National Information Systems Group
NISG Solution Stewardship

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NHS National Services Scotland

Minutes

Meeting of SCIMP working group

Date: **Wednesday the 4th September 2013**
Venue: **Conference rooms 3&4, Cirrus, Paisley**
Time: **12:30hrs to 16:30hrs**

Present:	**Paul Miller (PM)**	**Paul Hemsley (PH)**	**Karen Lefevre (KL)**
	Jill Gordon (JG)	**Alison Forbes (AF)**	**Colin Brown (CB)**
	Kevin Boylan (KB)	**Bruce Thomson (BT)**	**Alastair Taylor (AT)**
	Ian Thomson (IT)	**Rob Walter (RW)**	**Lindsey Ross (LR)**
	Leo Fogarty (LF)	**Ian McNicoll (IM)**	
TC:	**Libby Morris (LM)**		
Apologies:	**Ian Dickson (ID)**	**Neil Kelly (NK)**	**Eileen Dargo (ED)**
	Paul Woolman (PW)		

1 Welcome, apologies and introductions

PM welcomed everyone to the meeting, introductions were made and apologies were noted.

2 Minutes from previous meeting – 19th June 2013

Minutes were agreed as an accurate record of the last meeting. KL advised that an amendment should be made to state that KL "suggested" a meeting be arranged to discuss flu guidance and immunisations.

3 SCIMP membership update

PM advised that ED had worked hard on the Terms of Reference (TOR) in liaison with the Central Legal Office and following the SCIMP CAB in July the TOR was revised. All documents have now been circulated to the SCIMP working group. PM suggested that all members read the TOR if they had not already done so. PM highlighted the main aims of the SCIMP TOR and advised that SCIMP members must attend one meeting a year.

NSS IT SBU now requires a contract as we invoice NSS for SCIMP time.

PM discussed the contract with the group and the main points that were raised are as follows:

- Location of duties – has been amended.

- Timing – reference to not working after 7pm has been changed.

- IM raised the issue of liability and asked if normal medical defence work insurance wise? PM advised that Lorna Ramsay was ultimately liable as the SCIMP Clinical Lead direct report. CB suggested a change of wording so that we are not taking any liability, given that the NHS has its own insurance and that most of us are NHS staff. PM to seek further clarification on liability from ED.

KL raised the concern that time spent travelling to half day meetings sometimes equates to a full day. PM advised that time spent travelling should be claimed in the normal way.

Action 2013-09-04-001 – PM to ask ED for clarification and perhaps a change of wording on Section 8.2 – liability clause.

The notice period was discussed and PM asked the group how much notice members would like to provide. It was agreed that one months notice would be adequate.

Predicted sessions and anticipatory plans – PM to feedback to ED. CB advised that it would be unwise to agree to a set variance within any agreed plan. It was suggested and agreed that SCIMP members will give an estimate plan of work per quarter.

8.1 – Medical practitioner – generic contract or specific type of contributors?

8.4 – PM added extra clause.

8.5 – Does this include a licence to practice or not? It was agreed that this clause should be amended to include non clinicians.

8.6 – Remove this clause

10.3 – PM to seek further clarity on this clause

PM made a suggestion to audio record future meetings and invited the group to make him aware of any objections before next meeting.

4 GP Contract Support

KL advised that the SCIMP documentation commenced around 8 or 9 years ago. Guidance and list of codes are currently available on the SCIMP website. The differences this year between England

and Scotland have proved a challenge. It has also highlighted how SCIMP aligns with SG and SGPC. The disclaimer on the front of the read codes document states that we are an advisory group only. There are still several issues arising within QOF. Significant issues remaining are:

Blood pressure – negotiations between SGPC and SG, an exception would be allowed if patients refused. This is not allowed in England. SGPC picked up on this and asked KL to change document.

The document is back with Gregor Smith and John Nugent. RW advised that Wales and NI have published rule sets with changes, and they have delivered their own rule sets, which specifies the differences from England.

Gregor Smith and John Nugent are aware that there is no mechanism in Scotland for writing rule sets. PM suggested that the PCPMG are informed. KL advised that Tony Callaghan suggested going back to the SGPC for advice. Assign workaround – tick diabetes as a proxy for RA and SCOTPASQ – read codes have been advised.

PM is attending next PCPMG.

AT advised that the request for a SGPC SCIMP representative is still underway and SGPC have had to consult with their internal executive for funding approval.

KL advised that she is keeping tabs on issues as they arise.

Action 2013-09-04 – 002 – PM to raise Scottish Rule Sets at next PCPMG meeting.

KL advised that further update to the QOF document will be required; this is likely to be around November. KL will keep the group updated.

KL continues to be involved with the Scottish Immunisation Programme Data management group. KL has written an Immunisation quick guide and this is currently available on the SCIMP website. The document will be advertised after the meeting today. Work will soon commence on Flu guidance for 2013, once the read codes are available.

5 Prescribing & Medications

PM updated the group on meds modelling project which has made good progress and has now been published. The issue with adverse reactions is that interoperability and transfer cannot be guaranteed until a piece of work is completed to get ingredients lists into dm+d. As the closing the loop work is hinging on these changes, and falls onto SCIMP it must be sighted at the SCIMP CAB then afterwards with the PCPMG, with support from Leo Fogarty and Karen Lefevre and Janice Watson.

The dose syntax work is in a similar state of play as meds modelling project – some work has been done in England but this has now stalled. LF advised that they need to concentrate on Secondary Care as opposed to Primary Care. Sam Patel should take on ingredients and drug groups work. PM

also advised that there needs to be engagement with SCI GATEWAY AND SCI XML around these archetypes. PM will contact the SCI GATEWAY Clinical Lead and Lesly Donovan. KB will be scheduling a meeting with Grant Forrest. PM and KB to take this forward.

6 Document management

PM expressed thanks to those that had reviewed the Backscanning document. All comments have been noted. There was a discussion on granularity of scanning and it was agreed that Clinical usability of documents is most important, and that they should be OCR'd and searchable. Storage issues should not allow degradation of records. Scanned documents can be manually sectioned or tabbed. Documents should be scanned as one large file, then OCR'd and dividers added to allow people to navigate to specific sections. They should go into the clinical historical file within Docman. The document is with PSD currently. PM does not think it is tenable to print scanned files on records transfer as this does not stand professionally. There are only 5 practices in Scotland not using Docman. The backscanning document points to a strong steer on scanning. It is up to SGPC to make a more firm stance on those not backscanning or using Docman.

Action 2013-09-04 – 003 – PM to update Docman document.

Folders – CB circulated RFC to the group. There was a discussion around the RFC and it was agreed that the RFC was accurate.

LF advised that the Scottish document naming standard has been submitted to BSI and the Professional Records Standards Board for consideration as a four country standard.

7 Terminology – Scottish Read Codes

Issues around Read 2 Scotland only codes - LF reported that a group was set up to specifically to address clinical safety concern. Out of 6 issues identified, 5 have been resolved. You cannot retire a code in Read Version 2. One of the resolutions agreed, is that a formal accredited mapping table is required. Scottish codes cannot be excluded from the mapping exercise. Codes should map into SNOMED. There are about 440 codes where there is a different term relating to the same code in different countries. LF emailed the list expressing options to Jeremy Rogers who advised that the choice would be a unique Scottish mapping table except when codes are transferred. The other option is to degrade. LF thinks there is a fourth solution, being that when you see any code that is different; you preserve the original term text.

There was a discussion on how synonyms were treated within SNOMED. This mainly affects cross border transfer of information, but it also affects migration to SNOMED.

Action 2013-09-04 – 004 - PM to clarify what version of Read EMIS and VISION are currently using.

KL will shortly be attending a meeting to have an initial discussion around the SNOMED issues. KL to raise at the meeting at the end of month. It was suggested that a one page document detailing

issues might be useful. KL to create one pager and circulate to WG. KL will then suggest how SCIMP can help. LF suggested that SCIMP should advise which steer is the best one to take; LF's opinion is to preserve original term text and not to degrade. There will be consequences for QOF. There is no separate OID for Scottish Read Codes. Translation sets contain multiple READ and SNOMED codes.

Action 2013-09-04 – 005- LF, Janice Watson and KL to convene then KL to prepare one page document on SNOMED/READ CODE ISSUES for circulation round WG, then presentation to SNOMED meeting.

8 SPIRE Update/ Patient online access

LM advised that CB had circulated a few papers relating to SPIRE. The SPIRE Information day took place on the 21st August and was a success. The Information Governance principles have been agreed and will be signed off soon. All information will be anonymised apart from specific projects with individual patient identifiable data consent will be sought at point of extract. Practices can opt in or out as well as choose between basic extracts or more detailed extracts. Patients can opt out if they want to. There will be a public information campaign, which aims to be as transparent as possible. It has been suggested that patients should also be able to see identities of researchers. The next version of the Information Governance document will be signed off at the project board w/c 9th September. LM to send Information Governance document to PM for circulation to the SCIMP working group. Engagement from practices was found to be a concern, given that there is no scope for financial recompense. SPIRE must decide how to engage with practices to encourage engagement. AT suggested incentivise by means of payment for attending training, standardising coding practices or quality of data sets. LM confirmed that this is being considered, and means of funding being looked at. CB is attending next SPIRE board meeting on 25th September. The intent is that SPIRE will only extract read code data, and free text is ignored. CB asked if this is something that is made clear within literature, and if it will be made clear in the public campaign. LM asked if the SCIMP WG could advise on what a perfect data set would and should include. The Open HR extract could potentially be used for SPIRE.

Action 2013-09-04 – 006 - KL to work up default data extract for SPIRE.

Patient access: LM confirmed that EMIS have rolled out their version that includes repeat prescription. Initial reports suggest that uptake is increasing. Vision practices have been slower on uptake. There are a few glitches with Vision and they are working with health boards to sort this out. Both systems messaging systems are provided by third parties. LM advised that there is no funding for POA services for EMIS practices but that Vision makes a charge of several hundred pounds per practice for connection and training. Different availability of services depending on where you live is an issue that must be communicated to the Scottish Government. LM to feedback to Eddie Turnbull. Some Health Boards eg GGCHB are funding all their practices. PH will find out what funding arrangements are across boards.

Action 2013-09-04 – 007 - PH to advise what board funding arrangements are in place for SPIRE/Vision.

9 Conference update

IT advised that the sessions and workshops are filling up nicely and plans are well underway with the organisation of this year's conference. PM is facilitating a workshop for Vision and IT asked for suggestions for a presenter for the EMIS Hints and Tips session; Dr Duncan Lamond was suggested. IT asked the group for volunteers to help out with facilitating/chairing the workshop sessions and if there is a particular session you are interested in we will do our best to accommodate your request.

IT advised that due to a significant reduction in sponsorship this year that, as a general principle SCIMP would be unable to fund conference fees or accommodation for anyone who attends SCIMP as a representative of another organisation. If this causes problems for members being able to attend they were advised to contact IT/JG who would discuss the situation with the conference team and explore what options might exist.

IT also advised the group that as a result of the budget restrictions imposed by the reduced sponsorship that funding for locum back fill cover will not be available to GP members of the group this year; however conference fees and all accommodation will be covered for individual working group members.

10 AOCB & Date of next meeting(s)

It was suggested that one meeting per year in Aberdeen, and various other places. KL to suggest venues in Aberdeen.

Next meeting – Monday the 4th November, Crieff Hydro, Crieff
Wednesday the 15th January 2014, Gyle Square, Edinburgh