NSS Information Technology

minutes

NHS National Services Scotland

SCIMP Working Group Meeting
Wednesday 17th August 2016
Boardrooms, Gyle Square, Edinburgh
10am to 4pm

Present

Paul Miller	(PM)	SCIMP Clinical Lead, GP NHS GG&C
Colin Brown	(CB)	Retired GP, Individual Member
Judith Milligan	(JM)	National Facilitator Lead
Bruce Thomson	(BT)	GP NHS Lanarkshire
Neil Kelly	(NK)	GP NHS Dumfries & Galloway
Richard Jack	(RJ)	GP NHS Lothian
Karen Lefevre	(KL)	GP NHS Grampian
Alastair Taylor	(AT)	GP NHS GG&C
Ian Thompson	(IMT)	GP NHS Lothian
Ian McNicoll	(IMc)	Retired GP
Leo Fogarty	(LF)	Retired GP
Elaine Henderson	(EH)	Service Manager GPIT, NSS, IT

Teleconference

Ros O'Connor	(RO'C)	Practice Manager, NHS Highland
Iain Cromarty	(IC)	GP, NHS Orkney
Zahid Deen	(ZD)	Health & Social Care Alliance Scotland (the ALLIANCE)
Keith Willcock	(KW)	Scottish Government,

Apologies

Lindsey Ross, Libby Morris, Chris Weatherburn, Grant Forrest, Susannah McLean, Andrew Vickerstaff, Keith Richards

1. Welcome and Introductions
   PM welcomed everyone to the meeting and introductions made round the table and over the teleconference. RJ introduced himself to the group and a new individual group member.

   Apologies were noted above.

   Due to technical problems at the last meeting and lack of admin support, no minutes were provided; PM circulated an update to the group with an outline of what was discussed, as the main focus of the May meeting was mainly reviewing the group's priorities.

   The action log was updated by the group.

2. SCIMP update
   PM advised that the prioritisation and work plans were the main focus of discussion at the last meeting. PM had previously circulated on the 14th August under SCIMP

prioritisation and strategic alignment document. The SCIMP Service Board are looking for this level of information to ensure the priorities of the group are correct. The group did advise that it is difficult to say what the priorities are as much of the work also depends on their time and availability, as they also have other roles and responsibilities. IMT supported the need to be explicit on the works that the group do in order for others to see the value of the work SCIMP contributes towards.

The group wanted to reinforce that SCIMP's involvement in projects and their input into decision making is important. Should there be conflicting demands on the groups' time/input then PM advised that the Service Board would then make the decision on the priority of the workload.

AT and IMT advised that many of the requests come at short notice or with the expectation of a quick turnaround, which is not always practical to deliver, the working group agreed with this comment.

PM confirmed that if the request was a small piece of work and it would fit in with our remit then we would take it on as part of the core budget. Larger pieces of work would need funding provided and approval from the service board to take on.

PM advised that we still need a link to the Scottish Government, with the departure of Julie Falconer to another role. JT to ensure another service board meeting is planned and liaise to ensure the eHealth members are represented on the board. Dr Lucy Munro is the chair of the service board and she is aware of the demands on a working GP and their time to work on other projects.

PM advised that projects like SCI XML would need funding and this project can should be used as a pilot case to review what happens with funding etc.

The group reviewed the mind map shared by PM and all agreed with the goals/aims and objectives of SCIMP.

3. Digital Services Project Design
PM welcomed ZD and KW to the meeting to cover the project on "Our GP, Designing GP Digital Services, Together". (Copy of presentation attached)

The SCIMP members provided ZD and KW with contacts for the project. NK advised SNUG can help with local health board networking events. RJ offered to help from a GP clinical point of view. RO'C will help from a rural and practice manager contribution. JM will help with the national facilitators leads connections with practices. PM also suggested local LMC's (Local Medical Committees) who may be able to circulate the remit of the project to a wider audience. PM advised that at least 6 weeks' notice is needed for clinicians to plan attendance to additional events, to organised locum backfill etc.

The group did raise concern that in order to take this project forward they need to ensure that the infrastructure, governance, data protection etc is all taken into consideration. This will ensure that realistic expectations are achieved from both the citizens and Scottish Governments view. AT also asked that they consider who would then be responsible for implementing and reviewing any changes recommended from this project to ensure that the work continues to be taken forward. ZD assured the group that issues around governance and identity assurance are parts of other project being developed by the government and although out of scope for this project, feedback will be provided into the other projects.

KL asked how the project would involve the vulnerable groups as part of the networking discussions. ZD advised that mHabitat are experienced in reaching difficult groups and will ensure that all groups reflect the demands on the services.

KL asked that these groups also include Health & Social Care communities as the demands on the services do not only involve GP's.

ZD & KW were grateful for the additional comments and support from SCIMP member on this project. ZD will forward on links to PM for circulating with the group. PM thanked ZD & KW for attending the meeting.

NK discussed with the group how the digital funding is being allocated within the health boards and will establish is can share this information with this working group.

Action 2016-08-17-001 NK to establish is able to share the digital funding plan with the SCIMP working group.

4. SPIRE Update – PIA Document
   CB had previously circulated the PIA document to the group for review.

   CB had raised some issues with the SPIRE team over this paper and SPIRE agreed that it was not fit for purpose.

   SCIMP will review the PIA for SPIRE and make recommendations for changes to the SPIRE Steering Group. CB will take ownership of this document and ask SCIMP colleagues to review / comments on this revised version. CB aims to have this completed in the next 2 months. CB will attend further meeting with SPIRE to ensure privacy controls are in place including accurate governance of data. SPIRE Programme Board will be accountable; SCIMP's input is making recommendations.

   Action 2016-08-17-002 CB to contribute to PIA for SPIRE and share with working group for comments.

   CB highlighted some of the key points to note;
   SPIRE will pseudonymise data at source.
   The safe haven of data will be at NSS
   A GP practice can block the transmission to SPIRE
   SPIRE is only designed to work at Primary Care

   The group also commented on the wording they have used within their opt-out documents for patients to sign, no clarification over the use of information e.g. personal or confidential. The group also felt that some of the detail is very technical and complex for patients to understand.

5. CHI CH Update

   This was discussed at the end of the meeting due to time constraints.
   CB advised that winners of the recent re-procurement bid have been informed and confirmation of the successful organisations will be communicated in due course.

6. SNOMED CT update
   PM also welcomed Maggie Young (Programme Manager) to the meeting.

LF informed the group that the changes requiring to be made by the suppliers to SNOMED CT have been implemented via Standardisation Committee for Care Information (SCCI) issuing an advance notification to all suppliers stating their responsibility for updating the definitions and standards to SNOMED CT by 1 April 2018. This will be a legal requirement, supported by the Health & Social Care Act. All suppliers are happy with this approach.

LF and Neil Jones will be the clinical leads on this project.

The requirements document has been agreed with the exception of the mapping tables. 21% of the read v2 codes have not yet been clinically assured, however this is actually only 0.2% of the overall codes used. LF advised that an expert advisory group has been set up to look at the exceptions.

LF advised that a strategy for clinical safety risks has been established and links have been made with the suppliers to deal with this and the suppliers are aware of their responsibility to be able to provide solutions.

LF advised that ownership/responsibility with the interoperability with secondary care lies with the suppliers.

MY advised that a paper was shared with the CCLG (Clinical Change Leadership Group) to make them aware of the recommendations with a Scottish view to ensure that they are working in line with the NHS Digital reform programme. This has been carried out with a 4 nation view.

MY also updated the group that any changes with a common ground should be looked at across the 4 nations, accepting that each county will have their own tweaks to be made. E.g. SCI Gateway – although SCI Gateway is a Scottish based system other nations use similar tools so all the nations should work together, to help share costs of changes being made.

MY will take the recommendations from the CCLG paper to put these forward the ideas at the next steering group meeting by the end of August, with the plan to forward the paper on to the Scottish Government by end of September.

LF confirmed to the group that the read codes have different terms based on deployment, a mapping exercise is taking place on a needs basis not a code basis.

AT asked if going forward, are suppliers in a position to help improve data quality/entry. LF advised that suppliers have a different view on this, TPP have restricted codes, whereas EMIS and INPS have too many codes, which makes is difficult for suppliers to improve on data quality.

PM thanked MY for contributing and attending our working group meeting.

7. GP Registration
   The group discussed the proposed project on GP registration which PM and RO'C have contributed towards in the last few months.

   RO'C did not feel that the excel spreadsheet that they were asked to try and pilot was beneficial, as the information which was being asked to gather was already available within the practice data.

Andrew Vickerstaff had previously commented that if the information is not in a useable format then it is not worth pursuing, to which the group agreed.

IMT agreed to feedback that other ways of gathering existing information from GP systems would be useful. Having a clearer understanding of the purpose/benefits to practices needs to be made clear. IMT also to check if this has been discussed with the SGPC.

Action 2016-08-17-003 – IMT to feedback to the Scottish Government that their suggested method would not be successful in practice. IMT to suggest a further discussion on how best to take this forward would be beneficial.

8. Firearms advice
   The group discussed the concerns surrounding giving clinical comments to the police on patients using fire arms. The BMA circulated advice stating not to respond to the police and to return the request, as this is not part of the GMS contract.

   Whilst the group were all in agreement that this is an important area to report information on, there were many different views on how this should be captured. Issues surrounding if this is done free of charge and information governance issues were the main concerns.

   PM summarised that as we do not have an agreed process and we do not know the business requirements then we should not do this piece of work.

   NK added that this should be a national project as not just relevant to patients in Scotland. Also as the SCIMP members cover a wide number of health boards, all seem to have a different process for responding to these types of enquires e.g rural practices may have a different need compared to city centre practices.

9. Immunisations advice
   IC advised that the flu quick reference guide and guidance for the coming year should be ready for publication on the website in September 2016.

   A further conversation is still needed with NSS over how the data extraction codes for reporting will be delivered, to ensure accurate payment is received for practices. KL suggested using the PRIMUS codes as guidance.

   PM thanked IC for working on this and suggested that it was good to have KL and IC able to work on this area together in the future. SCIMP want to be known for producing guidance to a high standard and having people within the group to review guidance is key.

   PM asked IC to consider how many more sessions this work will take and let JT know for budgeting purposes, although immunisation comes out of the core budget.

10. Re-provisioning update
    PM thanked the group for the working in contributing to the GPIT Re-provisioning project and for their contribution and feedback into the various papers that had been circulated.

The procurement process will be open to the market soon, but the group were unaware of the exact timescales, but the procurement team already had received 4 expressions of interest.

PM asked if anyone was able to attend the session on the 29th August or the 14th September, then to factor this into their workplans for budget purposes.

11. Conference
IMT and NK advised that the conference organisation was going well, the accommodation on the Tuesday evening at the Golden Jubilee was now full. The events team were looking to secure accommodation at The Pond Hotel as an alternative. The members of SNUG and SCIMP who are attending free of charge, may be asked to stay in this hotel overnight to allow paying guests to stay at the conference venue.

PM also suggested to the group that those who are able to stay on the Monday evening (19th September) a small working group meeting would be arranged. JT will email out the group to establish the group's requirements and make the necessary arrangements. Individual members' costs would be covered and organisational member will need to seek their own funding.

Those members of SCIMP still to register to attend the conference need to do so asap and any problems get in touch with JT or Maureen Hart, SHSC Events Manager.

12. UK Interoperability strategy
The group discussed how best to take forward the interoperability with NHS England. IMT suggested inviting Russell Fleming and Joanne Noland to the next working group meeting if colleagues from NHS England are able to attend.

IMc recommended keeping Code4Health separate from the interoperability works, as the Code4Health project could be taken forward with funding from the Scottish Governments Digital Fund.

LF advised that the Allergy Archetype work has been completed, the code list will be published in October 2016 with the suppliers, the code list have not yet been approved by the PRSB.

Medication Models
LF advised that this will be approved as part of the patients discharge, but no timescales for this have been agreed yet.

Clinical Knowledge Manager (CKM)
PM asked the group about renewing the licence this year for CKM. IMc recommended that PM speaks to Peter Coates, as NHS England are continuing to support this tool and may be able to influence if this remains in NHS Scotland.

PM advised that conversations took place with HEPMA over using meds modelling as part of their requirements, but no further discussions have taken place.

LF advised that as he contributes to many of the papers on these subjects, it would be beneficial that other members of the working group review these, to ensure high quality output of any recommendations that SCIMP make.

13. Out of Hours Data update (OOH)

PM advised that a draft review of OOH work may be coming via SCIMP for the initial development of OOH read codes and recommendations for the summaries of care records.

Chris Weatherburn has already provide initial work and this can be used to help put proposals in place. The outcome would be for SCIMP to put forwards a suggested default list for outcomes/diagnosis which can be applied across all health boards.

PM acknowledged that this is a substantial piece of work and possibly KL, CW could look into this along with colleagues from the OOH project along with some project management support provided.

14. AOCB
Nothing else was raised at the meeting.

15. Date of next meeting
Thursday 19th January 2017,10am to 4:30pm, Gyle Square, Edinburgh