Minutes

Meeting of SCIMP working group

Date: **Wednesday the 19th June 2013**
Venue: **Conference rooms 3&4, Cirrus, Paisley**
Time: **12:30hrs to 16:30hrs**

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

1   Welcome, apologies and introductions

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

2   Minutes from previous meeting – 27th March 2013

Minutes were agreed as an accurate record of the last meeting. IT advised that item 6 should be an action for CB, not IT as stated. LR advised that Jonathan Cameron had been omitted from the attendee list.

3   SCIMP update

There was a discussion on the SCIMP Terms of Reference (ToR), which had been circulated to the group prior to the meeting. ED is also currently working on a Process of Engagement document, and hopes to be in a position to circulate this document soon. PM invited comments on the ToR from the group, and instructed the group to email comments to JG. There was a discussion around the suitability of the term "GP IT Engine Room".

ED explained that this term had been used in Primary Care PMG for a long time, and was devised by Sheena McDonald. It was agreed that ED would circulate the latest Engine Room diagram and that the diagram would be added to the ToR as an appendix.

The current SCIMP Working Group is sitting at about 11 or 12 individual members and the rest consist of others representing other groups. PM advised that there will be a contract provided, to formalise the relationship. Ever increasing workloads is likely to deem recruiting 4 to 5 new members necessary.

ED is working on the ToE, to formalise the requisition of SCIMP work. ED will also facilitate funding for these projects. There is still a requirement to formalise a way of assessing work that fits in with the group, to assist with prioritising workloads to then allow work to be approved. It was agreed that this should be included on the ToE document. Most work will fall under the general work load, and will then be assessed and prioritised on the basis of each new piece of work coming in. PM and JG have completed a piece of work on members skills and time available. This equates about to 4 days per week, which is tied up with ongoing work already. PM asked the group to read documents and respond to PM and JG with any comments. AT felt that there was a risk of SCIMP losing grass roots perspective of GPs and Practice Managers. PM stated that SCIMPs role was to provide domain expertise advice on clinical informatics to NHS Scotland. As such this necessitates recruiting people with requisite skills but in general such individuals will be working in practice in some other role.

Action 2013-06-19-001 - ED to circulate the latest Engine Room diagram and add to ToR appendix.

Action 2013-06-19-002 - ALL to read ToR document and submit comments to PM & JG.

4   Scottish QOF

KL, LM and PM have been working with Gregor Smith (GS) and John Nugent (JN) on trying to provide advice on the technical implementation of QOF 2013. This has been a challenge as this has included new rules; however we are assured at this point that there are not any major changes that require any significant rewriting of business rules for this year's QOF. The rules are mostly the same as England, except the indicators for cardiovascular disease and exercise. Scotland has a questionnaire (SCOT-PAQ) and this was separately negotiated. KL feels that there is still a need for more practice guidance. IT advised that there have been some minor corrections to the document although nothing has come through the official channels. There is still a requirement for practice guidance that is not yet available. KL has been working through the codes and guidance documentation and is about half way to completion. KL suggested that she would like to highlight all items where GS can say yes or no then circulate, after which the document could be published. A request for a read code for Scot-PASQ has already gone in, and this will hopefully be accepted in time for October. KL to circulate read codes. ASSIGN 2 labelling – should be requesting codes. KB advised that a National Project Working Group will be set up and Solution Stewardship will be coordinating and managing this.

There was a discussion around cardiovascular risk assessment for rheumatoid arthritis; using ASSIGN is the preferred option.

If the Business rules do not match SFA, then practices may have grounds for appeal.

It was agreed that guidance must come from SG and be SG led. Thereafter, once approval is sought SCIMP could publish guidance. It was agreed that we publish it as draft, awaiting further guidance.

Action 2013-06-19-003 - KL to circulate read codes.

Action 2013-06-19-004 - PM, KL and LM will create read code document, to be published on SCIMP website after approval from Gregor Smith and John Nugent. Target date 2 weeks.

KIS update – LM advised that EMIS practices are all rolled out, with over 400 now sending KIS records.

PH advised that Forth Valley were on the pilot, and that some boards have made their own templates for multi disciplinary reviews as they felt it was easier to manage this way.

VISION pilot is awaiting patch to fix on of critical issues affecting resuscitation status. Once this is updated, it will be tested. It is hoped that sign off will be within a couple of weeks. Polypharmacy review is not part of the KIS and needs to be separately implemented in practices.

5   CMS requirements

Derek McAllister (DMcA) presented on CMS requirements – slides to be circulated after the meeting. There are over 300,000 registered for CMS and around about 10, 000 high risk medication assessments to date. Upon registration, a record is created which is accessible by community pharmacies. For high risk medicines and new medicines there is a protocol in place. It was suggested that initial conversations take place with pharmacies, then a follow up thereafter. High risk meds include methotrexate and lithium. Warfarin will be added soon. PM asked if pharmacists will be monitoring this medication. DMcA advised that there will be compliance checks between the patient and pharmacist. Pharmacists do not have access to test results. The summary is recorded to help identified any care issues, at which point the pharmacist will talk to the patient/GP. CMS is very much pharmacy focused. There are currently 522 practices in the process and 324 have issued a CMS prescription to patients on at least one occasion. There are 1265 community pharmacies in Scotland and around 700 these pharmacies are using CMS prescriptions. RO is using CMS, nobody else within the SCIMP working group is currently using CMS. Growth is pretty flat at the moment and tends to be linear, as opposed exponential. The pilot in Fife ran in the early adoptive phase until Oct 2012 with 6 or 7 pharmacies. The objective is that by the end of 2013, all community pharmacies will engage with CMS.

LM felt that sitting down with a small group of developers, and those with clinical experience of using CMS would be very beneficial. LM's practice has volunteered to be a pilot practice. It was agreed that we needed to find a way of building CMS around GP business processes. The business process will depend on clinical system.

DMcA agreed to feedback to ePharmacy board. BT advised that there must be GP involvement with this project. It was agreed that the best way forward would be to take up LM's suggestion on

setting up groups. KB will liaise with DMcA. It was agreed that the CAB is probably the correct place for the project to sit.

Action 2013-06-19-005 - KB to liaise with DMcA on CMS.

6 Screening services messaging – bowel and cytology

Bowel screening – PM has had some involvement with bowel screening. RO advised that she had been piloting it, and it has been put on hold because of method of transfers of result. PM advised that the intention was that GPs chased up non responders. PM suggested writing to those in charge asking if they need help. LM suggested that PM contact Gregor Smith and Karen Young.

BoSS to GP - this RFC will be reissued for the CCN. KB to circulate RFC.

Action 2013-06-19-006 - KB to circulate BoSS RFC.

Action 2013-06-19-007 - PM to write to key contacts, Karen Young and Gregor Smith, to offer assistance with regard to Bowel Sreening.

Cytology – With regards to cervical screening, SCIMP has been asked to act as advisory group for SCCRS officially. KL and PM had a meeting with the cytology people, about SCCRS and the clinical requirements. The proposal is for a change in the message categorisation, meaning a change in wording for 4 result types. As far as PM is concerned we should request the new term codes. KL advised that she remembers the original request from a few months back and felt that they fitted with the existing codes at the time. However, the suppliers have come back to say they need new synonyms to match read code. The new terms are thought to better match the current codes.

7 SPIRE – Scottish Primary Care Information Resource

The information governance principles have been updated. They will be circulated to project boards for sign off, on or around the 27th June. GPES principles are stated at top, and hopefully these are now clearer. LM to circulate information governance principles to working group. The IG Group will go on to form the basis of requirements for procurement. CB has agreed to be on procurement sub group. The project group are hoping to engage with PTI practices soon as this finishes in September. PTI will be invited to join the group, and we will encourage other practices to join. NK has been involved. Scott Heald has drafted a letter to sort out a date in August to bring residual PTI enthusiasts together to drum up support to encourage clinical acceptance. The group will then engage in a path finder service, which will include testing of the data extraction service. The first data extract is likely to be next year. Once the governance has been signed off LM is hopeful that the group will then become an Information Governance group. IG principles should be signed off shortly. LM has put some names forward to join this group – including PM. LM advised that all data feeds will come through the same channel.

AT asked about PTI and NK explained PTI and data set information.

Action 2013-06-19-008 - LM to circulate SPIRE Information governance principles to working group.

8   Immunisations

KL has been sitting on the Scottish Immunisation Programme Data management group to provide input for new schedules – namely rotavirus, herpes, flu changes, men c changes. Pertussis and measles are included in the schedules. Meetings are fortnightly and last 2-3 hours, and they cover all school programmes as well as general practice. KL has recently been invited to SIPS Service Delivery Group and SIPS FLU pilot management group. With the level of involvement required, KL asked the question is it appropriate for SCIMP? PM felt that as there is potentially a lot of likely impact, he was happy for KL and/or the Working Group to continue to receive minutes and documents. KL suggested arranging a meeting to focus on GP specific queries. KL has drafted a quick guide for the SCIMP website and will update website links as well as circulate to the WG. Immunisations seems to be an ongoing programme and there have been lots of changes therefore it has been difficult to get the timing right. Contractually it has been negotiated with SGPC and CMO letters have been sent out. Rota and MenC virus has already started. Flu guidance will begin in the lead up to flu season. KL suggested a meeting be arranged to focus on Immunisation and GP specific queries.

Action 2013-06-19-009 - KL to circulate Immunisations quick guide in next couple of weeks. To be published by the end of July.

9   Medicines safety

Ian McNicoll provided PM with the following update – The allergies archetype has been reviewed by 12 people with a number from secondary care. The archetype has been updated in response to the comments and has gone out for a second review round. As we discussed this will be a short round and hopefully lead to interim publication suitable for primary care use. We had hoped that progress would have been made through the GP2GP project to get fully interoperable allergy coding via SNOMED/dm+d but this had stalled until recently. John Williams has advised that this work is restarting and once the terminology gaps have been filled the archetype will be ready to use properly with full SNOMED/dm+d coding. Leo Fogarty has some concerns that this might be more complex than originally thought due to deficiencies in Ingredients coding.

The archetype is fully aligned with GP2GP, the RCP headings work and is going to be used by Leeds Trust to hold imported GP allergies data in their shared care record.

Engagement is required from the SCI XML people. KB suggested a meeting be set up with the SCI team first. KB will approach David Melrose and Ian Hamilton.

 It was suggested that an email be sent to the group, requesting those who might be interested join up.

IT suggested JG to contact Vanessa Gaskill for a list of who attended the last clinical medicines modelling meeting on the 20th of March 2013. This could then be used to inform who from the supplier side should be contacted to engage with this project. JG to send KB details.

Action 2013-06-19-010 – JG to contact Vanessa Gaskill for list of Clinical Medicines Modelling meeting attendees, to be sent onto.

Action 2013-06-19-011 - KB to speak to David Melrose and Ian Hamilton re medicines safety.

10   Document management

In LF's absence PM provided an update. PM attended a recent meeting and LF is also establishing this as a British Standard with the BSI. The work has been approved and ED confirmed that they will fund 5 sessions.

Doc man and folder structure: Chris McMail of Microtech contacted us with regards to a change requested a few months ago, which was to rename the out of hours folder with immediate care. 111 services and various formats will appear. The good news is, from this discussion, this will hopefully be in the next Docman update which is likely to take place in the next couple of months. The documents will need to go in the update. The creation of a new folder which does not transfer is problematic. CB is going to work with PSD to resolve this, and to include the new library function.   There was a discussion on folder structure/security levels. It was advised that the archive process is separate but will only archive what you choose to transfer. AT stated that when the patient leaves it should be archived. CB advised that we want it to be archived using the same process and that we should be able to pull the record back if there is a legal requirement. PH advised that anything over 6 months old gets archived. Some examples include complaints, clinical justice and forensic history. For example, if a patient who has been a victim of crime it would be preferable to not archive or delete this information as it must be retained as a legal obligation. The process must be kept simple and there is specific guidance and laws on retaining documents. LR is hoping for great simplification of code of practice surrounding the requirements for record retention guidelines. CB advised that dates within Docman has not progressed because of working with Docman. BT and KB to engage with Docman to help CB. IT and CB create an RFC to circulate round SCIMP WG, then for submission to CAB.

Action 2013-06-19-012 - BT and KB to engage with Docman to help CB and PSD.

Action 2013-06-19-013 - IT and CB create a Docman RFC to circulate round SCIMP WG, then for submission to CAB.

11   GP2P Project

LM advised that development has started and funding has been approved. ED is progressing with the CCN at the moment, when this is agreed via the Central Legal Office this will mark the start of the project. The board meeting took place on the 20th June and an update will be provided on the different components afterwards. ED advised that the project is currently about 10 weeks behind schedule. The CCN requires to be signed off, however technical workshops are complete. It is anticipated that there will be 6 months development time, 3 months testing, implementation April 2014 and roll out April to Dec 2014, when it will be switched on in a phased manner.

Testing has been set up under GP IT CAB, with the Governance board meeting taking place on the 20th June 2013. The project team meeting has helped shape the technical requirements. No

further meetings will be arranged until we have the CCN update. Update due soon after the 20th June 2013.

12   Software & interoperability safety and testing

KB advised that an initial test was carried out and monthly meetings have been set up going forward. This will commence at the beginning of July. Suppliers have requested a timeline to build it into their schedule.

13   Conference update

Most workshop speakers are now confirmed and plenary speakers are confirmed. The theme is the journey between Primary and Secondary Care – "Closing the loop. Patient's story: there and back again". The SCIMP Conference Planning Group is still awaiting financial information from Maureen Hart.

14   Reports and activity update

It was agreed that this should become a regular feature at working group meetings. The format suggested is simple, with an email to JG containing three bullet points from meetings of interest to the working group for discussion at future meetings.

PH attended the eHealth leads was a few weeks ago, where a lot of the discussion was concentrated on the QOF.

Action 2013-06-19-014 - JG to design a template for people to update the WG on meetings they have attended.

15   SCIMP guidance and website

JG has been updating the SCIMP website. Suggestions were sought on improvements for the website and should be sent to JG. IT commented that he thought the simplified menu structure was good. If anyone has any updated documentation or indeed any new documents to be uploaded to the website, these should be sent to JG.

PM thanked RO for her work on the back scanning document. RO felt that back scanning documents should be going out with some guidance about the destruction of documents. PM felt that this might be a separate piece of work with document retention. RO to send back scanning document to PH. PM advised that there is no mandation on back scanning. PH advised the group that he is scanning into a single document, and makes searching relatively easy as scanning has been OCR'd and you can CTRL+F and free search quite well. PH is not advising practices to colour code or sort. The scan enhances the quality and the documents are generally in chronological order. BT advised that once back ups are verified they then remove information.

CB asked about old immunisation records – which records are retained as an image? RO suggested asking the company for a dummy record.

Action 2013-06-19-015 - PM to send back scanning document to PH.

Action 2013-06-19-016 - PH to source dummy record from company.

16   AOCB

CB made a suggestion for improving data quality in recording of Child Safeguarding using a three stage process. CB will circulate this 3 step proposal and after an email discussion has taken place it was agreed that the website would be updated with this information.

Action 2013-06-19-017 - CB to circulate Child Safe Guarding Codes to SCIMP WG.

Action 2013-06-19-018 - JG to add Child Safe Guarding Codes to agenda for next meeting.

KL commented that the ToR is looking good.

With regard to website guidance, RO has attended a number of PM meetings and that it would be useful to have "guidance" on what is contained in some of the reviews. eg: mental health, dementia, cancer care. AT advised that EMIS holds contract templates, and these are by supplier and it is generally a tick box section. It was agreed that SCIMP should point queries to the appropriate group. The QOF queries process is now being transferred and it was suggested that RO speak to KL to revisit the last quarter of the year.

Feedback from PM who have had contract review and payment verification visits say that this is an area that is being focused on and although it is available from within the QOF documentation not many read that far down into it.

May not be suitable for SCIMP - perhaps better for SNUG.

17   Date of next meeting(s)

Wednesday the 4th September, Conference rooms 3&4, Cirrus, Paisley