

minutes

SCIMP Working Group Meeting

Wednesday 18th November, 10am to 4.30pm
Board Rooms 1 & 2, Gyle Square, Edinburgh

Present

Paul Miller	PM	SCIMP Clinical Lead
Ian McNicoll	IMc	Retired GP, Health Informatics Consultant
Alistair Taylor	AT	NHS GG&C GP & SGPC Rep
Lindsey Ross	LR	NHS Highland GP
Neil Kelly	NK	NHS D&G GP
John Duke	JD	NHS GG&S GP
Ian Thompson	IMT	NHS Lothian GP
Karen Lefevre	KL	NHS Grampian
Libby Morris	LM	NHS Lothian GP & SG eHealth
Chris Weatherburn	CW	NHS Tayside
Colin Brown	CB	Retired GP, Health Informatics Consultant
Bruce Thomson	BT	NHS Lanarkshire
Elaine Henderson	EH	NSS IT Service Manager
Judith Milligan	JM	National Facilitator Lead, NHS Lanarkshire
Andrew Vickerstaff	AV	NHS Highland, Practice Manger
Jane Thomson	JT	NSS IT

In attendance

Zahid Deen	ZD	Alliance Scotland
Catherine Thomson	CT	NSS, SPIRE
Ana Rodriguez	AR	NSS, SPIRE
Karen Triner	KT	NSS, GPIT Re-provisioning
Jill Gordon	JG	NSS, GPIT Re-provisioning

Apologies

Gaby Ormerod	GO	Practice Manager NHS Highland
Leo Fogarty	LF	Retired GP, Health Informatics Consultant

Video Conferencing

Neil Kelly	NK	NHS Dumfries & Galloway
Ros O'Connor	Ro'C	NHS Highland

1. Welcome, Introductions and Apologies

PM welcomed everyone to the meeting and introductions were made round the table and with those joining via video conferencing. PM welcomed ZD to the meeting as a guest for today.

2. Minutes & Actions from the last meeting

PM asked the group to review and approve the minutes from the last meeting on the 19th August. KL highlighted that the wording on the immunisation should reflect that UCAS and Scottish Government are informing the target groups, JT to update this and then publish on the SCIMP website.

2015-11 – 18 - 001 - JT to update wording on immunisation part of minutes from Aug 15 meeting and then publish on SCIMP website.

Actions

2014-01-15-009 - RO to ask PH to assist with looking at how SCIMP supports practices with managing patient access and online services. (Close)

The group felt that this action has been taken over by the Digital Services Funding from the Scottish Government. IMT advised that the Scottish Government report on what practices are using against what licences are made available with suppliers. This will also report on the actual usage of the software. The group did have concern over the reporting being from a practice level to Scottish Government. SCIMP support the use of aggregated non identifiable information. IMT advised that going forward the single sign of using the patient portal would help gather this information.

AT felt that this could be picked up at Health Board level and also have discussion at LMC level. SGPC backing would need to come from individual health boards. PM recommended that the practice should benefit from these improvements and not to be part of the GP contract. EH advised that NHS Dumfries & Galloway, Ayrshire & Arran along with Colin Howarth need to look at carrying out a PIA for patient access for risk assessment.

PM informed the group that should funding be made available then SCIMP could produce an advisory paper. IMT advised that funding may be available via Claire McKenna or Betinna Sizeland at the Scottish Government.

2015-02-04-006 - LM will speak to Julie Falconer for any update on taking consent model forward as a project. (Close)

PM agreed to forward on the consent model paper. PM advised that Ernest Beattie has carried out some investigation to see what would be able to be delivered. All those involved in this review agreed that this was a good idea to take forward but no resource or customer lead is available. This work will be kept on hold as much of the background work has been completed.

PM confirmed to BT that the RFC are separate from the consent model paper. IMT also advised that the Scottish Government are aware of the work that has been carried out on the consent model paper.

2015-02-04-010 – CB replied to CAB to request Docman RFC 4 is taken forward (Close)

EH advised that Microtech is keen to have meetings with Solution Stewardship and CVMT, unfortunately the meeting planned for November got cancelled at short notice. Microtech are happy to have collaborative processes with NHS. EH advised that Microtech is a national contract and many of the health boards have their own agreements in place, therefore the service is managed by CVMT and not Solution Stewardship. SCIMP felt that

there would be benefit from Solution Stewardship managing Microtech as they already have experience in managing INPS & EMIS. The group also felt that with GP2GP requiring support from Microtech it would be more beneficial to have all suppliers under the one service management area.

2015-11-18-002 - PM to raise at PCPMG meeting a proposal for Solution Stewardship to provide service management support to Microtech.

3. Health & Social Care Alliance Scotland

PM introduced ZD to the meeting today. ZD provided the group with a presentation on the work that the Alliance cover and the main aims for this area of work –

- Working to bring the input of the third sector and the voice of lived experience into national eHealth programmes
- Sharing knowledge, learning and encourage collaboration across the eHealth projects driven by the third sector

ZD asked if there are any members from this group who would be interested in speaking at the Digital Conference on the 9th December to let him know.

The SCIMP working group members found this very interesting and the group are aware of the ALISS (A Local Information System for Scotland).

ZD highlighted that the future changes involve a cultural shift as well as aiming to meet the needs of the end users.

The group discussed how the membership for the focus groups are selected, ZD confirmed that it is a range of people who need support and from self management networks that attend the focus groups. These people are invited to participate from attending existing networking groups. The focus groups cover a wide range of social and age groups to ensure a good mix of people attend.

The SCIMP members were concerned over the patients who do not have access to go online, so they are not able to gain all of this valuable information.

The group talked about “self management” and how this is the way forward for patients. ZD advised that through NHS Informed/Choices they will take on a bigger piece of work to look into self management advice. ZD advised that questions regarding this should be directed to the patient portal via the ehealth leads. IMc felt that there was a gap missing to interact with the services, e.g. allow patients to track referrals etc.

2015-11-18-003 – ZD to be added to SCIMP Working Group mailing list and attend any relevant meetings and contribute to discussions were appropriate.

4. SCIMP Future Model, Membership & Training

PM advised that the next SCIMP Service Board meeting is on the 19th November. PM had an initial meeting with Lorna Ramsay and Karen Young in order to review the papers. The papers shared reflect that the group is not formally constituted and that all the individual members are contractors who provide clinical informatics advice and recommendations to NHS Scotland.

The Service Board will be looking for approval to charge for non core activities e.g. SPIRE, GP2GP projects. However, the Service Board need to acknowledge that there is a risk that projects would then not ask for our input if they did not have funding available. PM advised that this will be discussed further at the meeting on the 19th November.

The working group members were happy with the papers PM had shared and discussed. AT suggested that the Service Board also look at horizon scanning for future pieces of work and KL also asked them to consider allocating funds to cover initial set up of projects for SCIMP's time and input.

PM confirmed that Susannah McLean recently joined the working group and is now included in the mailing lists. PM advised that we will continue to look at hosting meetings in various locations across Scotland and maybe alternate the days to include a Wednesday and Thursday.

PM recommended hosting a ½ day session for the new working group members to discuss skill sets, experiences etc to ensure that any further training requests are identified.

PM advised that he will seek opinions from the Service Board on a training proposals to cover time/costs for further training needs that are required to develop the skill set of this group further

5. OOH review, Shared Records, Data Quality

IMT advised the group that the summary report is due out by the end of November 2015 by Professor Sir Lewis Ritchie & the Scottish Government. Any subgroups from the summary report will produce their own documents early 2016. There will be work for SCIMP to contribute towards after these documents have been published.

PM confirmed that the Data Quality Guide to summarising records has been published on the SCIMP website and thanked those who have contributed to this paper.

6. SPIRE

PM welcomed CT & AR to the meeting and they delivered a presentation to the group.

There is a slight delay with the IT side of the implementation, the initial reports are expected to be available in May 2016. The view is to have this functionality installed in practices and switched on by the end of summer 2017.

The public awareness campaign will start during the summer 2016 which will give patients an 8 week opt out facility, which will be managed by the GP practice. Advertising will include radio, papers, patient leaflets and social media. The SPIRE team have learnt from the experiences of NHS England regarding the public awareness campaigns.

AT reinforced that the ability to search for good quality data is essential. IMT supported this and also highlighted that being able to integrate data with Health & Social care is also vital to move forward and make improvements in patient care. The ability to drill down to specific reports/patients will also help improve patient care. AT also recommended that exception reporting is important in the search function.

AR advised that the reports have been re-prioritised and they will now concentrate on 7 rather than 10 reports and these will be ready by the end of May 2016.

The group discussed who SCIMP can help the SPIRE team in order to continue to move this project forward. SCIMP can support SPIRE with the business rules/processes as they have expertise in detailing the report design and sense checking on the data outputs. CB also suggested to AR and CT to refer to the SPIRE programme of work as similar work may have been done via this programme of work.

SCIMP did not feel that the pathfinder practices have the experience and skill set to support the SPIRE team with the report writing. SCIMP members felt that the pathfinders would be of more benefit to help commenting on the output of the reports rather than contributing towards writing the reports.

CB advised that the practices need to be able to see the benefits of the outputs by using SPIRE in order to sign up to using this tool.

PM agreed that a few people from the SCIMP working group will meet with several of the SPIRE team in order to have some primary discussion to agreeing key outputs, funding, TOR etc. CT, KL, IMT, AV and Susannah McLean would be the initial SCIMP members to contribute to this piece of work.

PM thanked CT and AR for their update which the group found interesting.

Action 2015-11-19-004 – PM to lead on SCIMP members supporting SPIRE by having an initial meeting with them to discuss TOR, funding and outputs, ideally before the end of the year.

7. CKM, Archetypes, Strategy, aim, next steps
Covered under item 8.

8. NHS Code4Health

IMc advised that the background to this piece of work was based on clinicians who understand and had an interest in developing programmes including archetypes for developing clinical structures. Was SCI XML holding NHS Scotland back as we have no expertise in this area? should we do this as a single country or join with the other nations?

The group agreed that we should be involved in these areas and encourage technical and clinical colleagues to do the same. The group agreed that having all vendors working the same way. IMc advised that although the CKM licence has been extended for a further year, this needs to be utilised more.

The SCIMP members discussed who was key to take this forward as getting the right people involved was essential. Key members would include representation from SCI Gateway, SCI EXML, ECS/KIS along with business analysts and members of staff with technical knowledge from NHS Scotland and the Scottish Government.

IMc agreed that SCIMP can be the link with Code4Health and setting up a committee meeting for January 2016 would be beneficial.

Action 2015-11-19-005 - IMc to set up a committee group to help take Code4Health forward.

9. Document Indexing

Due to apologies from LF, this was not covered.

10. GPIT Re-provisioning

PM introduced KT to the meeting and she shared a presentation with the group.

KT advised that the chair of the Clinical Reference group will be Lucy Munro and that SCIMP members are on this group.

The plan is to have phase 1 completed by the end of March 2016, this is currently on track. IMT advised that for phase 2, there are approximately 180 products in the GP landscape and these need to be able to work in the future.

IMT advised that there is a dependency with the SWAN network, which means that there, needs to be a very strong resilience process in place.

KT advised that is currently being delivered in phase 1 will be the minimum requirements and there is room to improve on what we deliver going forward.

AT recommended that consideration needs to be given to the supplier to cover any changes to equipments, servers, internet browsers etc to ascertain a minimum requirement. Suppliers may also need time for testing on all live packages and this should be factored in.

KT confirmed that Docman have been included as part of the requirements review.

PM confirmed that SCIMP's role with this project will include review documents on business requirements, which KT confirmed there was funding for. SCIMP suggested that the national users groups such as EMIS, Vision and SNUG are also used to help support user requirements. The group did highlight that they felt that they have not been involved much with this project. RO'C confirmed she will attend the project board meeting on the 16th December on behalf of SNUG and will be able to provide feedback to SCIMP.

The group discussed the SEF requirements and were concerned that they may no longer be relevant. EH to share an email to this group to seek comments on Prescribing Safety and Prevention 2010 and the working group to feedback to EH.

Action 2015-11-19-006 - EH to circulate questions on SEF requirements so this group and feedback to this.

11. Clinical Decision Support Tool

PM informed the group that he has taken on the role of chairing the primary care programme board for the Clinical Decision Support Tool. Dr Ann Wales is the current project manager and Ann was a speaker at one of the workshops at the recent conference. PM felt this was a good opportunity for clinicians to be included and to add clinical advice and value to the end users of the tool.

PM agreed to share any relevant outcomes from the project with this group.

12. SNOMED CT Migration update

KL advised that confirmation of the last read code updates has now been published and is also available on the SCIMP website. No further updates will be available after the April 2016 release. The report which was carried out in September was endorsed by the CCLG and is now being taken forward via the National Applications group led by Julie Falconer & Scott Heald.

PM advised that the SNOMED CT Awareness workshop went ahead on the 30th October and was well attended. We are waiting on feedback from this event to help identify future training needs, which would be shared with Janice Watson.

KL advised that she has been asked to attend a 4 nations SNOMED CT meeting on the 3rd December, which she is unable to attend. IMT agreed to be KL's deputy for these meeting in the future. KL informed the group that the next meeting is in April 2016 and should she attend and who would cover costs for her attendance? PM felt that SCIMP should be represented at these meeting and will seek confirmation from the Service Board as to how this will be funded.

Action 2015-11-19-007 - PM to ask Service Board approval for KL to attend SNOMED CT 4 nation meetings and agree funding for such meetings.

13. Contract Support

KL thanked those who contributed to the last update using V32. IMT and KL had raised a query via Tony Callaghan and then MSD and suppliers and they advised no feedback had been received yet.

AT advised that as no QOF from 2016 there would still be negotiations taking place to discuss what will be included.

14. GP2GP

BT gave an update to the group. EMIS have delivered product and this is now going into testing. INPS have advised of a further 2 week delay which BT just received notification about today. There is now a risk that INPS product development will impact on the testing schedule.

BT advised that SCIMP will help produce the good practice guide for practices, which will be ready after the pilot sites provide feedback on the processes.

15. Updates on projects

GPIT CAB

BT advised that the CAB are very busy in dealing with the suppliers over the costing for RFC's.

BT also advised that the CMS safe function within EMIS will be updated in release F which is due in March 2016. The CAB feedback to EMIS that this was too long to wait on getting fixed as has clinical risks so an SBAR has been raised.

Devolved Nations

PM confirmed that a distribution list has been updated for the membership of this group. When the meetings are in Edinburgh PM would like members from SCIMP to attend.

CHI-AG

CB advised that the re-procurement exercise is going well with this project. The Intersex guidance given previously has changed and will no longer be included.

Record Locator Service

CB advised the NHS Wales have this service and some parts of NHS Scotland will also have this but not all health boards. SCIMP supported the need for a record locator and PM suggested that if this is to be a national requirement then SCIMP could present this on behalf of NSS. As the group were unsure if this was a national or a health board by health board projects, CB agreed to produce a paper and share this with the Scottish Government via IMT.

GP New Patient Registration Information

RO'C confirmed that she will reply to Dawn Robb on this project as she was concerned that there may be duplication of work.

16. AOCB

PM asked if anyone had anything else to raise at this meeting. The group did not have any further discussion points to raise.

PM thanked everyone for attending the meeting today and the meeting was brought to a close.

17. Date of next meeting

Wednesday 3rd February 2016, Gyle Square, Edinburgh



Chair Professor Elizabeth Ireland
Chief Executive Ian Crichton

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.