National Information Systems Group
NISG Solution Stewardship

Email: NSS.NISGServiceManagement@nhs.net
SharePoint Site: http://www.solution-stewardship.scot.nhs.uk

SCIMP
Scottish Clinical Information
Management In Practice

NHS
National
Services
Scotland

Minutes

Meeting of SCIMP working group

Date:	**Wednesday 18 June 2014**
Venue:	**Conference Room, Bridge View, Aberdeen**
Time:	**11:00hrs to 16:30hrs**

Present:	**Paul Miller (PM)**	**Karen Lefevre (KL)**
	Libby Morris (LM)	**Alison Forbes (AF)**
	Ian Thompson (IT)	**Steve Baguley (SB)**
	Grant Forrest (GF)	**Ronald Stewart (RS)**
VC:	**Helen Maguire (HM)**	**Colin Brown (CB)**
Minute:	**Jane Thomson (JT)**	
Apologies:	**Ian McNicoll (IM)**	**Kevin Boylan (KB)**
	Paul Woolman (PW)	**Ian Cromarty (IC)**
	Neil Kelly (NK)	**Alastair Taylor (AT)**
	Bruce Thomson (BT)	**Rob Walter (RW)**
	Leo Fogarty (LF)	**Lindsey Ross (LR)**
	John Duke (JD)	**Ros O'Connor (RO'C)**

1. Welcome apologies and introductions

PM welcomed everyone to meeting and thanked the group for travelling to Aberdeen to attend the meeting. PM suggested that in appreciation to those members of the group who travel to Edinburgh or Glasgow to attend these meetings, having one of the quarterly meetings every year in Aberdeen or Inverness would be something that is should be a regular occurrence.

PM detailed the apologies and JT will update these in the minutes. PM gave a warm welcome to our guests Steve Baguley, Ron Stewart and Grant Forrest and they will be joining us for the meeting today.

Grant Forrest is the SCI Gateway User Group Chair & Specialist Anaesthetist NHS Fife
Ronald Stewart is a GP in Elgin, Lead GP for Vision in NHS Grampian
Steve Baguley Consultant in NHS Grampian and Clinical Director for eHealth

Further introductions were made round the table.

2. Minutes

PM asked those present if any amendments were required to the minutes from the last meeting on the 2nd April 2014. The group were happy with these minutes and agreed they could be published on the SCIMP Website.

PM reviewed all the actions and JT to update any changes and close down any completed actions.

Updates from actions
2014-04-02-001
During the discussion about the requirement to replace Paul Hemsley from the National Facilitators Leads members, it was highlighted by KL that she was not aware of any recent meeting. As JT is looking after this group and organising meetings and taking minutes etc it was agreed to let KL know of future meetings.

Action 2014-06-18-001 - JT to give KL date of next meeting so she can attend to represent SCIMP.

Action 2014-06-18-002 – PM to speak to Judith Milligan regarding a replacement for Paul Hemsley to join the SCIMP Working Group as no reply to Jane's email of the 4th June.

2014-04-02-005/6
eMCCD – GF advised that there is nothing similar in secondary care, SB mentioned that we should use SCI Gateway. The group discussed that eMCCD will be a front line interface to link to Vision and EMIS via track. The anticipated start date for using this in primary care is April 15.

Action 2014-06-18-003 - PM to speak to Maggie Young for an update on the progress being made on eMCCD and arrange to share with the group.

2014-02-04-010
SB asked if you can pdf's document and send them via SCI Stores, IT advised SCI Store can store documents. SB advised within NHS Grampian GP's can review and track out of hours GP's comments and SCI store documents look like track documents when GP's view the information.

3. SCI Gateway Update

GF shared a presentation with the group (copy attached).

GF advised that SCI Gateway only works on internet explorer, not any other internet browsers.

GF advised that based on feedback they have changed the priority in Generic API codes to make is easier to understand. The codes have been changed to make 3 a high and 1 a low priority. Rather than 2 low and 0 high which was previously the GPASS codes. GF confirmed it was okay to remove GPASS coding from HTML files as no longer in use. SG will take this forward for NHS Grampian.

GF advised the group that the pre population matrix works well and some pre defines codes can be used for inclusions reports. PM suggested finding a volunteer practice to test opening two internet browsers when using SCI Gateway to see if the applications still work.

IT highlighted an area of concern with SCI Gateway in relation to reviewing patient's records after being discharge from hospital. Within a few months after release from hospital the patient's record is out of date due to prescriptions changes from their own GP.

GF wants SCIMP and SCI Gateway to work together with producing a paper for PCMG on how to make SCI Gateway an essential tool for future development in utilising data to help improve patient care.

Action 2014-06-18-004 – JT to add Grant Forrest to devolved nations meeting to help with cross border working.

The group discussed that there was no consistency within speciality services or Health Boards on how messages have been sent or received, which causes problems.GF also shared a document on electronic clinical advice message format and how clinical referrals would be processed within secondary care e.g. NHS Grampian take photo's for referrals to dermatology, and this process works well and the communication process can help with outpatient referral appointments.Many of the process are with Robert Young, Susan Bishop and GF to review. This needs to be taken forward for the dialogue changes with suppliers and RFC's have already been raised. GF explained that the challenge for a GP practice is how you know the dialogue message has been received and receiving a response to confirm it has been received. How can docman support this? IT mentioned that the workflow management of the process within general practice would need to be looked at as well.

LM advised that there are several groups looking at SCI gateway for various projects e.g. patients with a particular requirement should be on every single referral and how can this information be transferred. Also Occupational Health services which are being carried out with an external company, who are registering new patients, are all being worked up separately and now linking into development. Although the group were not sure who pulls all of this together, they agreed in the need for it to be taken forward.

SB feels that SCI Gateway is a very useful tool and could be used more but this is all dependant on the integration of quality data.

LM and IT talked about using SCI Gateway for referrals e.g. within NHS Lothian if a patient requires an x-ray, then they are given a specific bar coded letter and options for the location of the outpatients clinics and asked to attend that hospital during certain times to have the x-ray, which is working very well for patients and GP's.

PM reviewed the mind map which was created as a result of the last Working Group meeting in relations the Working Groups aims, objectives etc and how we fit in SCI Gateway work into our plans. PM asked what can the SCIMP Working Group do to support taking SCI Gateway forward and work closer with GF.

GF was grateful for the positive comments from the SCIMP Working Group and understood the time and resource pressures that are already placed on the group, but would welcome any additional support. GF asked if he could forward on documents to the Working Group and ask them to review / feedback comments to GF would be a great initial start. Anyone who would like to be more involved would be to represent themselves on SCI Gateway user groups.   GF would like to have 3 clinicians on SCI Gateway User Group as there are only 2 clinicians on the group at present. PM asked Neil Kelly if SNUG could establish is anyone else could attend.

GF advised that the meetings and discussions that take place in relation to SCI Gateway are often email communication and GF asked if you could use the share point site and use a voting process, then this could be done as an alternative to attending every meeting. Meetings are bi monthly and it was suggested that GF should enquire about covering costs for locum covers for clinical involvement. NK supported this and advised that many projects require GP input and need to acknowledge that funding is required to cover their time away from practice.

GF advised that the main objectives he would like to take forward include more clinical dialogue as this can offer much greater benefit to practices, includes gp's, suppliers and secondary care clinicians.

Action 2014-06-18-005 - NK to use contacts within SNUG for representative to join the SCI Gateway User Group.

Action 2014-06-18-006 – GF to speak to Robert Young to see funding to cover locum costs for the time for clinical involvement

Action 2014-06-18-007 - PM to speak to GF and Bruce Thomson to see if anyone can take SCI Gateway clinical representation forward from the GPIT CAB.

The group talked about how to improve the process for secondary care messages being sent back to a GP practice. The group agreed useful to take forward but can see barriers due to health boards all using different ways of communicating referrals. The group discussed the demand will increase on GP's they would become more involved in patient care rather than requesting an outpatients referral.IT asked if this had been to CCLG , but GF advised not that he is aware of CCLG or PCMG.

Action 2014-06-18-008 - PM to task to solidify a response to GF on behalf of the SCIMP WG read and review.

Action 2014-06-18-009 – PM to ask SCIMP Advisory Board for representatives to join the SCI Gateway User Group.

KL thought that options for creating new Read codes will stop from April 2015. Janice Watson from NSS will be circulating a paper asking for comments and feedback by the 30th June.

IT advised that a mapping process has been carried out and that generic filter sets will be updated. GF advised that some kind of mapping would need to be done to match the codes. PM asked if there was any risks in mapping old codes to new codes.

4.   SCIMP Working Group Membership
Membership of Suppliers

PM discussed with the group the intention to remove Helen McGuire and Rob Walter as suppliers from the SCIMP Working Group distribution list. PM would like to include Helen and Rob in emails conversations that are not politically sensitive. HM was in agreement with this and understood the reasons why this change is required. PM will update the Terms of Reference to reflect the changes and JT will arrange for the distribution list to be updated within the next couple of weeks.

Action 2014-06-18-010 – PM to update TOR and seek approval from SCIMP CAB.
Action 2014-06-18-011 – JT to update distribution list once minutes circulated.

Recruitment
A draft paper had been circulated prior to the meeting taking place and overall the group were happy with the approach of circulating the paper with as many known groups as possible. KL suggested changing the candidate profile and including some of the essential characteristics in the actual flyer for new members.

Action 2014-06-18-012 – JT to update flyer based on comments and re-circulate to group to approve.

Updates from meeting
JT advised that in order to produce accurate forecasts and expenditure details of the SCIMP budget that a process needs to be set up to record meetings that WG members are attending. IT suggested a share calendar which the group thought was a good idea. Details of meetings that SCIMP WG members are attending need to be recorded, in advance for a 3 month period.

JT also highlighted that a review of who attends certain meetings may take place and gave the example of eMCCD have requested funding for 20 days for clinical involvement from SCIMP and this needs to be monitored in order for that project to get maximum benefit.

A template was previously circulated which JT will re-introduce and this should be used after attending meetings in which you have represented SCIMP, an update should be shared with the other working group members.

Action – 2014-06-18-013 – JT to arrange shared calendar and forward on template for WG members to circulate update from meetings.

Contract
The contract was circulated in advance of the meeting and it was agreed to circulate this and ask for any final comments prior to requesting signature.

Action – 2014-06-18-014 – JT to circulate to group for final version of contract, give time for review and then arrange for updates and gather signatures.

5. **eHealth Strategy Revision**
LM advised the strategy paper is based on the 20/20 Vision and JT will arrange for the current version to be circulated to the group for review and comments. LM advised that many people had been involved in working on this document but it would be worthwhile this group reviewing the document and providing comments/feedback.

LM asked for practical suggestions on how to take this vision forward. NK advised that SNUG have already given comments for primary care and he would be happy to share these with the group. LM wanted to comments back by the second week in July. LM also suggested using this opportunity to put forward some of the RFC ideas.

LM advised that the 2 suppliers have already presented to their road map for next 2 years and that the Scottish Government also need to provide one. KL asked how does primary and secondary care work together to get prescription medicines the same and that both systems work the same. GF advised that the clinical risk lies with primary care as they don't know what secondary care have provided. PM will try and get patient medication paper done by 18th July, and get eHealth strategy comment back by 4th July.

Action 2014-06-18-015 – JT to circulate paper and ask for feedback to IT, LM and SCIMP WG.

IT asked about Clinical modelling and the option to filtercodes to a specific speciality e.g diabetic clinic only gets codes relevant to them. PM suggested carrying out a data summary report which will have inclusion and exclusion list for a specific settings. LM would like this to be on the secondary part of eHealth project and SCIMP comments. The group discussed if this would be a patient summary level and what could they see, is it similar to on line access. LM advised that it would be similar and there is less controversial to patient information in KIS. LM advised that there are lots of patient consent topics to address.

Action 2014-06-18-016 - LM send paper to PM for suggestions on consent model going forward.

The group talked about the SPIRE consent models. LM asked if an outline requirements document can be created.

Action 2014-06-18-17 – PM agreed to provide LM with the required outline document.

6. **Project Update**

Conference

IT confirmed the date of are Tuesday 28 and Wednesday 29th October 2014 at Crieff Hydro. IT advised that the plenary sessions have been filled and they have confirmed the speakers for the conference.

Workshops confirmed are:
Patient online access
GP2GP – Jonathan Cameron
Remote working in Primary Care
Informatics Education – Marcus Baw
Single Medical modelling – Ian McNicoll
Managing Problems in GP System
Spire – Libby Morris (TBC)
Results Handling in Practices - Suzanne Grant & Bruce Guthrie
Use of GP Data for Research – Julia Hippisley-Cox

IT advised that the next SCIMP Conference Planning workshop will take place on the 2 July 2014.

PM asked those present if the 18th September SCIMP Working Group meeting was still required, the group agreed it was necessary and should remain as the meeting after the conference does not allow the opportunity to have in-depth discussion on SCIMP related projects.

<u>Snomed</u>
KL advised the group that there has been a push from NHS England via Janice Watson on the Scottish position of Snomed and the implications associated with these changes. This is a national way forward and will be implemented through time. KL has circulated the paper and it was agreed that KL and CB will reply and submit a response on behalf of SCIMP.

<u>LM update on SPIRE</u>
LM advised that the data set was based on the original discussion that took place at the initial start of the project. LF felt that this should be reviewed to ensure that the data set is still correct and suggest any amendments.

The new plan is to have 30/40 practices carry out a complete data set check and then other practices will be able to joinwith limited data set. LM would value input from this group on data set suggestions. LM suggested getting a small working group once we know the successful supplier to go through the data sets to explain our preferred data set.

LM advised that there are plans to have a pathfinder session in September to trial early versions of the data sets and this will let practices see how they would be involved.

PM thanked LM for the update and felt that this information was useful and of benefit to this group.

<u>Dose Syntax</u>
PM advised that the next meeting to discuss Dose syntax is planned for the 4 July. PM wanted to thank IM for sending on his paper to the group for review. It was noted from the group that it was good to see this product helps answer some of the problems and also help find solution.

<u>Docman</u>
PM highlighted that it would be ideal if SCIMP would support this service more via the website, e.g. more guidance documents but would need a volunteer from the group to take this on.

The group then discussed if docman was more of a staff training issue. IT advised that a RFC has been raised due to problems with recording dates in the received date box. CB thought that SNUG could give advice on to this, and should use our connections in SNUG to take forward new date file. Is this more a business process for general practice and work with RO' on this. IT look at diary and check if can fit in docman dates and feedback to CAB that not a training issue.

Action 2014-06-18-018 – NK to ask SNUG to look at training documents to address dates fields.

Action 2014-06-18-019 - JT to collect what doc man tools are used in practice.

<u>Patient access</u>
LM advised that work is currently being carried out on appointment access and repeat prescription. There are several test sites across Scotland, with some restrictions due to access availability from the software supplier. LM mentioned that there is a big push within NHS

Englandfor these systems to be available. KL also suggested immunisation records being available online as this is often something patients want to know.

CB informed the group that he took part in a high level discussion on the process of identification of patients via the online tools. He advised that consideration is being given to utilising the Post Offices as an identification verification service. The group thought this was a good idea and just to note that recent number of post office closures is something to highlight.

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7. **AOCB**

PM went round the table and asked if anyone had anything else to discuss at this meeting.Nothing new was raised from those present.

PM thanked everyone for attending and to our guests for the day.
The next meeting will take place on the 17th September, Meeting Room 19, Gyle Square, Edinburgh.