

Minutes

SCIMP working group

Date: Wednesday 17 September 2014
Venue: Meeting Room 19, Gyle Square, Edinburgh
Time: 11:00hrs to 16:30hrs

Present:	Paul Miller (PM) Libby Morris (LM) Ian Thompson (IT) Grant Forrest (GF) Leo Fogarty (LF) Alastair Taylor (AT)	Karen Lefevre (KL) Alison Forbes (AF) Colin Brown (CB) Neil Kelly (NK) John Duke (JD) Christopher Weatherburn (CW)
Minutes:	Jane Thomson (JT)	
Apologies:	Ian McNicoll (IM) Ian Cromarty (IC) Rob Walter (RW)	Paul Woolman (PW) Bruce Thomson (BT) Lindsey Ross (LR)

1. Welcome apologies and introductions

PM welcomed everyone to meeting and introductions were made round the table. CW gave the group an introduction to his background and interest in joining the SCIMP working group. PM thanked him for his interest and hoped that he would enjoy the discussions from the meeting.

Apologies were noted from those above.

2. Minutes

PM asked those present if any amendments were required to the minutes from the last meeting on the 18 June 2014. KL requested that the wording on page 4, paragraph 9, the wording should be changed to "thought" rather than advised. JT will arrange for this to be updated.

The following discussions took place as a result of the minutes / actions log;

CB asked when a practice moves to EMIS web, can they still create local codes. LF advised that this is not the case and practices will not be able to create local codes using EMIS web. IT was in agreement with this and also added that local codes that have been created in EMIS will not be transferred to EMIS Web.



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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.*

AT asked about the SCI Gateway update that was provided by GF at the last meeting. AT suggested that this needs to be more user friendly and easier to use, feedback from the users is that it takes too long to access from the practice. IT also felt that SCI Gateway should be a push system and not a pull system for messaging.

CB asked the opinion of the group if the SCI Gateway messages should be passed to the Practice Manager for review, the group were not in favour of this. NK advised that feedback from user groups is that there is a lot of anxiety around the expectation of the pull data rather than what the users would prefer, which is a push system. NK will be providing a paper on this on behalf of SNUG executive group and it was agreed that this should be shared with the SCIMP Working Group for comment. The group felt that within the practice there are too many systems to update and this should be something that is commented on.

Action 2014-09-17-001 – NK to circulate SNUG paper on SCI Gateway messaging to SCIMP WG members for comment.

The group discussed that AT is representing SGPC at this meeting and this role is needed within the group. It was agreed that AT should become an individual member of the SCIMP Working Group and a contract should be issued to reflect this.

Action 2014-09-17-002 – JT to organised individual contract for AT.

IT advised one of the communication tools that we can all have access to is an instance of OwnCloud. IT provided the group with an overview of this tool and this could be used in place of drop box. Own Cloud is accessible on web browsers, phone, mac or pc. It allows sharing of documents and is an approved tool by NSS. Permissions to shared folder will be granted by an administrator and JT will arrange access for the working group members.

Action 2014-09-17-003 – JT to organise access to the SCIMP Own-Cloud for all SCIMP Working Group members.

AT asked if this could be set up with individual Health Boards, IT advised the software was free so it could be, but each Health Board's IT would need to decide to set up an installation of this on their system.

3. eHealth Strategy Document

PM thanked those members of the working group who contributed to this paper and asked the group what is key to highlight towards this.

LM and KL advised that they were extremely happy with the introduction paragraph and thought it was key to say "supporting the business of Primary Care". The general feeling was if it is good for the GP then good for patients. PM asked if there was anything else that we need to emphasise in the paper. NK was happy with data sharing comments and this is key to moving forward.

LM informed the group that they are asking for funding for 30 SPIRE pathfinder practices. These practices will look at how we are actually going to implement the changes. LF concerned that we need to define the meaning of data quality, so it meets a certain purpose. LM advised that this has been reviewed already by previous groups and not expecting to review this again. AF highlighted

that with future H & SC Integration, many organisation will not code the same data. AT suggested to the group if more data codes can be standardised to help make it easier for GP's to update and improve the data quality.

NK advised that concern was raised at the SNUG conference around patient care and safety and requests were made to help standardised process to make sure nothing is missed that could impact on patient safety.

KL asked if SNOMED could be highlighted more in eHealth documents. NHS Grampian are looking at how, with increased communities, can eHealth cover all these areas. LM thought that the sharing of integration systems would help improve the data quality.

AT asked about the electronic communication with patients and what is covered by this? Does it mean that Skype would be classed as face to face discussion? The group then discussed patient self-care and how they can plan their appointments rather than have the expectation of having to see a GP today. Group discussed that often ideas to reduce the amount of face to face appointments, does not always happen, e.g. a telephone consultations more than often end up being a face to face appointment.

PM asked if the SCIMP group agreed that should all practices should they have their own website and should it be a contractual requirements? KL highlighted elderly and dementia patients, not able to refer to a website for booking appointments and so other options still need to be made available. PM suggested that it would be key to have the GP details, opening hours, practice nurse details etc on the website for information to all patients and asked the group if it should be part of GMS agreement. The group agreed that a practice website and a practice leaflet are required and it would be a reasonable proposal for within the GMS contract.

Action 2014-09-17-004 - AT to ask SGPC their opinion on should all practices have contractual website and practice leaflet.

Re-procurement

PM asked the group for suggestions/ideas on what the re-procurement ideas could be. NK advised that the average GP service user would rather not have another system supplier change under re-procurement.

NK's feedback from SNUG is that there is frustration around RFC with suppliers and lack of improved functionality. NK advised that there are so many groups to raise concern/problems, e.g. through CAB or the User Groups, that this can lead to a lack of focus on the problems if the problem is escalated to the wrong group.

CB suggested that we should learn from England, Ireland and Wales re their experience with re-procurement processes and understand why in Scotland we need to do things differently. IT can we have core system which includes many software products, but with the challenge of making sure interoperability is secure and identify the risks. The suggestion was to look at GPSOC from England and learn from them.

SCI Gateway

The group discussed if Docman can implement dates and if they can who is going to write the training packages. It has been previously suggested to ask the IT Facilitators to provide the training and it was proposed to ask Judith Milligan.

AT was concerned and felt that this was not a training issue and more a software issue with the EDT process due to having 2 dates. AT proposed that once a conclusion was agreed then we should have national agreement on what the dates refer to and this should be carried out by SCIMP. The proposal paper would then be sent on to the Health Board to request that this is implemented. IT supports AT suggestion that SCIMP need to do the guidance.

The TRAKCare date covers lots of different dates e.g. admission, discharge etc but it is not clear for EDT what each date is. We had proposed before that the dates should be recorded as event, construction and receipt dates. CB advised they had proposed one extra field and called it episode, but the group agreed that what is needed is an explanation to the Health Board to explain what data should be input into each field.

Action 2014-09-17-005 - IT to speak to Chris McNeil re Docman current process and what changes they can make to the date fields. Then IT and CW to work together on this paper and feedback on this at the next meeting.

GF confirmed that he has checked with NSS and SCI Gateway is fully compatible with SNOMED. All new message types are supported, which will include referrals, discharge and advice request.

GF advised that the GP systems will be expected to accept the death notification changes in relation to the introduction of eMCCD. In order for this to work another 5 new message types need to be created to link this into SCI Gateway. The group are concerned with all the developments that are needed and that this should not be funded within the 100 days.

Action 2014-09-17-006 – JT to speak to Bruce Thomson and Kevin re the eRFC 111 – with a dependency with eMCCD /SCI Gateway.

GF advised that the NHS 24 Cancer treatment helpline is for patient on radiotherapy and chemotherapy. This service will provide a copy of the conversation between NHS 24 and the patient. A copy of the letter confirming the conversation taken place will be sent to the GP via SCI Gateway. In the practice this file would still need to be saved to Docman and allocated to the patient's record along with a date entry on it, similar to html document.

Action 2014-09-17-007 - GF to forward to JT some papers on changes to SCI Gateway, JT to circulate to group.

4. eMCCD

Unfortunately Maggie Young was not able to attend the meeting in person. The group discussed the papers that had been distributed as part of the agenda.

The group agreed that they wanted to be kept involved in the changes and implementation of eMCCD and AT will contact Maggie as a representative from SCIMP.

From reviewing the papers the group still felt it was quicker to call rather than typing in all the details. Some further concerns were raised from within the group.

Action 2014-09-17-008 – JT to arrange a meeting with Maggie Young, AT, IT, PM to address some SCIMP questions.

IT advised that the anticipated timescales for implementation of eMCCD is April 2015.

5. SPIRE: Data Quality and Consent

LM advised of the proposed implementation dates for SPIRE, the pilot starts November/December 2014 and plan to run this until April 2015. A final role out date has still to be agreed and communicated.

PM advised that this paper is not been agreed nor approved yet. LM advised that this paper has still to go to eHealth for review. The group discussed the consent options and what would happen if a patient only consented to one research project. It was suggested that consent codes should be something which is addressed within this paper and have a single agreement for all on the codes to be used.

The group discussed how record transfers would show the consent status and the consensus from the group was that this should be carried out at the registration process.

Action 2014-09-17-009 – PM to change the wording within the SPIRE paper to reflect that the patients consent must be held within the main clinical records.

The final decision was to approve the paper circulated once minor amendments updated and this will be forwarded on to LM.

6. Document Management

CB would like someone to review the process with him, NK suggested the IT facilitators and maybe best to speak to Louise McTaggart. PM suggested including having a review of the document folder management structure and how it links into Docman, this should include how to use a folder structure and how documents are identified. NK is happy to share any outcomes with SNUG for comments as users of the process.

Action 2014-09-17-010 – CB make contact with Louise McTaggart for input on the review document.

NK asked that when a newly named document needs created where does this sit in national standard setting process? LF advised that for Scottish changes it would go via the UKTC and they would approve this. LF also confirmed that when a standard is agreed nationally, we would not need new Docman code.

PM will distribute the email from Mandy Barlow in relation to child protection correspondence and ask the group to give their opinion.

Action 2014-09-17-011 – PM share email from Mandy Barlow and all to reply with comments.

7. Breast Screening / AAA

PM informed the group that a meeting had taken place with Lesley Neilan and Dan Hull from NSS IT. The changes to the breast screening records will be similar to that of BOSS. SCIMP have been asked to contribute to the new documents from a clinical viewpoint. A further meeting will be arranged to discuss this further.

KL felt it was useful to have breast screening indication when a review has not been carried out. The group discussed that having more codes to identify how patients are contacted would be more beneficial e.g. patient contacted by telephone, letter etc, so the practice can monitor and review the best contact methods.

PM asked the group to reply back to him with any comments. PM is happy to invite members of the group along to next meeting by teleconference.

AT identified that having a recall date would be useful to have, as this will help to identify patients who are overdue. Ideally concerned reports/results should have a work flow directly to GP, and normal results just get filed within the practice system.

AT would also like clarification on what happens after 3 recalls.

Action 2014-09-17-012 - PM will obtain further specification for the service and then review terms with AT and feedback to the group.

8. Clinical Knowledge Manager

PM been tasked with producing a report by end of October which will outline the buy in benefits for NSS and Scottish Government. LF wanted medication modelling included in this, as it is finished, stable to use and can be used to define messages that include medication.

The Allergy Archotyping work is not finished yet, but meetings are taking place. Similar conversations taking place within England and they have agreement from suppliers to produce terminologies to make this work. There was frustration that although the group feel that the benefits have been explained several times, no real outcome has been achieved. The Deputy Chief Medical Officer is supportive to the use of this tool although no real progress is being made.

The next steps to enable this tool to be approved it to submit this report to PRSB. It was agreed that LM would complete certain parts of the forms which then would be forwarded on to PM, IT, LF and Ian McNicoll to fully complete and then this would be submitted to the PRSB. They would then hopefully approve the request and this would have a quick turn around.

Action 2014-09-17-013 - LM to complete initial paper work and forward on to PM, IT, LF and Ian McNicoll to complete further for submission to PRSB.

The group then discussed the use of Clinical Knowledge Manager (CKM). It was agreed that this was a very useful tool and a website that is often used for training. It was suggested that the

eMCCD model could you placed here as well. The concern was around this tool not being used by NSS as part of a medication modelling tool.

PM asked what the selling points are and the benefits that will be documented. IT advised that it was a very useful tool and highlight that is this tool was not available then what else could be used. LF agreed with IT and if CKM is not renewed then what happens to the work that went into creating it, also what else could we use if this agreement was not renewed. LF suggested that these points should be included in the paper.

9. Conference

IT gave the group an update on the conference for 2014.

IT has recently been able to invite Annett Gilmour along to cover the sessions on data quality.

IT advised that we still need an EMIS user group representative, the group suggested Sean McBride Stewart. Another suggestion was to ask Will Christie to provide a session on EMIS web.

The SCIMP Conference Group had recent discussions around the viability of the conference in future years. This year we have had the lowest amount of interest from sponsors, the funds and costs need to be reviewed further for future years.

NK gave an update from the SNUG conference which was on the 16th September. NK acknowledged that this was a different audience from SCIMP conference. The event was a success and Alex De Franco had positive feedback from the event already, approx 120 delegates attended, with two thirds be practice management staff and one third were clinicians. The SNUG conference did not run at a profit, it offered one free place per practise then a charge of £30 per further member of practise. The approx cost of event £7000.

CW suggested is SCIMP could link into the NHS Scotland annual event which takes place in June, the event is held at the SECC Glasgow. IT thought that maybe Maureen Hart helps to organise this event and this could be something that consider in the future.

AT suggested an alternative would be to have a one day event and have more central location. Or have SNUG /SCIMP joint Conference.

AF asked the group to volunteer to chair the sessions over the 2 days.

Action 2014-09-17-014 – JT to email out sessions for conference and all to reply to volunteer.

10. Updates from SCIMP Members

GP2GP

LF has spoken to Jonathan Cameron and the recent update was that we are waiting on the CCN's being released and development time is 40 weeks. The next Project Board meeting is on the 18th September.

Immunisation

KL advised that the flu guide has just been updated for the 2 to 5 year olds, who are not at school. Practices will be asked to submit figures, but this will not include children who are at school.

KL has also provided new guidance for the immunisation programmed and a list of the codes will go on to the SCIMP website. PM thanked KL for all the time and work that has went into these pieces of work.

SNOMED

KL submitted a report on behalf of SCIMP via Janice Watson, from NSS PHI. This was reviewed and it is proposed that the last update to read codes version 2 will be in April 2016, with a view to this being completely retired by 2020, this is still only at a recommendation stage.

PM asked KL to keep clinical risks on top of discussion and also SNOMED training in Scotland. The group discussed that Cliniclue.com is a free browser as a SNOMED tool.

11. AOB and Date for next meeting

PM asked if anyone had AOB, nothing was raised within the group.

PM confirmed that the next meeting will be on Wednesday 4th February and start at 10am, which is earlier than previous meetings, but due to amount to topics that the group discuss.

PM thanked everyone for attending and hopefully see as many members at the SCIMP Conference as possible.