

**Minutes of SCIMP Working Group Meeting at 14.00 on 27<sup>th</sup> June in Conference Rooms A & B, St Andrew's House, Edinburgh**

<b>Present :</b>	Bob Milne	(BM)
	Ros O'Connor	(ROC)
	John Duke	(JD)
	Colin Brown	(CB)
	Alastair Taylor	(AT)
	Libby Morris	(LM)
	Ian Thompson	(IT)
	Eileen Dargo	(ED)
	Annabel Chambers	(AC)
	Neil Kelly	(NK)
	Bruce Thomson	(BT)
	Lindsey Ross	(LR)
	Paul Miller	(PM)
	Leo Fogarty	(LF)
	Karen Lefevre	(KL) teleconference (part)
	Ian McNicoll	(IMcN) teleconference

1. Apologies were received from Alison Forbes.

**2. Actions from previous minutes**

**a) Update on GPG V 4**

PM has progressed this as per the update circulated to everyone. With regard to clinical safety it was agreed to add a paragraph to include work undertaken with system suppliers in Scotland after the August SCIMP meeting.

**Action : PM/LF**

With regard to GP2GP in Scotland, LM/ED agreed to provide PM with some words.

**Action : LM/ED**

With regard to the section on Messaging, IMcN agreed to help.

**Action : IMcN.**

**b) Docman transfer – stamps/audit trails**

AT to draft a paper on the issues previously raised about transfer of stamps and audit trails, highlighting the clinical safety aspects – both as regards viewing in the practice and what is transferred to a new practice.. This should be sent round the group and then to BT as Chair of CAB. .Any changes proposed would need to be put on the formal CAB RFC document and funding identified.

**Action : AT**

**c) Docman Filing dates**

BM asked everyone to read IT's paper and feedback on the recommendations. Discussion took place on the inconsistencies in filing within EDT. CB suggested requesting drag and drop in the order of documents. NK felt that SCIMP should be giving guidance to Boards as EDT is being rolled out in the form of a best practice document. It was agreed that there should be consistency in which date to use and a consistent main date in EDT. If necessary this should also be a RFC via CAB and then go to Docman.

It was agreed initially to establish what the processes are within each Board. Further to the document already circulated, IT/ROC will construct a questionnaire to be sent to Practice Managers and Facilitators to form a picture of how correspondence is filed and whether there are inconsistencies within the categories.

**Action : IT/ROC**

It was suggested that following this the findings should be taken to the eHealth Leads and Clinical Leads at Boards via CCLG.

**Action : LM/BM**

**d) Child protection codes**

KL circulated the spreadsheet to show the codes which had been identified. Discussion took place as to whether codes should be removed once someone turns 16 – KL felt that they should remain as this is part of the medical records but change the information so that it is viewed in a different context. It was agreed that these codes should not be on the exclusion code list. There should be advice on the website to this effect and also about using the end date codes to move something from an active to a past situation.

IMcN agreed to set up a short meeting to discuss how the systems would handle this in a consistent way to provide an interoperable solution.

**Action : IMcN**

In the meantime the codes should be published on the SCIMP website with some general advice and update as discussions progress. KL invited further feedback.

In Lanarkshire there is a multi agency store and they would be advising that Read Codes are used. Lanarkshire are first in Scotland to have this store. There is a code to remove children on their 17<sup>th</sup> birthday.

CB agreed to identify some DNA codes which should be added to the child protection code list

**Action : CB**

**3. Drugs prescribed elsewhere**

SCIMP did some work on this several years ago which showed how you could add medications prescribed outside the practice in all the different systems. LM suggested that this guidance is updated now to reflect the slightly different extracts which have now been requested from the suppliers for ECS and to highlight best practice. Once this work is complete it should also be sent to the SCI Gateway User Group for their information and shared with SNUG.

**Action : RW/PM.**

**4. GP IT Patient Access**

SGHSC have a new strategy for Patient Access to their Records (Citizen eHealth). Now that EMIS and Vision have a system which allows patients to request appointments and repeat prescriptions electronically, SGHSC would like to evaluate this in a selection of health boards and practices in both systems. The software for this for EMIS is part of the national contract but for INPS this requires additional funding from the practice. LM to raise with the Service & Contracts Management Group to see if this can be done at a national level although it may be that Vision will provide this to pilot practices.

**Action : LM**

My Surgery websites can also be used by practices but there is a charge for this.

Following the pilot an evaluation will report on any issues raised and produce guidance for patients and practices.

Funding will be available for attending meetings and writing reports. The first meeting has been arranged for 16<sup>th</sup> August in Edinburgh with a view to starting the pilot in October/November.

An email inviting practices to take part will be sent out to user group distribution lists. AC to send Alexandra de Franco the invitation to send round SNUG and an invitation would also be sent to PM/JD for EMIS/Vision User Groups. Several members of SCIMP volunteered to become involved.

**Action : AC**

JD suggested tying this in with the patient portal work which is currently being undertaken in Ayrshire. LM to contact Jim Campbell.

**Action : LM**

**5. ISD Specialties and Docman Folders**

CB was contacted by GGC SCI Team to assist with their work on mapping their document metadata to Docman folders for EDT. The intention is to provide a national standard when setting up their EDT for practices. The Scottish Document Naming standard is now being used as a UK standard and needs to be mapped into the Docman Folders. Eddie Turnbull, SGHSC is responsible for coordinating this work and ISD plan to extend their specialty list so that it is relevant for both primary care and secondary care but it was not known whether this has happened as yet.

LF felt that this still requires some work and the Docman folder structure needs to be extended. If hospitals were naming consistently it should be possible to map to Docman Folders. If a document contains a standard set of metadata you can search on this metadata and Docman are keen to ensure this happens. This is also required for GP2GP transfer and ideally should be compatible with EDT.

It was also agreed that a Private folder is required for any documents which are confidential and should not be shared and this could also be used for medical reports. This could be reactivated on the system if required. There needs to be a further folder entitled Practice Only – in GP2GP it is called Confidentiality Folder. This is a completely separate folder for legal reports – this would not be part of the patient record.

AT agreed to draft a RFC for separate folders and a 'Confidential' folder. It was agreed to request two new folders.

**Action : AT**

**6. Updates on current work**

**a) Key Information Summary**

A KIS newsletter was distributed to everyone recently. The KIS rollout dates have been delayed due to the impact of the changes required by Atos for of the rollout of ECS to scheduled care. The KIS pilot practices have said that the palliative care summary is massively improved. ED alerted LM to the fact that the current Palliative Care DES was on the anticipation that KIS would be available early next year. LM/ED to discuss further.

**Action : LM/ED**

**7. Any other business**

**a) Docman User Group**

A flyer was passed to SCIMP from PSD for the national Docman user groups which showed SCIMP as one of the speakers. LF had been contacted by CMM after the dates were agreed but was unavailable on these dates and unfortunately as there was no funding for locums or travel no one else was available to attend.

**c) Missing records**

ROC informed the meeting that she has been working with PSD on missing records and how to record them.

**8. Date of next meeting**

The next meeting will be on 29<sup>th</sup> August at Thistle House, Haymarket at 10.00.