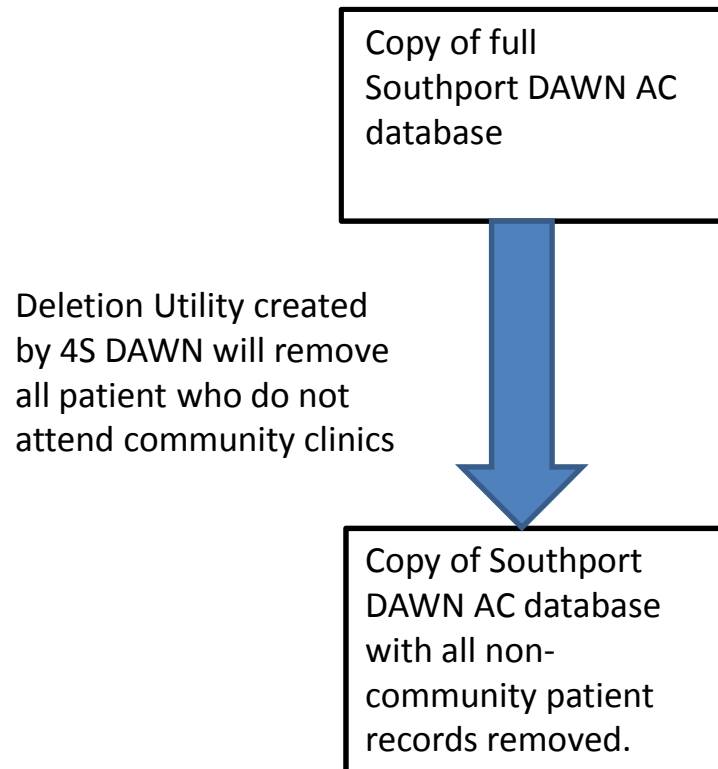
## **Require**

- DAWN interface to hospital PAS system
- Remote access to DAWN from clinic premises

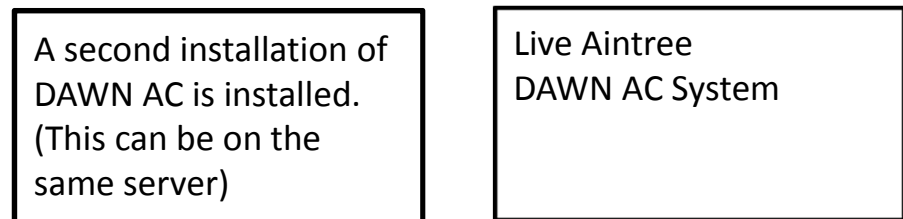
- A test system needs to be available on both the Aintree and the Southport sites.
- 4S will also need to have access to both test systems via N3 connection.
- These test systems will have to hold live patient data for the period of time the deletion / merge project is underway. This is sometimes contra to local **information governance** policy.
- Further access to the SQL Server "management studio" would be required for both 4S and Aintree during the process on both live and test environments.
- A means of securely 'transporting' database files between the Southport and Aintree will also be required.



## Stage 1 Test Environment



## Live Environment



## Stage 2

### Test Environment

Test Southport (only  
community patients )  
DAWN AC

Test Aintree DAWN  
AC System

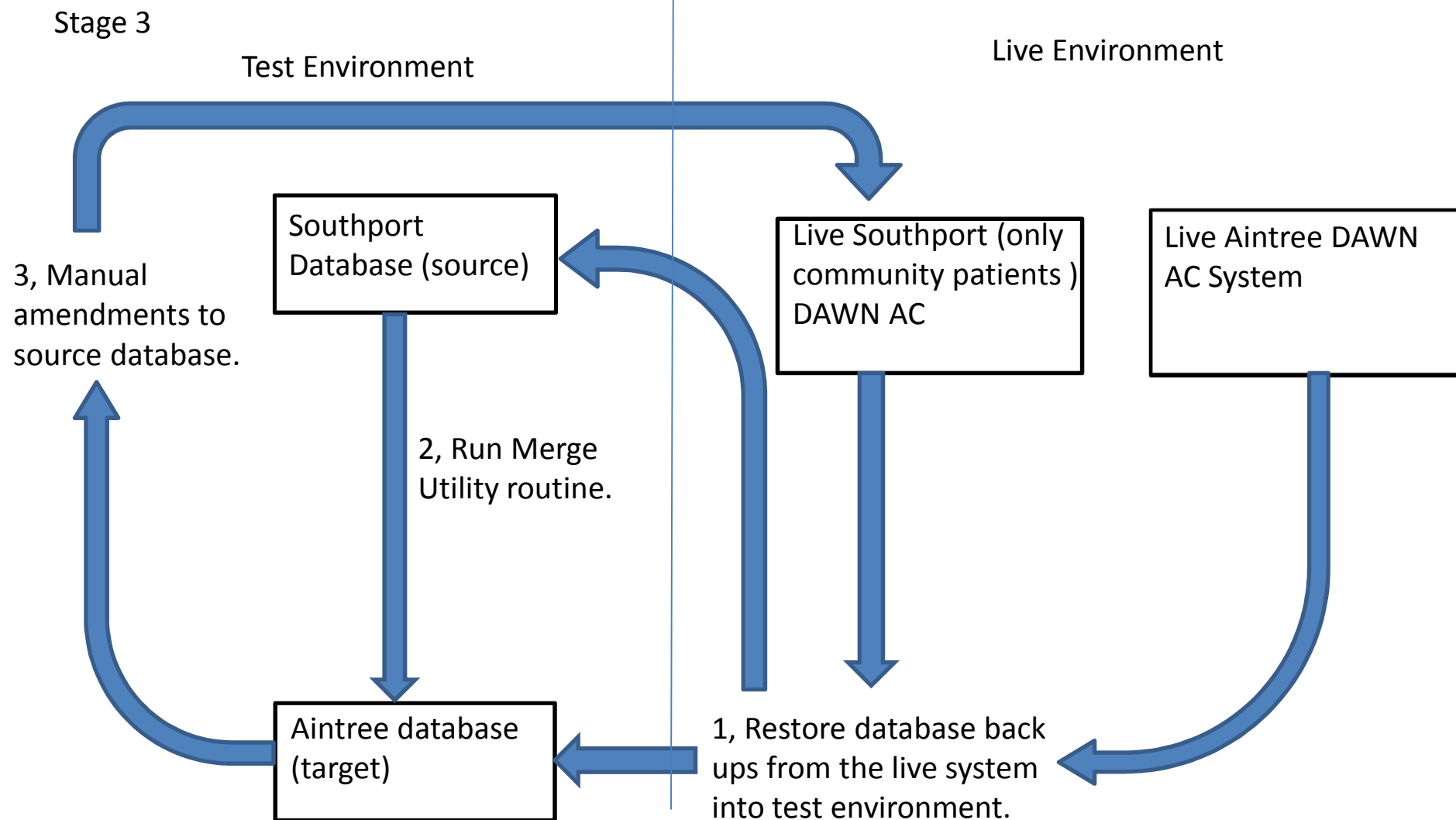
Copies of the DAWN AC  
databases would also be  
attached to the test server.

### Live Environment

Live Southport (only  
community patients )  
DAWN AC

Live Aintree  
DAWN AC  
System

Two DAWN AC systems are used side by  
side to enable Southport community  
clinics to be managed by Aintree, until the  
merge can be completed.



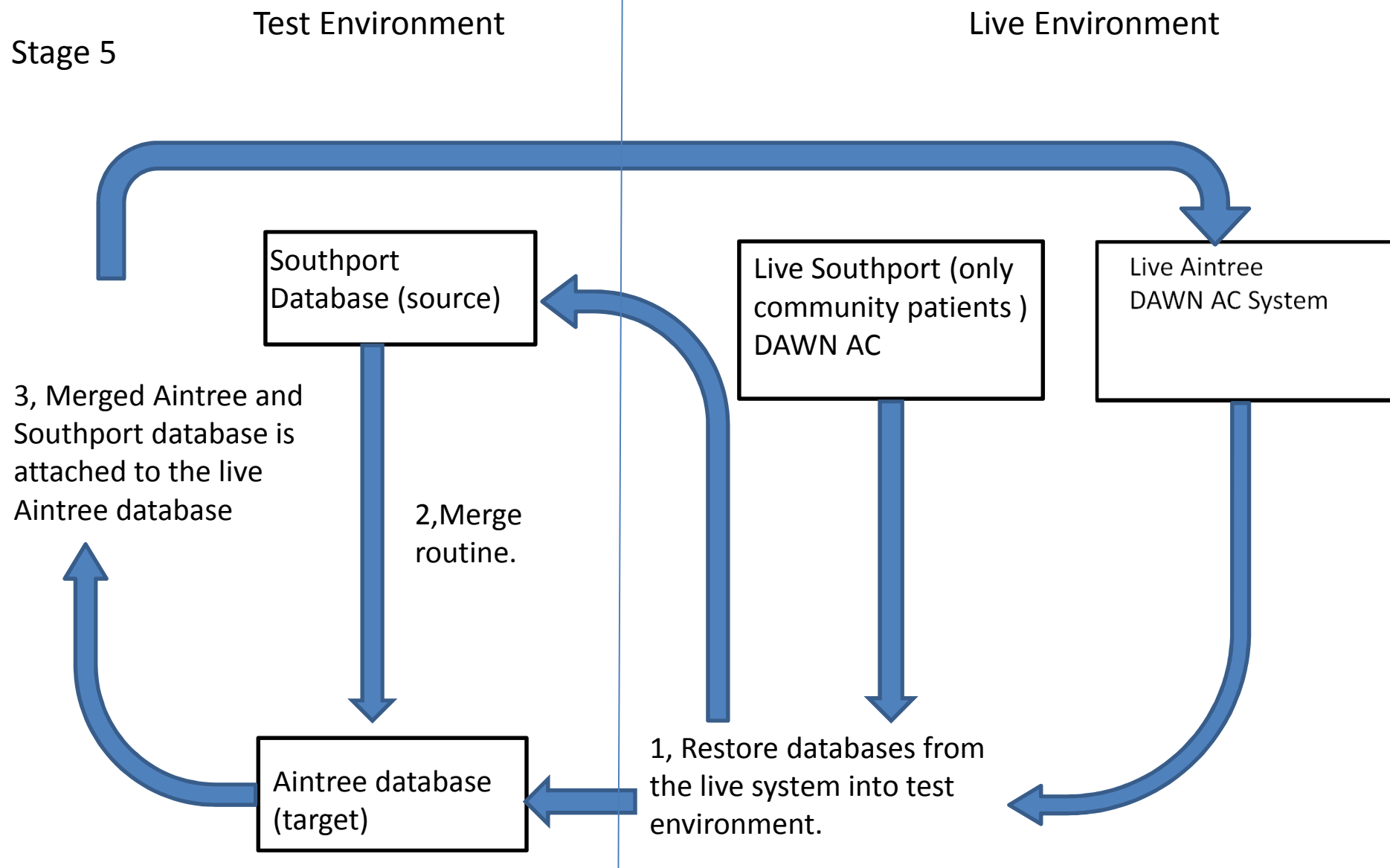
Step 1, 2, 3 are repeated until the merge utility can complete the process. Where issues are identified that need to be resolved in the source data (Southport) the merge utility stops and presents a message on screen.

## Stage 4

### Live Environment



Any configurations (letters, reports, dosage regimes) that are not available on the Aintree system that will be required for go live are move across via 'data exchange' facility with DAWN AC



# Where we are now

## Stage 2

### Test Environment

Test Southport  
(only community  
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DAWN AC

Test Aintree  
DAWN AC System

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### Live Environment

Live Southport  
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# Points to consider

- Licences
- Subset of patients
- Lead time (12+ weeks min)
- System requirements – IE8, SQL
- **Groundwork**

## What have we learned and What would we do differently?

- Over estimate time required!!
- Never as straightforward as you imagine
- Costings
- Importance of good teamwork
- Start merge earlier
- Recruit staff earlier



# QUESTIONS????