

*Renal PatientView is the UK renal community's pioneering project that gives patients rapid access to their results, information about their diagnosis and treatment, and in many units also clinic letters, via a secure Internet login.*

### 3300 patients in 29 Units

Units covering more than half UK renal patients are now involved. Three more centres are in progress, and see below for future plans. Bristol has the highest enrolment with an impressive total of over 700. Two more units have over 500 each, but the prize for the largest proportion of patients enrolled goes to Dunfermline in Fife, with numbers equivalent to 80% of RRT patients, and including nearly half of their actual RRT patients.



● Installed ○ in progress (March 2007)  
For an update, see [www.renal.org/rixg/units.html](http://www.renal.org/rixg/units.html).

This gives an indication of how far uptake can go, but it's still rising.

### Now available for other Info systems!

The first two non-Proton systems are now live.

**iSoft's Clinical Manager (iCM)** has been interfaced with RPV by Yongsheng Gao at Salford Royal NHS Foundation Trust (Hope hospital). Yong has used open source tools and proposes to make guidelines on the approach freely available to anyone using this iSoft system, which is the software for 3 clusters under Connecting for Health. iCM is not renal-specific but most information used by RPV is stored on it at Salford Royal. This solution demonstrates how other specialties and clinical systems could interface with RPV or a system like it.

**Vitalpulse's Vitaldata** system (designed as a modern Proton replacement) is now installed in Derby and includes a working RPV interface that has provided information without a break for Derby's RPV-registered patients.

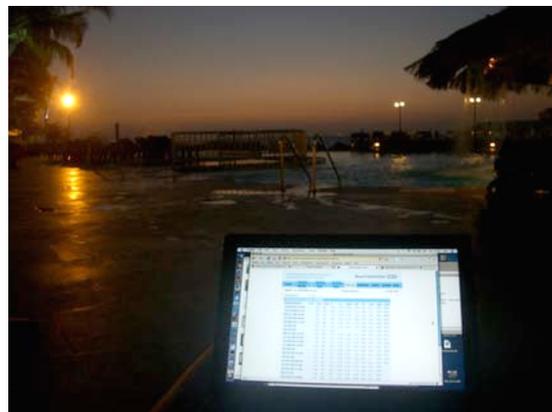
### Progress with other systems

**eMed (Mediqual)** – this holds the largest share of UK renal IT systems after Proton, and looks likely to go live with RPV very soon.

**Cybernius, Fresenius and RenalPlus** have plans to create RPV interfaces in the next few months.

**Clinical Vision (CCL)** – CV4 does not yet include an RPV interface. Apologies, but CCL promises to provide this by the end of 2007.

**Proton** – The very few remaining Proton units that have not joined RPV almost all have local reasons (reorganisation, IT upheaval). We hope they will be able to join soon.



*Checking whether it works in Goa.*

### What's New

**Transplant status comes directly from UKT** – Unlike all other items shown by RPV, which come from your local renal IT system, transplant status now comes directly from UKT. This appears to be working well, but if an anomaly is found, please read the information that is linked next to Transplant Status (click on "explain this") to find possible explanations and how to respond or correct them.

**Log analysis** As well as enrolling and administering users, Unit Admins can now interrogate the activity of any account or user. More info at our new admin help page [www.renal.org/rixg/adminhelp.html](http://www.renal.org/rixg/adminhelp.html)

## What's coming

**Statistics** – it will soon be possible to download aggregated data on usage by all staff and patient users in a unit.

**News** Beneath the boy on the login page will be a News box. Unit admins will be able to make entries directly here that will be visible to your unit's patients only, and news about the system as a whole will also be shown here.



The screenshot shows the Renal PatientView NHS interface. At the top, it says 'Providing up-to-date medical information for patients and healthcare professionals'. The main navigation bar includes 'Home', 'Patient Details', 'Patient Info', 'Medical Info', 'Results', 'Medicines', 'Letters', 'Contact', and 'Help'. The user is logged in as 'turneran' on 24 Jul 2005. The 'Patient Details' section for Andrew Turner is visible, including fields for Last Name, First Name, Date of Birth, NHS Number, Hospital Number, Address, Postcode, Diagnosis, Treatment, Transplant Status, and Other Conditions. Below this is a table of 'Test Results' with columns for Date and Time, Unit, Value, and Reference Range.

**Online discussion** We will soon be trialling a discussion board for patients and staff users. Anyone with an RPV login will be able to participate and we'll be looking for some volunteers to be moderators and keep an eye on what's going on.

**What else would you like to see** – let us know, contact details at the foot of this page.

## Some other questions

**Units used for RPV results** As RPV can amalgamate results from multiple centres it is important that there is consistency in the way results are quoted. Where there are differences, as for Hb (g/l versus g/dl) and PTH (ng/l versus nmol/l) we have followed the 'officially preferred' format. This can lead to initial confusion on the part of staff as well as patients, but normal ranges are always obtainable by clicking on the column heading. Results are converted on export from your IT system to make an XML report in RPV style.

**Security** – RPV underwent a further round of 'penetration testing' recently and performed well. The ability to track logins and usage completes the security features that were written into RPV's design, and these comply with the specifications described for CfH applications. Remember though that most IT security breaches aren't really IT issues, but are down to personal behaviour.

It remains very important that staff use passwords that are not easy to guess, and don't share them. Change yours if you think anyone may know it.

**Staff experiences** – New units continue to confirm that RPV does not generate an increased workload from concerned patients, in fact the opposite.

**Benefits for patient care** – as increasing numbers of patients enrol, the ability to look up their records from anywhere is a real benefit to clinical care. The amalgamation of results from different centres is proving particularly useful for transplant patients, for whom records from the home unit can be combined with results from the transplant centre if both are able to send results to RPV. See the Admin Guide for more information; link at foot of page.

## Funding

**Invoices 2007/8** As signalled in our August newsletter and in emails to clinical directors, we will need to invoice participating units for 2007/8 at an average cost of about £1500 per unit, but based on RRT patient numbers. Invoices are on the way, except for units in Scotland where the Scottish Executive has made a further direct contribution to development costs to support all units. The first year cost for joining units from April 1<sup>st</sup> 2007 will rise to £3000. In the medium term we hope that RPV costs can be

## Background

The project was developed by RIXG, the Renal Information Exchange Group. A pilot project began testing in two centres in January 2005. After a favourable reception, in mid 2005 the project was extended much more widely. Read more about RIXG at [www.renal.org/rixg](http://www.renal.org/rixg).

## FURTHER INFO

**Contact us** The RPV project has a small steering group under the auspices of RIXG. Contact Neil Turner, 0131 242 9167, [neil.turner@ed.ac.uk](mailto:neil.turner@ed.ac.uk); or Keith Simpson, 0141 211 4946, [keith.simpson@nhs.net](mailto:keith.simpson@nhs.net)

**Need more leaflets or posters?** Contact Dawn Hibbert, [dawn.hibbert@ed.ac.uk](mailto:dawn.hibbert@ed.ac.uk) 0131 242 9167

**Download this and other newsletters and further info** including recruiting tips, patient feedback etc, [www.renal.org/rixg/patientview.html](http://www.renal.org/rixg/patientview.html)

**Try the system** [www.renalpatientview.org](http://www.renalpatientview.org) – demo logins are available from the foot of the home page.

**More info and help for local administrators** is available from [www.renal.org/rixg/adminhelp.html](http://www.renal.org/rixg/adminhelp.html)