NHS

National Services Scotland

Minutes

Meeting of SCIMP (Scottish Clinical Information Management in Practice) Clinical Advisory Board

Date: **Wednesday the 3rd July 2013**
Venue: **MR19, NSS, Gyle Square, Edinburgh**
Time: **11:30hrs -14:00hrs**

Present:

Lorna Ramsay	(LR)	Chair
Paul Miller	(PM)	
Libby Morris	(LM)	
Duncan Buchanan	(DB)	
Eileen Dargo	(ED)	
Jessica McPherson	(JM)	
Julie Falconer	(JF)	
David Knowles	(DK)	

In Attendance:

Jill Gordon	(JG)	Minutes

Apologies:

Gregor Smith	(GS)
Karen Young	(KY)
Michelle Watts	(MW)

1   Welcome and Apologies

LR welcomed everyone to the meeting and introductions were made. Apologies were noted as above.

2   Minutes and actions from previous meeting (27th March 2013)

The minutes of the previous meeting were accepted as an accurate record.

Action 2013-03-27-002 – LR, LM and PM to discuss how best to communicate SCIMP activity with Primary Care. JM confirmed that this had been raised at meetings, and as part of the GMS contract. Further discussion at Primary Care level is still required. PM advised that this will mainly comprise of 2 parts with communications internally as well as the SCIMP newsletter, and perhaps on 2 or 3 separate occasions per year. There is no clear process in place detailing how SCIMP communicates to end users and distributes advice.

Action 2013-03-27-003 – LM to request update on Lab Results Processes from Colin Brown. LM advised that most health boards are doing their own thing depending on the local lab systems. It is hard to intervene at this level. Practices are still getting electronic results and paper results. Grampian is looking at a new system, and there are no takers on the collaborative solution. PM suggested that it should be monitored as there is the potential to do something with regard to Best Practice – perhaps via user groups?

It was suggested that Tracy Gillies be contacted with regard to work flow work as we need a feel for the Primary Care issue. JF suggested a paper be written to clearly document the issues. JM then suggested the paper be circulated round SG Improvement team (improvement support) for comment/suggestion.

Action 2013-07-03-001 – Colin Brown to write a paper on Lab results processes issues to include an update on progress, what the issues are and who it is impacting.

Action 2013-07-03-002 – JM and JF to speak to improvement team about looking at Colin's paper.

LM confirmed that fortnightly meetings for Death certification are now in place.

3   For information: staffing update – Project Manager

The support post was put on hold to review the job description. JG is currently in post, and this is reviewed on a monthly basis as it was felt significant change at this point would be disadvantageous on the whole. ED gave reassurance that progress is being made and the post is currently with HR. It was agreed that a reasonable timescale to fill the post by the end of September was realistic. It was suggested that the advert runs in both the redeployment and internal vacancy bulletin simultaneously. It was noted that the temporary arrangement currently in place creates a risk to SCIMP continuity and therefore must be addressed.

4   Terms of reference/engagement

There was a discussion on the newly drafted TOR. ED provided some background information on the document for those who perhaps had not had a chance to read the document fully as well as those who were newcomers to the advisory board.

JM highlighted that it may be worth adding in the fact that SCIMP support not only primary care but policy development and policy requirement as this seems to be a key area of SCIMP's work. DK commented that he felt the current ToR document outlines the old SCIMP. It was agreed that a description of how SCIMP ties in with Policy needs to be clear. PM agreed that this should be included. It was felt the document should be more upfront, and not apologetic. England does not have SCIMP equivalent. At policy level we should be saying that SCIMP must be engaged with, and advise that SCIMP are a key player. Information about advising and supporting Primary Care and eHealth policy should also be included. It was agreed that these suggestions would be taken on board.

JM sees the SCIMP brand as something that means something to people. The Scottish Government are reliant on these challenging bodies such as SCIMP to impart clinical expertise. SCIMP has become a lot more formal than it used to be which was welcomed. It was agreed the governance section was informative.

PM advised that there are currently 21 people on the working group list. We have capacity issues and we would look to expand to 25, which would equate to 4 new recruits. It should also be noted that any new members would be passed to the advisory board for vetting purposes. There are a few working group

members that are not contributing, so PM needs to speak to these people when we have new recruits (to fill these posts) in place. It was suggested to advertise for new recruits, however because the roles are informal it may be difficult. It was also suggested that a flexible working pattern specification on the advert (to be agreed with the Chair) might help attract new recruits. JM advised that forward planning for next year must be considered, for QOF, read codes, and perhaps even a full Scottish contract as demand for SCIMP services is likely to increase. DK asked if can get appraisal points for SCIMP via CPD. The contract for sessional GPs is being devised to formalise things on a flexible/call off basis. SCIMP does have a responsibility to provide learning and development to allow members to fulfil these roles. It is a transitional time for SCIMP and it was suggested a 3 year roadmap as well as building job descriptions and contracts would be beneficial to cement the roles as formal advisory positions.

Action 2013-07-03-003 – ED to update ToR document with suggestions and circulate via email.

Action 2013-07-03-004 – PM to write a brief business plan for SCIMP

Action 2013-07-03-005 – PM to consider approaches to recruitment of new members to SCIMP working group.

PM is happy with the engagement diagram and advised that we do not want to stop the responsiveness of the group. LR said the purpose is to ensure prioritisation of activity and delivery against areas identified in the wok plan within resource available.

5 SCIMP work-plan

For Information:

- **Updated work plan 2012-13 work-plan**

    PM advised the group there is no specific problems at the moment; however capacity issues are causing difficulty meeting the remit. Resource available equates to 11 to 13 sessions per week from individual members which includes PM doing 2.5 sessions. There are no major risks at the moment and PM feels that SCIMP are delivering adequately. The SPIRE project is gaining momentum and we are being asked to do more and more work. Prioritisation is difficult given time and resource constraints. We will monitor workloads over the next couple of months with a view to recruitment. Now that PM is doing a lot of SCIMP admin tasks, there is less time to be spent on actual clinical informatics. PM is hopeful to recruit more people and address training issues. The next 6 months will be key to see how we evolve. It was noted that over the next year retirement of some key personnel will have an impact on the shape of the SCIMP working group.

6 SCIMP budget

First quarter update:

PM acknowledged the work that ED has done with respect to securing funding from other projects. The indicative budget is 95k, and the budget is doing well for the first quarter of the year. If we remain at the same expenditure for the rest of the year we should remain within budget. There is potentially cash coming in from the GP2GP project, to be reassigned to SCIMP, as well as the clinical data indexing project that Leo Fogarty is currently working on. There is also HPS work flow that we will potentially be able to reclaim costs.

PM advised that inevitably, that when we get more people costs will rise.

JM advised that the Scottish Government spending review has just begun, looking at 15/16 onwards so suggested it might be worthwhile if we are talking a Scottish contract support, whether we could have a think about what that budget might look like for SCIMP. This would allow us to factor in any additional costs to this review.

7   For information: updates from recent meetings:

The PCPMG meeting was cancelled on 4th July – there nothing impacting SCIMP currently. PM will be attending the PCPMG meetings in future.

JF attended the recent meeting to launch the National Information and Intelligence Framework. JF advised that this group is the umbrella for all informatics activity. Split into four areas:

- Prioritisation of datasets
- Presentations and imaginative/innovative ways to present
- Research and evidence
- Maximising the use of and access to information intelligence

There is high profile and senior support in place, Scott Heald of NSS is involved. The idea is to join everything up and perhaps create an action group going forward. JF advised that any suggestions would be gratefully received.

Action 2013-07-03-006 – JG to email WG with information on the National Information and Intelligence Framework to raise awareness

8   AOCB and date of next meeting

Membership – PM advised Colin Brown used to be on SGPC IT committee, but he is no longer in this position and Alastair Taylor is now sitting on the SGPC and SCIMP working group but this relationship is not formalised. PM requested the board's approval to contact SGPC and request formal representation on the SCIMP working group from this body. This was agreed.

PM requested support for the SCIMP Clinical lead and other representatives from SCIMP or Scottish eHealth (to be defined) to attend the 3 Nations Clinical group. The next meeting is the 16/17th of September 2013. The last meeting focused on ECS/KIS, e-prescribing and the summary care record. PM feels that it should come under the SCIMP umbrella. LR agreed and suggested that a maximum of 2 people from SCIMP working group should attend. PM suggested that invitees to attend should include those from eHealth and Scottish Government or NSS as required.

9   Next meeting - TBC – end October or after the SCIMP conference in November 13

It was agreed that preferred meeting locations are the Gyle, Edinburgh or Meridian, Glasgow.