

minutes

SCIMP Working Group Meeting

Wednesday 19th August G4.7/4.8 Meridian Court, Glasgow

Present

Paul Miller	PM	SCIMP Clinical Lead
Colin Brown	CB	Retired GP, Health Informatics Consultant
Ian McNicoll	IMc	Retired GP, Health Informatics Consultant
Alistair Taylor	AT	NHS GG&C GP & SGPC Rep
Lindsey Ross	LR	NHS Highland GP
Neil Kelly	NK	NHS D&G GP
John Duke	JD	NHS GG&S GP
Ian Thompson	IMT	NHS Lothian GP
Leo Fogarty	LF	Retired GP, Health Informatics Consultant
Gaby Ormerod	GO	Practice Manager NHS Highland
Karen Lefevre	KL	NHS Grampian
Libby Morris	LM	NHS Lothian GP & SG eHealth
Jane Thomson	JT	NSS IT
Chris Weatherburn	CW	NHS Tayside
Bruce Thomson	BT	NHS Lanarkshire
Neil Kelly	NK	NHS Dumfries & Galloway
Ros O'Connor	Ro'C	NHS Highland

Apologies

Judith Milligan	JM	NHS Lanarkshire National Facilitators Lead Representative
Grant Forrest	GF	SCI Gateway
Andrew Vickerstaff	AV	NHS Highland
Beena Raschkes	BR	NHS Tayside GP
Alison Forbes	AF	NHS Tayside Team Leader Application Support

1. Welcome, Apologies and Introduction

PM welcomed everyone to the meeting and introductions were made round the table. Jon Babb was due to attend today's meeting but had to cancel at short notice. LM advised that she would be able to give an update on the GPIT re-provisioning programme based on Jon and Karen Triner's update at a recent PCPMG meeting.

2. Minutes and actions from last meeting

The group reviewed the minutes from the previous meeting and JT to update and correct the following;

- KL was in attendance in the afternoon

- SPIRE update (page 3) - JT to amend wording to say that it should be easy for the patient to opt of SPIRE without having any impact of time and resources for practice staff.
- SNOMEDCT (page 5) change that the report will detail the “impact” rather than risks for moving to SNOMEDCT in Scotland.

The group discussed the SPIRE project and the options for patients to opt out. At a recent SPIRE Project Board it was discussed if the opt out form should be online, but the group felt that it would be very difficult to manage the patient’s consent data if the practice are not included in the correspondence. LM advised that the current proposal is to have the patient visit the practices with the completed opt out form and any relevant identification and they manage the updating of the consent status. The group agreed that the final decision is with the SPIRE Project Board and the SCIMP members want LM to report that SCIMP would like the process to be transparent and have as little impact on the practice staff as possible, which also included printing costs for practice should the patients expect the practice to do everything for them.

CB talked about the public information campaign for SPIRE and advised that this was to keep the public informed and the current plans are for this to start in October 2015. If there is any delay with this campaign date then the revised date will not be until June 2016. Within NHS England Care.Data will be providing the advertising campaign and will carry out a manual mail shot to all patients and manage the opt out process. Within Scotland the public campaign will cover radio and press advertising. IMT suggested that both countries need to work closer in relation to their advertising campaigns and their content and planned timescales.

LF advised that within NHS England Care.Data use a Read code to record that the patient has opted out. If this code is used it would mean that the patient has opted out of all data collection, so further work it underway to review this, as not all patients want to opt out of all research services.

The group also discussed a draft paper from CB on the patient opt out form and the group provided CB with some suggestions to feedback to the project board.

Actions were updated as per the action log.

3. DQIP Discussion

PM discussed the paper previously circulated on Summarising medical records v 0.9 and asked the group to review and provide any feedback by the end of the month. AT suggested that there needs to be more emphasis on that the benefits include that fewer mistakes are less likely to be made and better clinical care of the patients which will help the practice managements. LF reinforced that good clinical records are essential for data quality and this will include GP2GP records, at present many records are not of good quality.

PM advised that he would like to publish the report in September, prior to the conference. KL suggested sharing this with the IT national facilitators, NES colleagues and on the SCIMP website. NK also agreed to make this part of the SNUG executive meeting agenda for discussion. The group discussed the best way to feed into the Scottish Government and it was agree that this would be via the PCPMG.

LM and AT advised that the out of hours review and the increase use of SCI Gateway referrals will help increase the profile for good quality summary records.

The group discussed the accessibility needs of the patients and how this needs to be transferred over to referrals and onward appointments to allow the patient to attend. The group referred to the patient banner and suggested that this paper needs further clarification to prevent any confusion. LF advised that from experience in NHS England that this was difficult to administer. PM agreed that the scope needs to reflect that this is for living patients and to benefit direct patient care. AT suggested including the date the record was last updated as well. PM confirmed that the lab results have been left out as this can be picked up from other data sources.

The group discussed if local or national agreements are needed for data sharing, it was agreed that this would depend on the agreements in place for the sharing of information within each health board.

LM advised that the Out Of Hours review group would welcome this paper and PM recommended that he attends the next meeting and presents this report as a recommendation paper. AT also recommended that this report received support from the SGPC and the final version should be shared with the primary care leads including Myles Mack and Alan McDevitt. LM advised that this paper could be shared at an event in the next few weeks and she would be happy to do this. LM will also let PM know of any key people to share this document with.

4. GP2GP

BT advised that EMIS are on track with their timescales and they recently provided a demonstration and how to export/import records. They are current in the process of building their test bed data, which is nearly finished. They will carry out EMIS to EMIS testing first.

INPS have a delay of approximately 1 month due to changes in their development process.

BT also confirmed that it was suitable for NHS 24 to put special patient's notes on the system along with a standard read code.

PM & LF are arranging dates with NSS IT on the clinical data testing, a meeting is scheduled for the 20th August to discuss this further.

The next meeting for phase two is on the 8th October in Edinburgh.

GP2GP training support. EMIS have provided a very draft of their user guide. INPS are still to do this.

It was agreed that it is difficult to assess how much support and training that facilitators and subsequently practices may need at this point as no-one has seen the process in test or live sites, once this has been done it may be better to scope. It was agreed that due to the short rollout period after the pilots, drafting support information could not left until all lessons learned from the pilots. Facilitators asked that pilot practices be given access to the test data to allow them to see the process in action.

There is discussion around the scope of user guides, i.e. limited to just the system (supplier) information or should it include PCTI/Elinks processes or should this come in a separate document from SCIMP or similar.

5. QOF Coding/Immunisation & Rule Set

KL confirmed that V32 has been issued and MSD have altered this for NHS Scotland. Both suppliers have been asked to implement this and any changes from the review SCIMP members are doing will be included in the October update. KL informed the group that there are 4 areas of work that are complicated to review and may require 2 people to review this. PM thanked those group members had volunteered to get involved and GO and Ro'C will see if they are able to review any from a practice manager view point. The review needs to be completed by the end of September 2015.

Immunisations

KL has drafted a quick guide on immunisations which is currently awaiting sign off before publishing on the SCIMP website. The group discussed the recent changes to the menACWY vaccination and confirm that this year it is the GP practices responsibility to provide these immunisations with UCAS and SG informing the target groups (1st year university students and school leavers in S4, 5 & 6) of the programme. KL is awaiting final confirmation before finishing the guidance for the website.

Action 2015-08-19-001 - Any working group members able to support and help KL with the immunisation guidance to contact her directly.

6. Work Plan / Training / Membership

PM asked the group to review the previously circulated SCIMP's Annual Review 2014-15 document and ensure that all the work they have been supporting is included in this document. PM advised that the previous 2 SCIMP Service Board meetings had been cancelled which was disappointing; however a new date is being scheduled. The service board meeting will cover the work that we have achieved and currently working on, along with discussions around budgets for training/development for members of the group.

7. GPIT Re-provisioning exercise

The group discussed the GP-IT Re-provisioning programme in the absence of Jon Babb. The update was provided by LM from the discussion at the recent PCPMG. . SCIMP members wanted the new contract to be more agile and to allow for future innovation. KL advised that this programme of work will also need to consider SNOMEDCT changes and how all these changes will affect the practises. The SCIMP working group want to be included in the discussion on the re-provisioning exercise and it was agreed that this will be covered at the National Service Board meeting on the 25th August 2015.

8. Discussion on GPIT Re-provisioning

Discussed under item 7.

9. SNOMEDCT Commission

KL advised that the report has been completed and a further meeting is scheduled within the next couple of weeks. Any requests for new read codes will need to be made by December 2015 for changes in April 2016. KL advised that the report will be presented to the Clinical Change Leadership Group at their meeting on the 23rd September 2015 for review and comment.

KL reminded the group that we should be making others aware of that the last request for read codes is December 2015. KL will share communications with Andrew Cowie, Alan McDevitt and John Ip, to remind them of these changes.

PM reminded the group of the SNOMEDCT day on the 30th October, which is at Gyle Square and asked all to check and see if they are able to attend.

10. Joint Conference

IMT advised that to date 84 people had registered to attend the conference. Individual SCIMP members will need to register to attend and then email Maureen Hart to request that the payment is amended to zero. IMT advised that we will need people to help with the hosting of the workshops, this role will also be shared with the SNUG executive members.

11. Project Updates

Out of Hours (OOH)

CW had carried out a piece of work on this and was looking to establish how to improve OOH coding. The most common code used was "other" and this was based on the most common codes from all health boards based on statistics from Information Services Division (ISD). The group discussed if the same codes should be used by OOH clinicians compared to primary care colleagues, as they are treating the patient the same way, just at a different time. PM felt that SCIMP had to understand more of what the requirements of this piece of work are and what the Scottish Government are looking for before any further work is carried out.

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

SNUG

NK advised that the regional meetings are still ongoing as well as supporting the conference in September. The primary care directorate have approved to fund Alex De Franco for a further 2 years and then discussions should take place between SCIMP and SNUG to identify ways to work closer together. Work is ongoing with the Docman interface within primary and secondary care, paper going to the eHealth Leads on EMIS PCS not developing and the need for EMIS Web to be introduced. The SNUG website will also go under a redesign.

GPIT Change Advisory Board (CAB)

BT advised that no work on the request for changes (RFC) for EMIS PCS will be taken forward and this will be raised at the next Primary Care & Community Service Board meeting on 25th August 2015. INPS have a few RFC to develop soon due to us having a number of development days for enhancements left to utilise. BT advised the group that a lot of admin time is spent managing these process.

Devolved nations

PM advised that the last meeting was held on the 22nd July and this is a great opportunity for networking and for information sharing. These meetings are well attended by the 3 nations and the next meeting is on Wednesday 21st October 2015, in Belfast.

Dose syntax

LF advised that Ian McNicoll has some final work to do on this piece of work before its completion. Suppliers that have been consulted are broadly happy with its content and the product will feed into an equivalent piece of English work which is planned there.

Allergy archetype

LF advised that this piece of work has received the full co-operation of the UKTC and a final editorial meeting is scheduled for the 1st October after which a further meeting of suppliers will be convened.

Adverse reactions

LF advised that the NHS Scotland archetype is slightly different from the NHS England one at present, but this will not stop interoperability moving forward in primary care. The Clinical Knowledge Manager (CKM) tool will need funding for a further year via the Scottish Government (and has been funded separately in England).

GP Registration Project

RO'C Initial teleconference with Project Manager who is going back to scope what the requirements for this project would be. This is looking at GP practice collecting additional information on patients possibly in relation to public health if they are coming from abroad. Currently this is only a scoping exercise prior to business case.

12. AOCB

Nothing else raised within the group.

13. Date of next meeting

PM thanked everyone for attending and Wednesday 18th November, Boardrooms, Gyle Square, Edinburgh