

Minutes

SCIMP working group

Date: Wednesday 4 February 2015
Venue: Board rooms 1 & 2, Gyle Square, Edinburgh
Time: 10.00 to 16:30hrs

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| Present: | Paul Miller (PM) Chair Libby Morris (LM) Ian Thompson (IT) Neil Kelly (NK) Leo Fogarty (LF) Alastair Taylor (AT) Andrew Vickerstaff (AV) Beena Raschkes | Karen Lefevre (KL) Bruce Thomson (BT) Colin Brown (CB) Kevin Boylan (KB) John Duke (JD) Christopher Weatherburn (CW) Judith Milligan (JM) |
| Minutes: | Jane Thomson (JT) | |
| Apologies: | Alison Forbes (AF) Ian Cromarty (IC) Gaby Ormerod (GO) | Ian McNicoll (IM) Lindsey Ross (LR) |

1. Welcome apologies and introductions

PM welcomed everyone to meeting and introductions were made round the table. A warm welcome to the new members of the working group.

Apologies noted as above.

2. Minutes

PM asked those present if any amendments were required to the minutes from the last meeting on the 17 September 2014. LF gave amended wording for section 6, Document Management and section 10 GP2GP update. JT to amend this and publish on website as the group approved pending this amendment.

The action log was updated and many actions are now closed off.



Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB

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.*

3. SPIRE

LM welcomed Maureen Ireland and Fiona Lees to the working group. Maureen and Fiona delivered the presentation attached.

The group covered the following key points from the presentation

Pathfinders

- Patients are either opted in or out, they are unable to say they want to be included on a specific research study. Group felt that any concerns over patient consent need to be addressed before the campaign goes public.
- The national data set will be the same data set as QOF and KIS and ECS items are all part of the national data set.
- Contact methods e.g. telephone, face to face, will not be included in phase 1. LM advised that feedback from pathfinders may suggest this as an improvement going forward.
- Only the priority read codes will be used and the extension codes are not included. LM has requested read codes for opt in/out and asked suppliers to flag this on their systems. BT advised problems with suppliers as they have no capacity for this piece of work. KB suggested this request goes through the RFC process and an estimate is obtained. The group supported the need for a read code for the practice as they understand how these work.

Reporting

- Clinical records needs to be updated first to ensure accurate drill down of reporting information.
- Bespoke extracts can be created but practice needs to be able to show how the data is going to be used.
- If the data is to be patient identifiable then consent is required at each visit, if the data is non identifiable then only have to ask for consent once.
- Group concerned about when extracted data needs patient consent, patients may opt out and this may impact on research numbers.
- Clarification required on when a patient opts out, would this still be reported at a local level or only on a SPIRE reporting level.

Overall the group were happy with the reporting ideas and pathfinders events that are taking place. PM thanked Maureen and Fiona for attending and presenting at this meeting. Any queries/questions/suggestions to be send via the shared email address of NSS.SPIRE@nhs.net .

JM suggested that the IT facilitators need to be included more to allow them to fully understand the implementation of SPIRE. LM advised that they will be included more once the role out plan has been agreed. JM suggested including the facilitators at the workshop events.

The group had concern around the data quality of reporting on past read codes and how accurate the reports would be. CB advised that within NHS England they experienced concerns over what

opting out covered, as this meant patients opted out of screening etc, but in reality they only wanted to opt out of research studies.

PM was able to explain that Julie Falconer has approved the paper previously submitted by SCIMP on patient consent models. NSS IT are now picking up this piece of work to establish the costs/time if this project was to be taken forward.

The group were happy that SPIRE would allow extract reports to be carried out at Health Board levels as this would allow them more time to spend working in the practice.

Action 2015-02-04-001 – LM to check if PM on the distribution list for SPIRE Steering group.

4. Learning Disabilities Read Codes

KL had been contacted by the Learning Disabilities Group Scotland to ask if we could publish a coding list via the SCIMP website. The group felt that the SCIMP website is a place where practices look for advice but they also had concerns that this document was not quality assured by us and may include many internal errors and who would be responsible for maintaining this documents.

The group agreed that we would publish this list and a disclaimer would be noted on the webpage.

Action 2015-02-04-002 – KL to reply back to Learning Disability Scotland with our view and wait documents for publishing on SCIMP website.

5. Conference Plans

IT advised that discussions had taken place with SNUG and it had been agreed to hold a joint conference this years. This would allow more patricidal information for GP's by having a joint event. The venue is the Beardmore Conference & Hotel and will be on the 22nd and 23rd of September 2015, for 1 ½ days. The conference committee are still looking at the costs for delegates and sponsors and SNUG members would have a discounted rate. The workshop sessions and speakers have still to be agreed and PM asked for the group to consider what workshop sessions they would like to provide/present. KL suggested having a workshop on prescribing, as this is a very complex area and could also incorporate patient safety. AT also recommended pitching the workshop over both days to attract a wide audience.

PM advised that the finance of the conference has to go via Karen Young and this still needs to be clarified. Having a joint conference will have a good mix of users, GP's and Scottish Government colleagues. We will not be using pharmacy sponsors this year.

The SCIMP working group were supportive of having a joint conference and agreed this was a positive way forward.

Action 2015-02-04-003 – All to consider workshop sessions for the conference and feedback to IT and PM.

6. SCIMP skill set/members

PM highlighted that it is important that the group need to keep their skill set high and asked that all the individual members consider what they could bring to the group in terms of training. PM suggested registering with the Primary Health Care Specialist Group (PHPSG) and also the HSCIC Clinical Safety in IT systems training course.

Action 2015-02-04-004 – PM to circulate to the group details on training courses and specialist groups registration details.

CW confirmed he had registered to complete the SNOMEDCT training. PM also talked about having the clinical knowledge manger training workshops and encouraged members of the group to attend.

The group all agreed that training was important but raised concern about the lack of time to carry these activities out.

7. ePharmacy Plans from ATOS

PM welcomed Dave Green, from ATOS to the meeting and he delivered to the group a very interesting presentation.

The group covered the following key points from the presentation

- AV asked if there were any plans to move to electronic dispensing. DG advised this is on the programme plan but no known timeframe. DG will also try and establish is there is any way of the out of hours gp's doing electronic dispensing.
- IT advised that GP's cannot see the comments from pharmacists on the electronic prescriptions but can see them on the paper version. DG will look into this.
- The group would be interested in the benefits of the trial period of the remote community pharmacy, which is currently taking place in NHS Grampian.
- Shared Pharmaceutical Care Record – the group were concerned around how the risks would be managed in relation to the patient consent to information sharing between hospital and pharmacy. Especially in relation to the IDL messaging service which may have no clear ownership.
- Paperless prescribing – the group were concerned around using an app for this service and how the printing of the prescription in the pharmacy would be managed along with monitoring repeat prescriptions. DG advised this would all be covered in the test environment.

- GP signature requirement – DG was interested in the group's opinion on an electronic GP signature. The group felt that there were risks associated with repeat prescriptions and having an option that would "select all" would be a risk to patient safety.

PM thanked DG for attending and encouraged DG to keep in communication with the SCIMP working group members.

Action 2015-02-04-005 – LM to highlight to PCPMG that this group were not aware of the changes to dispensing that are being implemented and highlight lack of communication.

8. Clinical Knowledge Manager

PM informed the group that the use of Clinical Knowledge Manager (CKM) has been funded for a further year by the Scottish Government. As a result of this decision, more work is required to promote the profile of CKM. The plan is to do 3 tutorial workshops per year to which this group, NSS and Scottish Government colleagues will be invited to attend. The consent change proposal is now sitting with Steven Pratt, at NSS IT to look at the feasibility of an implementation/scoping exercise for taking this piece of work forward as a project. If this was approved and funding made available this would then be made into a project, with allocated resources/funding.

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

Dose Syntax

LF advised that medication modelling has been stable for a year now and it now needs to be accepted for funding in Scotland. There is one exception that needs to be resolved and approved by the PRSB.

Allergy archetype – this has been stable for a long time and the intention is to have this implemented across the 4 nations and aligned into a single list. The aim is to provide a single list for all suppliers which will make interoperability easier. An initial meeting will be set up and after this a meeting will be arranged with the suppliers.

Dose Syntax – A meeting is being set up with various GP suppliers to review the proposed standard for dose syntax.

Document message data – LF advised that this is more centred around NHS England but when the cross border transfer is implemented this will need review again.

LM discussed the unique prescriber identity and IT advised that this is the primary identifier in any ePharmacy message with a GMC code. In the future this could capture other prescribing types. A message structure archetype is needed and the group would require Ian McNicoll's assistance in the development of this. The group suggested having a ½ day training on CKM specific to editing.

Action 2015-02-04-007 – JT to organise date for ½ day CKM training on editing, Webex will be available.

9. SNOMEDCT

KL had been included in a meeting with the Scottish Government eHealth and Terminology Group. No further read codes will be created after 2016. Lorna Jackson, Janice Watson and Julie Falconer will present at the CCLG for a request to commission on secondary care to which SCIMP will have some involvements. KL will be SCIMP's main contact and will also work with LF on this and provide comments on behalf of SCIMP.

LF advised that he is also working with Janice Watson on training on Snomed CT and that the training needs need to be thought about further. The training is likely to cover the history, basic run through which would include a couple of scenarios. PM agreed that KL should confirm to say that the cost of SCIMP time/input would be £3000. CB also volunteered to be involved in looking at the practical impact on Snomed.

10. Update on Projects

GP2GP

PM explained that both suppliers have now started on their development and pilots will take place later summer or early autumn. The role out is expected to start in 2016 and will cover a period of 6 months. EMIS are carrying out agile development, so this will be done in sections at a time to ensure everything is running smoothly. PM asked if anyone was interested in their practice being part of the development to let Jonathan Cameron know.

Action 2015-02-04-008 – Any practices interested in GP2GP development testing to make contact with Jonathan Cameron.

PM advised that there will be a workshop in April to discuss the phase 2 of the GP2GP developments and this will include cross border transfers.

QOF / Contract

KL advised the group that a GP Contract Strategy Board meeting is planned for the 25 February. KL raised concern that no feedback is being received from the QOF queries group on decisions being made. More clarity is needed around who is on this group and what advice they provide and how they communicate their decisions/replies.

Action 2015-02-04-009 – PM to raise at GP Contact Strategy Board meeting that no replies being received.

Breast Screening

PM referred to the email communication surrounding the "SBSS-GP Data Transfer Functional Requirements for GP Clinical Systems" and the group agreed that PM will respond to Lesley Neilan.

GPIT CAB

BT advised that there are a number for RFC at present and that the GPIT CAB have reviewed the EMIS RFC and agreed and prioritised these into a top 10. There are many on hold due to the future GPIT re-procurement. Vision are still working on using their 100 days funding.

AT asked if we have a contractual agreement with Docman. KB advised that the plan is to start having service board meetings with Docman in the future.

SNUG

NK gave an update to advise that SNUG nearly half of the user groups costs are spent on admin and that radical changes to the membership fee may be needed in the next 18 to 24 months. NK took a paper to the recent PCPMG and CCLS meetings and although they supported the need for SNUG no funding has been agreed yet.

Death Certification Process

CW attended a recent Outcomes planning meeting on the 29 January and agreed to share the minutes of this meeting with the group. KL also wanted it stated in the documentation shared to GPs that they do not need to see the body and would like this included in the guidance.

Non-transferable folder for sensitive non-clinical documents

CB referred to the email chain communication in November 2014 and Docman RFC 4 on sharepoint. The group agreed that there was the need for a Docman file to be attached to the patient's record and that SCIMP could do the guidance for this. It was agreed that CB will reply to the CAB to confirm the need for this and ask the CAB to support this being taken forward, as this is used within the practice approximately twice a week.

Action 2015-02-04-010 – CB replied to CAB to request Docman RFC 4 is taken forward.

Devolved Nations

PM advised that there is opportunity for the group to attend the next devolved nations meeting which is being held in Cardiff on the 29th March 2015. Anyone interested to speak to PM.

11. AOCB

PM asked the group if anyone had anything else to discuss and nothing was raised within the group.

12. Date for next meeting

PM confirmed that the next meeting will be on Wednesday 13th May for a 10am start.

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