

# minutes

## SCIMP Working Group Meeting

Wednesday 13<sup>th</sup> May, Board Room 1, Gyle Square, 10am to 16:30

### Present

Paul Miller	PM	SCIMP Clinical Lead
Colin Brown	CB	Retired GP NHS GG&C
Ian McNicoll	IMc	Retired GP
Alistair Taylor	AT	NHS GG&C GP
Lindsey Ross	LR	NHS Highland GP
Neil Kelly	NK	NHS D&G GP
John Duke	JD	NHS GG&S GP
Judith Milligan	JM	National Facilitators Lead Representative
Ian Thompson	IT	NHS Lothian GP
Beena Raschkes	BR	NHS Tayside GP
Alison Forbes	AF	NHS Tayside Team Leader Application Support
Leo Fogarty	LF	Retired GP
Gaby Ormerod	GO	Practice Manager NHS Highland
Karen Lefevre	KL	NHS Grampian (from 1pm)
Jane Thomson	JT	NSS IT

Sonya Scott		Observer
Anne Wales	AW	Morning presentation
Chris McMail	CM	Afternoon presentation

### Apologies

Christopher Weatherburn	CW
Bruce Thomson	BT
Ros O'Connor	RO'c
Andrew Vickerstaff	AV

#### 1. Welcome, apologies & introductions

PM welcomed everyone to the meeting and introductions were made round the table. GO joined us using video conferencing. Sonya Scott joined the meeting today as an observer. Apologies were noted above.

#### 2. Minutes and actions from last meeting

LF advised of a correction to the wording on page five of the minutes from the 4<sup>th</sup> February 2015. The line Allergy archetype should refer to the intention is to have this implemented across the 4 nations, not that is already is implemented. JT to correct this and then publish these on the SCIMP website.

The group reviewed the actions from the last meeting which were updated. The following points were raised.

2013-09-04-002- PM advised that at the last GPCSB meeting contracts were discussed but no changes until the review in 2017. The group raised concern that some QOF queries are not going through the correct process and the group noted that the QOF website still held the incorrect information. IT will copy AT an email to see if the SGPC have any input into these concerns. The group agreed that any issues for QOF should in the first instance raise the question/concern with their local health board IT facilitator.

2015-02-04-001 – NK advised that at last SPIRE Project Board meeting the opt out for patient consent is still waiting to be clarified. NK asked if SCIMP had any view to share. PM and IMc suggested making it easy for the patient to opt out, but this process should not impact on the staff and resources within the practice. It was originally suggested that the patient can only opt out by visiting the practice, however SCIMP felt that this would potentially have a big impact / resource at the practice. BR advised that researchers are pushing for a decision to be made as they are needing more data for research purposes. The key messages that SCIMP wanted to share via LM back to the SPIRE Project Board was that the process has to be transparent and the opt out function should not impact on the GP/Practice workload. The release data for the publicity campaigns has to be right to reduce patient concerns about their data.

### 3. Decision Support Update

PM welcomed Dr Ann Wales, Programme Director for Knowledge Management from NES to the meeting. AW provided the group with a presentation on Developing a Roadmap for National Implementation of Clinical Decision Support (CDS). The group found this presentation very interesting and discussion took place around the following topics;

- The roadmap covers a very broad area and there is a lot of work required to deliver this.
- AW reinforced the strong information governance that surrounds the clinical communication and future clinical communication across other organisations will be strongly monitored.
- SCIMP suggested that they could contribute towards the requirements and future coding but they may not be best placed to comment on the training.
- AW advised that the aim is for the roadmap to go out for tender to provide a link to all clinical systems.
- IMc suggested investigating if this could tie up with openEHR
- CB suggested that a group at a national level would be required to help set this up, however this may be difficult to achieve across 14 health boards and may need escalated.
- IMc felt that this was a good opportunity to help standardise CDS and it would be good to have improved interfaces which will be part of the re-procurement.
- PM suggested that the outcome needs to reflect that this will make things easier for GP's and not increase their workload.

AW agreed to circulate to this group the architecture draft and this group could provide comments on this.

PM thanked AW for attending this meeting and it was suggested that that once the roadmap has been signed off to come back to this group for further discussions.

#### 4. Discussion re Decision Support

As per above

#### 5. Summaries Data Quality

PM thanked the group for providing comments and feedback on the initial paper. PM also suggested that the group could read over the [executive summary](#) from the eHealth department at the Scottish Government.

The group were happy with the goals from PM's presentation to

- Improve the accuracy and completeness of clinical records in general practice.
- Ensure safe and effective use of general practice data in other care settings.
- Provide a pragmatic framework for implementation of recommendations and subsequent evaluation.

PM confirmed that a meeting had been scheduled for the 20<sup>th</sup> May. Dan Hull had invited those who had shown an interest to this meeting. CB commented that each speciality has their own "need to and nice to know data" sets. It would be beneficial if each speciality had their own portal type access to use as a filter, AT suggested that SCI GW has something similar to this already.

PM felt that we cannot define the summary until we have a clear understanding of the scope of the summary need. The group felt that this was mainly outpatients and acute patient's records. The group agreed that agreeing the scope from a clinical view for patients and clinicians is essential.

CB advised the group about the ACORN project which is trying to define a dataset similar to the SPICE programme. The core reason is to divide data into "need to and nice to know" criteria.

PM confirmed that SCIMP would fund session payments for the work that is required on data summaries.

#### 6. Microtech Update

PM welcomed CM to the SCIMP Working Group meeting. CM provided a presentation to the group. CM confirmed that after some initial training, version 75K required some minor changes, so the version will now be 75 200, which is due out in May 2015. Managing the training and roll out will be done with all health boards. CM talked about the changes to the event, treatment and file received dates that will be implemented. CM was keen to explain how a shared terminology can work across both primary and secondary sectors, which could potentially become a national guidance, which the group supported as a positive idea. The group agreed that this could be shared with this group and the national facilitators. CM also advised the group about the pre-defined reports that will be available with this upgrade. CM highlighted that potential financial savings to the health boards by using docman this year would be in the region of £1million per month.

During the presentation the following was discussed;

- Docman RFC 2 – CMc confirmed that comments would not be transferred. The group then had an in-depth discussion over how long a patient record should be retained. The proposal discussed was that any records over 1 year are filed in central data storage. Exceptions would be easy to create e.g. complaints, so they

would remain at the practice. The group discussed if a 1 year period was more a contractual agreement and if there was official guidance as to when to archive records centrally. IT highlighted that for palliative care the record needs to be retained for 18 months, so the group supported that this time frame could be proposed. CMc agreed to prepare a paper on this and forward this on to PM for the group's approval.

- Docman RFC 3 – CMc advised that the folder for non transfers can either export a data dump at execution or the data file can be deleted when the patient leaves, this could all be done via the IT Facilitators leads training. PM felt the group need to fully understand the requirements for this and CMc agreed to draft a paper and share it with this group for their comments and review.

7. Discussion on document management  
As above.

8. Work Plan / Training/ Membership

PM asked those who had not yet replied with their estimated work plans, to reply to JT. PM also asked if anyone had any training needs to pass this on to JT for processing, PM encouraged the Clinical Safety Course which CB has already registered for, IT and KL and hopeful to complete this course as well.

PM encouraged those present that if they know of any interested potential new members, to ask them to forward their CV and covering letter of interest to JT.

9. SNOMEDCT Commission

KL had attended the SNOMED CT Steering Group meeting prior to attending this meeting. Stephen Pratt from NSS is producing a report on the impact of moving to SNOMED CT specifically for NHS Scotland. This report was commissioned by the CCLG and KL will check if the report can be circulated to the SCIMP Working Group members to review. A further meeting is scheduled for June 2015 which will review the draft report before any recommendations are made.

**Action 2015-05-13-001 - KL to check with Scott Heald if review from Stephen Pratt can be shared with SCIMP WG members for review and comment.**

10. Joint Conference

IT confirmed that the plan is not to duplicate workshops due to the number that we have planned in. The group discussed plenary speakers and NK/IT confirmed that Alan McDevitt will attend, Professor Lewis Ritchie, Charles Swinton, Joe McDonald were all suggested as plenary speakers. PM confirmed that individual members attendance will be covered by the SCIMP budget but those who attend as organisational members would seek payment from their own area. No locum costs will be covered. The SCIMP working group and SNUG executive members would be asked to help facilitate workshops.

11. Updates on projects

New CHI and Child Health Programs – CB attended a recent meeting where it was proposed that the demographics should be upgraded to support 3rd sex of “Intersex”. The ISD Data Dictionary will be updated to support “Intersex”. The group also discussed how to take forward the patient direct management of demographics by using myaccount - [www.mygov.scot](http://www.mygov.scot).

GP2GP – NK advised that the last meeting was cancelled. The project is still on plan and the clinical assurance will take place late summer 2015. PM advised that the Cross Border Phase 2 workshop took place on the 23<sup>rd</sup> April and all countries agreed to taking this forward. Two groups have been created out of this meeting, one to review the policy and funding aspect of cross border transfers and the other to review the specific technical requirements. The group plan to meet again late autumn 2015.

Devolved Nations – PM, CB, LF attend the last meeting which was hosted by NHS Wales. The next session will be in July 2015 and hosted in Edinburgh. John Ip (Glasgow LMC) will also be invited to attend the meeting.

QOF – PM covered under action log.

Clinical Knowledge Manager – PM and IMc carried out a workshop on the 7<sup>th</sup> May and another session is planned for Glasgow on the 4<sup>th</sup> June. PM confirmed funding for the day would be available for SCIMP Working Group members. The feedback was positive from the first session and PM confirmed that Julie Falconer from the Scottish Government will attend the next session.

Dose Syntax – LF informed the group that the medication model will be going to the PRSB later this year for approval. IT is taking on the responsibility to look for funding from the Scottish Government for this piece of work.

A Dose Syntax supplier meeting took place in April and suppliers agreed that dose interoperability is possible with some pre-constraints. The group will reconvene after funding has been secured and take forward an implementation plan. CB also supported that HEPMA will work better if it supports dose syntax.

Allergy Archetypes – the consolidation for causative agents and principals has been agreed. Future meetings will be re-established and these will include the suppliers.

Cancer Intelligence – CB attended a meeting on behalf of SCIMP. Many of the cancer clinical workers felt that they should have their own clinical IT system. However the group felt that they should link into eHealth systems. Cancer statistics do not hold re-occurrence data or those patients who have multiple cancers, all this data is via the SMR01. At the cancer intelligence meeting CB put forward that SPIRE would be helpful with national data sets.

Trial EMIS Web for Health Visitors – AT asked the groups opinion on the 8 week checks that the health visitors carry out. There was some confusion using EMIS Web that when the patient came in to the practice that the GP had no information about the health visitor visit. The group felt that the information should be there and made available and AT to contact Jim Campbell and JT to forward on Karen McFadden's (Programme Lead for EMIS Community Web).

Document Naming – LF advised that the standard will be taken forward via the professional body. A further meeting on the CDI reference group has been scheduled and this group will also look at SNOMED naming.

PM asked the group if anything else was to be raised at our meeting. Two points of information were shared with the whole group.

- CHI replacement – trying to build an interface that will work with other systems for my gov accounts (myaccount).
- IHE XDS – will adopt the Scottish document naming standards.

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

13. Date of next meeting

Wednesday 19<sup>th</sup> August, Meridian Court, 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.*