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NISG Solution Stewardship

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NHS National Services Scotland

Minutes

Meeting of SCIMP working group

Date: **Wednesday the 15th January 2014**
Venue: **MR 17, Gyle Square, Edinburgh**
Time: **11:30hrs to 16:30hrs**

Present:	**Paul Miller (PM)**	**Karen Lefevre (KL)**	**Libby Morris (LM)**
	Jill Gordon (JG)	**Alison Forbes (AF)**	**Colin Brown (CB)**
	Kevin Boylan (KB)	**Bruce Thomson (BT)**	**Alastair Taylor (AT)**
	Ian Thompson (IT)	**Rob Walter (RW)**	**Paul Woolman (PW)**
	Leo Fogarty (LF)	**Neil Kelly (NK)**	**Ros O'Connor (RO)**
	Sam Patel (SP)	**Alastair Bishop (AB)**	
Skype:	**Ian McNicoll (IMcN)**		
VC:	**Iain Cromarty (IC)**		
Apologies:	**Helen Maguire (HM)**		
	Paul Hemsley (PH)		
	Lindsey Ross (LR)		
	John Duke (JD)		

1 Welcome, apologies and introductions

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

2 Minutes and actionsfrom previous meeting – 4th November 2013

Minutes were agreed as an accurate record of the last meeting. Actions were discussed and updated as per action log.

3 SCIMP WG contracts update

PM advised that he is still seeking clarification from Karen Young on clause 1.4 (b) and invited comments from around the table with regard to the clause.

LF suggested that clause 1.4 (b) be removed or written in plain English as a solution.

It was agreed that a collated response would be gathered and PM would approach KY for clarification.

Action 2014-01-15-001 – ALL to read the GP contract and send any comments on liability clause 1.4 (b) or any other sections you would like clarification on to PM by 31 January 2014.

4 GP Contract Support

KB, KL, PM and IT attended a meeting a few weeks ago in Scotland with regard to the Scottish GP Contract. They have contracted with the people who write the English specifications to modify and add in the detail that was missing from the Scottish contract. RW currently has version 27.1 (S) and this has not been published as yet. KL will chase Tony Callaghan. KL has completed SCIMP documentation and this is ready to be published.

Action 2014-01-15-002 –KL to chase Tony Callaghan re Scottish GP contract.

They will not produce specifications In England next year. Tony Callaghan and KB are planning what needs to be done and how SCIMP integrate with negotiations on what is required for the Scottish GP contract 2015. Tony Callaghan will raise this at the 3 Nations meeting in Cardiff on the 24th January 2014.

QOF rules 2013/2014 were briefly discussed and LM advised that there have not been problems and that the issue is all the other things like exception reporting and the lack ofproper reporting procedures. This is down to older versions of READ being used, and ironing out the bugs in V24 (first contract release for this year) and V27 not being readily available. RO advised that NHS Highland is doing the best they can currently with regards electronic reporting. None of the systems are up to date or correct and there is a lot of manual work going on that is not normally done.

V27 for EMIS will hopefully be available at the end January.IT advised that his practice will possibly be piloting from end of January 2014. It was felt that there is dependency on NSD and KB advised that there a slight hold up on conformance testing for InPS. EMIS have tested on V25..For some practices it will be difficult to audit their performance until they get V27 as they cannot see their achievement at the moment. EMIS are ready to pilot 5 sites.
V27 on VISION + doesn't pick up ASSIGN.

AT has not attended the SGPC meeting for some time.PM asked if AT would be able to feedback to the SGPC with regard to discussions today on QOF achievement.

IC advised that V27 does not seem too bad at NHS Orkney with regard to QOF rules crunching, auditing and performance. IC commented that he cannot get VISION + so is way behind as the proper software is not available.

It was agreed that there have been lots of problems with contracts, and not many answers. Also proper guidance for Boards to work towards meeting standards would be helpful. A clear statement of general contracts, disparity and multiplicity of different services and contracts, trapping and recording this work and getting paid for that work. Without there being any convergence or guidance for practices to refer to and say that these are the standards we need to meet to achieve QOF outcomes. It should show granularity of a single READ code required.If we can trap this and take to the QOF board it might be a great start. Suitable lead times would be appreciated for QOF changes. There is nothing new in this year's contract but items have been removed. John Nugentand Gregor Smith are writing the guidance. As far as we are aware they have not asked for help.

KL advised that there are three parts to QOF writing; beforehand to ensure what they are negotiating can be done from an IT point of view, the actual process of indicators being written and the afterwards which has become more difficult dealing with QOF queries, and the guidance written on the back of what has been published and this needs to be tackled at a National level.

KB advised draft TOR and proposals from Contract meeting being sent to JohnNugentKB is still awaiting a response from Gregor Smithand JohnNugent.PM is hopeful that there will be some engagement with the QOF board and it could be raised at the PCPMG.

PM has approached SGPC again with regard to AT becoming the official SCIMP link for SGPC and hopes to receive a response shortly.

5 SCI Gateway eAdvice

IT recently circulated an email requesting wider comment from SCIMP WG with regard to SCI Gateway eAdvice.

BT advised that his practice did a small pilot that was not a success due to various factors. Time must be made for the process. It all seems to makes sense, but how you would achieve and store it all needs to be addressed.

SCI Gateway messaging is clunky and laborious.There are few GPs that do not use it currently. However, there is some potential.

Action 2014-01-15-003 – IT to respond to say that SCIMP are interested in SCI Gateway eAdvice but are unable to commit any time to reviewing the document at this stage.

6 Medication models / adverse reactions

PM would like to kick of the review this month and we have pencilled in a date for a Clinical Knowledge Manager Tutorial on the 19th February. We are also getting together withdm+dand other suppliersto discuss fine tuning on terminology and how medicines are stored within drug dictionaries.

SCIMP are working on writing a universal model for medications for translations for GP2GP, ECS, and KIS. There is some conflict between the work we are doing and the work Closing the Loop is doing. Closing the Loop is anxious about our discussions with suppliers and we have reassured Sam Patel that SCIMP's input is purely technical.

IMcN advised that we have an upgrade to CKM tool to make it easier to engage with users, and this upgrade will allow us to directly register them via email. There will be a friendly landing page which will be project specific holding page to be discussed further by PM, IT and LF. IMc attended an adhoc eMedications group meeting run by Ian Carpenter. They are interested in what we are doing in Scotland. There is an assumption that we have it all under control but some direct engagement with Sam Patel would give Ian Carpenter a more realistic view of where we are at. LF advised that he hadcirculated an email to the WG following a conversation with JanHoogewarth who is the overall lead on the RCP side. She is interested in the meds model and where it stood, LF to go back to her on precisely where it stand. Also on the dose syntax work and what it was that we intended. Jan's intention is to slipstream behind the Scottish work. LF is going to keep her informed and strongly suggested that she contacts Sam Patel.

LF asked at which point do we say the medication model is stable. IMcN advised that this is a political decision rather than a technical decision. IMcN is using the model as iscurrently to import data from EMIS systems via the open HR mcdata. IMcN is happy that it is fit for purpose EMIS and IMcN feels it is close to fully support the GP2GP view of world. It is almost suffice for everything we want to do in Scotland. There is now an engagement process to be considered with other primary care colleagues and secondary care colleagues.

PM feels that another 3-6 months review and suggested a live date of autumn 2014. IMc suggests publishing the medication model swiftly after this further review period, and then effectively say we will reopen this discussion and we are not closing it down. We will re-open on the basis that there is a strong feeling that information is incorrect.

LM suggested that we publish immediately as IMcN suggested then fast track to PRSB and this will take at least 3-6 months as they are still in their infancy. This will allow for another review.

IMc suggested forwarding to PRSB to endorse not to accredit the medications model.

Action 2014-01-15-004 - Separate discussion to take place with PM, LM, LF, IMcN, and IT to decide on Meds modelling / adverse reactions actions and next steps.

7 Closing the loop / dose syntax

PM welcomed Sam Patel (SP) and Alastair Bishop (AB). SP reported that the clinical engagement piece is complete and some 700 clinicians have fed into these surveys. The clinical blueprint workshop took place in mid December. From this all feedback from these surveys completed by theScottish Government, clinicians and suppliers as well as eHealth leads all centred on medicines communications – about 90%. Communications out of secondary care, diagnosis, follow up, and SIN128 and the majority of it is medicines. In a nutshell, nobody trusts what they are being told about medicines. ECS has its limitations being interpretation of ECS and interpretation of medicines. What has surprised us is that the solution that is becoming apparent is a single medicines record that is kept up to date. Nearly all outputs have reported this solution. Moving to a ?? based prescribing model which raises the HEPMA question, and is fraught with issues that are perhaps not easily sorted out. We feel that it is not a pharmacy solution. Future improvement and development is dependent on how our systems will communicate and this is how dose syntax comes into this. The work we are doing is not dependant on this piece of work. The next phase is to set out some standard and guidance - how to do things, responsibilities and process maps and the flow of information stream from Primary to Secondary care. We are looking to get out a document for consultation at the end of January 2014then it will go to project board and for wider consultation. Supplier engagement has taken place via telephone and face to face. Primary care suppliers have been quieter. eHealth leads are saying this is what we need, and have vocalised the fact that they have been second guessing long enough. Soa fair amount of clinical engagement.

SP advised that he saw SCIMP linking into the Closing the Loop project via two streams:

- **Dose syntax work** - LF has circulated the preliminary Dose Syntax PID. In short we are proposing to do a small piece of work. Based upon 35k, and the instructions that might come out of primary care. The team currently consists of Jo Goulding, Primary Care representatives, IT, IMc and CB. SP to recruit a closing the loop rep. England are about to commence a similar piece of work. It was agreed that this would be an excellent idea for Jo Goulding to submit the English PID to Scotland and work collaboratively. If we hook onto HEPMA and funding is not agreed then there was concern that it may sit in the background. SP does not see suppliers supporting two different formats. Mitigation of that risk will be helped by having Jo Goulding doing the work in England. CB volunteered to take the money to be allotted to the work he had already done, to feed that into the SCIMP pool to aid the primary care work. The term has never been written down in a scoped way. The Denmark example highlighted to us that lots of clinicians have told us the main problems occur when a patient goes from Primary into secondary care and responsibility for that record at time of care is paramount.

  The control of a single medication record was discussed and there is some anxiety around this. LF is not aware of one country implementing a single dose syntax guideline.

  Medications modelling – IMcN advised that the medications model is fit for purpose as far as he is concerned and that the software is Open licence and has version control all built in.

With regard to publication/ownership it was felt that it was up to NHS in Scotland to decide whether they want to own the medications model. A lot of work has been done on alignment with GP2GP context as well as Ian Carpenter's heading work. LF stated that the medications modelling already points toward dm+d work. If the dose syntax work will easily transfer into medicines modelling it would be ideal. SP is happy to help and encourage secondary care assistance where required. SP advised that he may in future direct specific questions to IMcN to answer.

SP and LM will be attending a meeting on the 29th January to assist with joining up the Closing the loop work with the medications modelling.

Action 2014-01-15-005 -LF to rewrite Dose Syntax PID and circulate to SCIMP working group.

PM concluded that everyone was communicating effectively and that we all shared the same vision.

Action 2014-01-15-006– IMcN, PM, SP etc to meet w/c 27th January to decide on actions and outcomes.

8 Bowel screening / screening services

The final BoSS requirements documentis now available, and SCIMP have had a lot of input. KB is meeting with the BoSS team on the 29th January to discuss testing requirements and the implementation plan. PM is happy to attend, BT will also attend.

It was agreed that a generic messaging model for screening services would be ideal.

9 Conference 2014

This year's conference was attended by approximately 180 delegates and it is thought that we broke even and expect a surplus of approximately £7,700.

There was a discussion around SNUG collaborating with SCIMP. It was felt that the biggest cost is getting to the conference which in turn influences the decision to attend.

Attendance at the SNUG meeting after the SCIMP conference is failing to fulfil its purpose. A lot of content at the conference 2013 did not seem fitting to the bog standard user.SNUGs requirement is to run an AGM and conference. The wheels are in motion to explore the possibility of a SNUG conference at the end of September 2014. This is likely to take place within Scotland's central belt. SNUG are keen to make it a free event,pitching it at around 100 delegates.The NVUG conference usually takes place around May, and PM advised that this is likely to be a one day event.

IT advised that the BCS conference is September and that every hotel in Scotland tends to befully booked a certain week In September because of the Ryder cup. PM has concerns around 3 informatics type conferences scheduled from September to November.

PM feels that the SCIMP conference is also at a transitional stage and what PM would like to see is a merging of the SCIMP/SNUG conference. It was suggested that one informatics day and a SNUG day could be the answer as well as a moreuser focused SCIMP/SNUG conference.AT suggested a day of systems, how they work, what they do. Then a second day of "the way forward/ahead". Engaging with Secondary Care, including more topics relevant to users in the Secondary care environment. LM suggested going back to a 1 day conference. NK advised that the next SNUG exec meeting is on the 12th Feb at which further discussion will take place.

It was agreed that the venue is still considered a struggle for some that want to attend SNUG AGM only or for an afternoon session. IC suggested that a venue with an airport and easy access would be preferred.

Crieff Hydro has been provisionally booked for the SCIMP Conference 2014. NK – reservations about costs and venue. SCIMP requires SNUG input. NK, CB, IT and other reps from SNUG – MH to liaise with Alex to source venues as a team.

Providing attendees to attend the conference remotely was suggested**,** and IT advised that this is achievable but does add around 2k onto the bottom line.

Action 2014-01-15-007– IT/CB to contact to MH re alternate conference venues.

Action 2014-01-15-008- IT to select date for Conference 2014 meeting.

10 Patient access / online services

We need to look at how SCIMP supports in managing these services. RO has been quite involved and advised that her practice is up and running. Biggest challenge is getting set up and promoting it. KL stated that there good patient uptake. LM reported that she is meeting some of the eHealth team tomorrow. There are barriers - Lothian said no to Vision online as they felt it was unsafe. KB advised that no data goes out of the UK – all data is stored at Heathrow site.Practice progress has been slow, last figures – 60 VISION and 60 EMIS practices offering online services. NHS 24, SG directorate have lots of patient centred information and the onus is on to keep increasing practice and patient uptake. LM happy to feedback at the meeting tomorrow with Bettina. LM to feedback to group on high level plan.

Action 2014-01-15-009– RO to liaise with PH to look at how SCIMP supports practices with managing patient access and online services.

11 KIS / ECS update

Single consent model for KIS and Palliative care.

GP2GP requirements meeting – we need to be able to consent for KIS by enteringREAD codes. LM advised that this is in process. As there is no read code for opting out of ECS.Jonathan Cameron is putting together requirements for VISION.LM encouraged SCIMP to pass on any comments and suggestions.

Action 2014-01-15-010- IT to circulate ECS Single consent model for KIS and Palliative care document.

Action 2014-01-15-011 - LM to write request for ECS Single consent model for KIS and Palliative care to be sent to Primary Care PMG.

12 SPIRE update

SPIRE programme board needs a rep next Thursday. LM is attending. KL attending data set meeting on Tuesday.

Action 2014-01-15-012 – JG to attend and send email to SCIMP WG to request a SCIMP GP to attend.

13 GP2GP update

The requirements were signed off CCN - V5, and we are now at CCN V15. KB is hoping to send the CCN for review this week. Milestones, payments and costs. Turnaround before the end of the month. It is still hoped that GP2GP it will be implemented by the end of the year, or early 2015. Testing and piloting is likely to be unpredictable, and we are awaiting implementation plan dates. It is all planned for current release schedule and this is likely to me big operating changes for practices. Any teething problems will be picked up and rectified along the way. The Cumbria trip may assist in identifying and potential risks and /or problems.The next project board will take place on 20th January 2014. If anyone has any further comments, questions or suggestion please forward these via email to LF.

Action 2014-01-15-013 - GP2GP CCN V15 - Requirements must be recorded.

14 SCIMP objectives 2014

We should be thinking about priorities for the coming year and likely outputs. PM invited suggestions on the focus for 2014/15. A few initial suggestions were made and they were: SCI GATEWAY, ECS/KIS, GP2GP and Medications Modelling

It was suggested and agreed that once we have a list of priorities, they would be grouped into activity by type. This will then hopefully assist with grouping by skills.

15 AOCB &Date of next meeting(s)

Pseudo organisation at source – are people happy with this being made available?SCIMP papers are confidential by default and are for internal discussion only and this is more to protect the author of the paper.

AT had a query about workflowing communications for patients who have left the practice. At felt that this might be a possible RFC for Docman. PM requested that AT describe this query in an email and circulate to the working group for further comment.

Action 2014-01-15-014 - AT todescribe this workflowing communications for patients who have left the practice query in an email and circulate to the working group for further comment.

Next meeting:

Wednesday the 2nd April 2014, MR14, Gyle Square, Edinburgh