

minutes



SCIMP Working Group Meeting

Wednesday 3rd February 2016, Boardrooms Gyle Square, 1 South Gyle Crescent, Edinburgh

Present

Paul Miller	PM	SCIMP Clinical Lead, NHS GG&C GP
Ros O'Connor	RO'C	NHS Highland, Practice Manger, SCIMP
Leo Fogarty	LF	Retired GP, Health Informatics Consultant, SCIMP
Colin Brown	CB	Retired GP, Health Informatics Consultant, SCIMP
Grant Forrest	GF	SCI Gateway User Group, Associate Specialist Anaesthetist/ eHealth Clinical Lead, NHS Fife
Ian Thompson	IMT	NHS Lothian GP, SCIMP
Karen Lefevre	KL	NHS Grampian GP, SCIMP
Alistair Taylor	AT	NHS GG&C GP & SGPC Rep
Lindsey Ross	LR	NHS Highland GP, SCIMP
Neil Kelly	NK	NHS D&G GP, SNUG Chair
Elaine Henderson	EH	NSS IT Service Manager
Judith Milligan	JM	National Facilitator Lead, NHS Lanarkshire
Andrew Vickerstaff	AV	NHS Highland, Practice Manger, SCIMP (VIA Video Conference)
Jane Thomson	JT	NSS IT, Minutes

Apologies

Libby Morris	LM	NHS Lothian GP, Scottish Government
Susannah McLean	SM	NHS Lothian GP
Gaby Ormerod	GO	NHS Highland NHS Grampian , Practice Manager
John Duke	JD	NHS GG&C GP
Bruce Thomson	BT	NHS Lanarkshire GP

1. Welcome, Apologies & Introductions

PM welcomed everyone to the meeting and AV was joining the meeting via video conference. As the Clinical Change Leadership Group (CCLG) meeting was taking place on the afternoon of the 3rd February, NK, GF, IMT would leave the meeting at lunch time. LF also had to leave the meeting after his update.

2. Minutes and actions from last meeting

EH, JM & AV were present at the last meeting and JT to update this. AT also suggested detailing the title of the actions that have been updated, for ease of reference when the group when reviewing the minutes. JT to update these changes and then publish the minutes on the SCIMP website.

The group review the action list;

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. Closed.

Group agreed to close this action and they did not think it would be taken forward any further.

2015-08-19-002 - CW, IMT, PM and KL to have meeting to discuss next steps on the OOH work.

IMT advised that the data standards for OOH have not yet been defined. We are waiting on the response to the commission paper from the Scottish Government. IMT thought that there would be work from SCIMP required after the response to help define the data sets. IMT agreed to contact the OOH group to find out what they think will be required from SCIMP. PM suggested that he meets with LM & IMT to have a further discussion.

2016-02-03-001 - Following on from 2015-08-19-002, PM, LM & IMT to meet to discuss input that will be required from SCIMP on defining terminology reference sets for OOH.

AT highlighted that to encourage better joined up working, during the day and OOH reference set recommendations should refer to the same read codes as daytime business hour GP. This would help with improved working and sharing of accurate information.

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

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

EH advised that she met with Chris McMail and he is happy to contribute towards a collaborative working approach. Solution Stewardship (SS) will attend meetings with them and CVMT on a quarterly basis. Although these are not formal service monitoring meeting, feedback can be given. As part of re-provisioning project it may be looked at to see if a more formal agreement for service monitoring meeting is agreed.

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2015-11-18-006 - EH to circulate questions on SEF requirements so this group and feedback to this. Closed.

SCIMP feedback to EH on this on the 1st December so action can be closed. EH asked the group if more SEF requirements are need who would be able to provide this, would they need to have a GPIT workshop. PM advised that SCIMP have contributed towards this and did not feel that they could feedback any further, suggested they may need a business analyst to carry out further requirements.

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3. SCIMP Service Board Report

PM advised the working group that a Service Board meeting was held in November 2015. Dr Lucy Munro is now the chair of this board; she is also a GP in West Lothian. The plan of the service board is to meet twice a year.

PM explained that we have asked for a notional budget of £115K, which would cover SCIMP core activities. This would include JT and PM costs along with the agreed core activities for the SCIMP working group. PM explained that from April 2016 we need to ensure that any services/projects that we work on that have allocated funding for clinical advice, we need to ensure that we ask for funding and find out if we can cross charge for the cost of our time/expenses. PM suggested that the invoices we submit need to detail clearly what project we are working on to allow JT to establish if cross charging is suitable.

The core activities for the working group members covers;

Core Functions – Working Group

The individual members on the working group have some core activities and functions which are as follows:

- *Attend SCIMP working group meetings*
- *Attend other SCIMP core meetings if required by clinical lead*
- *Review and comment on documents from groups attended by clinical lead and SCIMP internal documentation*
- *Provide clinical terminology advice for immunisation programmes*
- *Provide clinical terminology advice for GP GMS contracts*
- *Support clinical lead in provision of ad hoc expertise to NSS and SG eHealth*
- *Improve the team's skills, knowledge and understanding of informatics to increase available resource to NHS Scotland*

CB highlighted that areas like CHI AG said that they do not have funding for covering for a locum. He was concerned that areas similar to this may end up coming under core activities.

2016-02-03-002 – JT to create a template for submitting invoices to ensure data all collected for projects that individuals are working on.

2016-02-03-003 - PM asked the group to review the risk register and feedback any comments.

PM has organised an induction day for the newer members of the working group for the 17th March 2016. PM asked if anyone can contribute towards this day to let PM know. EH requested to attend the session, LF volunteered to help along with IMT volunteering in the morning.

PM advised that the Service Board were open to requests for training and development for the working group members. This would be done on an individual basis. IMT recently completed the clinical safety training course and circulated to the group the details, IMT and CB both felt this was a worthwhile course.

PM advised that John Duke is no longer on the EMIS NUG Committee on this group. PM has asked Keith Burns to join the working group as John's replacement and the TOR have been sent on to Keith. John will remain on the working group distribution list and contribute where he can.

4. OOH Review update / Data Quality / Summaries

The OOH review was covered under action 2015-08-19-002.

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KL advised that one of the discussion points at a recent data quality meeting (minutes previously circulated) one of the talking points was around the support from NES to take forward data quality training at a practice level. KL has spoken to Peter Green and he felt that NES would not have the resources to take this on. Peter did suggest discussions need to take place at a higher level of management to establish if this was possible. Libby Morris was suggested as the contact point from SCIMP.

PM advised that SCIMP have contributed towards several improvement initiatives on data quality in the past few years. The next steps will be for us to look at providing quality guidance on improving coding. AT supported this and felt that data quality and coding improvements should be supported by the Scottish Government, especially with QOF no longer being the incentive.

5. SCI GateWay Update

GF provided an update to the group from the last user group meeting. The EDT adaptor to allow messages to be sent via SCI Gateway is planned for R20, the next release. This will include HTML 5, so this should now be compliant over all browsers, with a staged approach for the implementation.

The group discussed the tracked changes and although these are in the top 19 to be progressed, they are not within the top 5. Only the top 5 are progressed within the release. The option to save the death certification files back to Docman was discussed and the feedback ~~ling~~ from most of the health boards ~~felt this was~~ that this is not useful, as you cannot access SCI Gateway after a patient has died to look back at their records.

GF advised that the next phase for the procurator fiscal report is to be online and this will be delivered via EDT. AT wanted to note the frustration about the lack of consultation to this process as GP's are finding this a very lengthy process. IMT suggested making changes to the business process within the practice to reduce the time the process takes for the GP's. AT would welcome the inclusion of the SGPC in discussion of changes to eMCCD.

6. GP IT Re-provisioning

NK attended the Programme Board recently and the project team are currently working on the requirement documents. The principle is to create this via a 3rd party, which is likely to be ATOS. There are tight timescales to deliver the processes for the implementation timescales of 2017. The programme board are looking for this to be a hosted service and there are definite challenges with implementing a hosted service in rural areas of Scotland. NK confirmed that the SGPC are represented at these meetings so aware of the changes being proposed.

JM and GF attended the technology design authority workshop and advised the working group that there are two themes; either using a hosting data centre or a local hosting site. SCIMP felt that as long as the data was secure, available 24/7, resilient and business continuity was all built in, they had no preference to the hosting location. GF advised that they would also refer to NHS Wales as they have also recently been through a similar process.

The group were concerned about notice for the workshops and also that some of the workshops are on Mondays and Friday and these are not the best days for GP's to be out of the practice. The working group wanted to check that there was GP representation at the workshops and JT to check this with the project team. JM advised that she has put forward

names of facilitators who can attend future workshops, NK confirm he circulated to the dates via SNUG.

2016-02-03-004 – JT to check GP representation via SCIMP/SNUG for the GP IT re-provisioning workshops.

JM advised that decision on the hosting services is to be completed by end of March 2016. The full business case has to be completed by end of May 2016.

The group wanted to contribute to the workshops but as noted above, not always practical to attend. PM suggested that clinical user feedback should be included in the development requirements and will suggest that the GPIT CAB, user groups, service boards etc are consulted.

7. Conference

PM confirmed that this year we will be hosting another joint conference with SNUG on the 20th & 21st September 2016. This was after a successful joint event in September 2015. The SHSC will continue to manage the event.

PM advised that we are looking for workshop ideas and any suggestions to feedback to IMT and NK. The group proposed the following;

- Andy Winters, clinical IT lead in NHS GG&C, as a plenary speaker on Health & Social care integration IT aspects. Few comments on him being a good speaker, used to work on NASH.
- Alan Hassie, workshop/plenary on shared governance
- SNOMED CT workshop
- GP2GP workshop
- SPIRE workshop

2016-02-03-005 – All working group members to consider any workshop topics and feedback to IMT & NK.

8. SPIRE

PM advised that several SCIMP members met with Catherine Thomson, Ana Rodriguez to provide feedback on the search and report outputs. SCIMP have contributed towards the patient safety reports on the layout, search options etc.

From the feedback received the group were concerned that SPIRE does not appear to be able to report on aggregated data at a cluster reporting level.

2016-02-03-006 – PM to check with SPIRE if aggregated reports are available to be produced for cluster areas.

2016-02-03-007 – PM to check with SPIRE how EMIS reporting for drugs will be achieved.

JM mentioned that within the GPIT re-provisioning workshops that have been set up, there is nothing for the reporting functions, which she has highlighted to them. GPIT re-provisioning an SPIRE need to discuss what expectations are from each area to ensure reports can be delivered to the end users.

SPIRE are also looking for practices to provide live data so a test extract can be carried out, PM's practice was asked to volunteer data. Concern was raised within the group about the governance arrangements set up and how the data will be used, so this has not yet been agreed.

The working group discussed the chronic disease registers and that there is still a need for data on these to be collected. AT advised that maintaining a disease registers is still required and concern was raised within the group that once QOF is no longer applicable then the data quality within this area may reduce. This issue has been escalated to the RCGP and SCIMP may be able to support the need for maintaining a disease register by creating some data definitions, but this work would need to be commissioned.

PM acknowledged that SCIMP will support SPIRE as much as possible and the group will continue to feedback on the reports and provide clinical advice when appropriate.

9. Terminology SNOMED CT / Read Codes

10. GMS contract

11. Interoperability Models

Dose Syntax

LF advised that this has now been completed and discussed with the suppliers who are willing to take this forward and we are awaiting confirmation of formal implementation. NHS England have started working on dose syntax, via the HSCIC commission and they are using the background information from Scotland to take this forward.

The group were concerned that HEPMA ~~requirments~~requirements may not include dose syntax. The group thought that the CCLG would have encouraged interoperability working for this piece of work.

CB asked if the GPIT pre-provisioning project includes dose syntax, JM did not think it did at present and suggested that this may get covered under the prescribing workshops that are being arranged. PM suggested that he could do a paper on the requirements for the technical workshop and use this opportunity to highlight that dose syntax should be included.

Archetypes

LF confirmed that this piece of work is now ready for consultation with the suppliers, which is being arranged for the end of March 2016. The editorial principles for identify causative agents has been agreed.

LF suggested that for phase 2 of the GP2GP the implementation of allergy archetypes needs to be available for Scotland with the suppliers for GP2GP allergies to be carried out electronically within the same health board. For GP2GP transfers outwith the health board region or different suppliers, then a manual intervention will be needed.

CB informed the group that he attended the CHI AG meeting on the 1st February and consent was one of the discussion points. CB advised that there was nothing in the specification documents to have a consent model based on archetypes. CB informed the working group that members of the CHI AG board were not aware of the allergy archetypes piece of work that was taking place and this was rather disappointing. CB asked how we

Comment [PM1]: Was this not the consent archetype? Not sure how allergy fits here? But maybe that is what he said!

could get allergy archetypes discussed at a higher level. PM advised that a piece of work was picked up on the consent models, but this has now been placed on hold as there was no customers or finances in place to support this work being taken forward. PM suggested that this could be reviewed again by the CHI AG board and they could identify if they could support this being taken forward.

Document Indexing

LF updated the group that this is an ongoing piece of work and has now been approved by the PRSB. The UKTC are aware of the access problems and are working on TRUD to review this and provide a fix.

PM thanked LF for this input and update on these areas of work.

Code 4 Health

PM advised that he will take forward the setting up of a meeting with key representatives from Code 4 Health, Scottish Government, NHS Scotland to give more details on how it will fit in with the NHS Scotland plans.

2016-02-03-008 – PM to take forward discussions re Code 4 Health and potentially arrange a meeting.

2016-02-03-009 - PM suggested having a tutorial day on archetypes for the SCIMP working group members in June 2016. PM will consider if this would be beneficial to invite business analysts, including SPIRE colleagues.

12. National Decision Support System

PM advised that he will be the clinical lead on the decision support tool and work with Ann Wales on this project, which is being funded by NES. The first meeting is in March and a small group will be established to take forward any proposals, with the main focus on improving outcomes for patients.

PM will keep the group informed of any relevant information from these meetings.

13. GP2GP

PM updated the group and confirmed that good progress is being made-. EMIS to EMIS clinical data testing is planned for the 17th February, which will be carried out by LF and PM. The pilot testing will run from April to July within NHS Lothian and Grampian.

RO'C advised that from the training group meetings that are taking place, many of the user guidance from the suppliers is based on NHS England processes and this will need to be updated to reflect the Scottish ways of working. Until the training group have been able to view the live system it is difficult for them to provide feedback on what changes need to be made for NHS Scotland. The roll out for the implementation has been extended to a year and not the initial 6 months.

2016-02-03-0010 – PM to check with DH that the pilot testing will cover all scenarios for the pilot testing across the two health boards.

14. Updates projects and groups

CHI Replacement

CB provided an update on the CHI replacement project. The use of intersex or 3rd sex genders is not able to be implemented in Scotland. This is due to Scotland using an algorithm that includes gender and DOE, other nations have a randomisation approach. Scotland will upgrade to a different approach through time.

CB advised that there is a range of information that could be added to the CHI database e.g. child protection status. Discussions are ongoing over what should be included as part of the integration between health and social care.

2016-02-03-0011 – CB to seek the opinion of the working group on the location holder for the child protection status.

15. AOCB

The group were concerned about the lack of review meetings that take place to make decision that impact on the professional bodies. The PCPMG has been cancelled in recent months and the group are concerned that since no meetings are taking place no progress is being made. The group felt that there is no over-arching body to allow professional bodies to feedback to these groups.

EH advised that there was a review taking place of the GPIT governance groups. PM agreed to contact William Edwards the chair of the eHealth Leads group to establish if there is any timeframe for this review.

2016-02-03-0012 – PM to contact William Edwards to enquire about governance around PCPMG and CPMG and any timeframe for these to be reviewed.

16. Date of next meeting

12th May 2016 1pm to 5pm, G1/2 Meridian Court, Cadogan Street, Glasgow



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.