Minutes of SCIMP Working Group Meeting at 10.00 on 29th August 2012 in Meeting Room 4, Thistle House, 91 Haymarket Terrace, Edinburgh

Present :	Bob Milne	(BM)
	Colin Brown	(CB)
	Alastair Taylor	(AT)
	Ian Thompson	(IT)
	Annabel Chambers	(AC)
	Bruce Thomson	(BT)
	Paul Miller	(PM)
	Karen Lefevre	(KL)
	Rob Walter	(RW)
	Alison Forbes	(AF)
	Paul Woolman	(PW)

1. Apologies were received from Libby Morris, Ian McNicoll, Neil Kelly, Lindsey Ross, Eileen Dargo, Leo Fogarty, John Duke and Ros O'Connor

2. Actions from previous minutes

a) **Update on GPG V 4 Chapters**

ePharmacy – PM has updated this chapter to be fairly generic in the first instance. There is a need to map processes within the practice and recommend best practice. PM asked everyone to read the document and feed back comments to him

Action : All

AT has already submitted comments as follows :

a) eAMS - Currently there is no dispensing message from AMS, an issue since the prescriber can still amend the prescription after it has been issued. There must be explicit guidance that the prescriber has the responsibility to inform the pharmacy of any such changes.

b) eCMS – Concerns with practices having to decide how to store reports and how to action requests for continuation. There is a clear need to ensure reports are either automatically stored in the system, if we don't need to see them automatically, or that they are fed into workflow processes such as for EDT or pathology. Also, requests for continuation again this need to be integrated.

Clinical safety chapter – PM confirmed that he will prepare this chapter with help from Leo Fogarty and with reference to a recent paper prepared by Lorna Ramsay, NISG.

GP2GP – as this is still at early gestation, PM agreed to prepare one page on current proposals

Messaging – Ian McN will hopefully help with this and also perhaps IT. AC to circulate the Visio diagram recently presented to Libby Morris (done). This will help consider the interactions with various systems eg SCCRS, Child Immunisations currently installed in practices.

It was noted that many Boards are doing different things locally so this must be reflected in the guide. E.g. some board areas are not using SCI Store but are using a tailored version of Ensemble. Forth Valley also have their own system rather than to SCI Store.

If additional work is required in this area outwith the work currently being done on GPGV4 a document would need to go to PC PMG because this would be the source of any potential funding required. Some of the work required is already done via the GMS Facilitators but needs coordination. AT felt there needs to be clinical input and, for clinical safety, there needs to be convergence between Boards. Therefore this should be the way the request should go to PC PMG.

IT felt this should be about informing people the safe way to do things using examples and options. Pathology is the biggest challenge. There is a need to look at the different practices and see what is good and what is not recommended.

PM agreed to remove some of the English specific references and circulate the chapter to the group.

Action : PM

CB suggested that GPGV4 (Scotland) should be written specifically for EMIS and Vision. IT suggested that this would be a separate piece of work additional information on the SCIMP Website in the first instance.

Lab results – There was discussion on the need to have a common system for direct lab results across all Health Boards. This would involve establishing the standard ways of working across the board. IT said that there is work being done on a standard code list (pathology). Scottish labs will be moving to this. KL said that Grampian have been successful due to good communication. GP2GP coming along relatively soon makes using common systems essential. PM to follow up with IMcN regarding the pathology bounded Read Code list. Comments within lab results requires that comment are visible in the clinical record.. This would form part of the GPGV4 recommendation and suppliers would need to be asked to make this happen.

PM felt that we need to have generic guidance which works for both the systems in Scotland and will draft and circulate for further input. There would also need to be references to how you do it in Vision and EMIS without having to revisit the GPG Guidance each time there is a change.

Action : PM

CB suggested generating several specific questions which would be asked of eHealth Leads as to what is happening in their areas to inform this work.

PW suggested creating clear statements and consequences to raise awareness of the variations and deficiencies in the systems. AT stated that any recommendations should not further increase the amount of GP time, taking even more time away from seeing patients, and also ensure any recommendations are not impractical for GPs, risking falling short of GMC Guidelines**.**

b) Docman event filing dates – a survey is being put together and will be circulated and comments fedback at Crieff SCIMP Working Group meeting.

c) Drugs prescribed elsewhere – PM and RW have drafted papers for both INPS and EMIS. These were discussed and PM and RW agreed to update their papers and they should then go to the next SGPC/RCGP/SCIMP meeting.

Action : PM/RW, LM/BM

CB agreed to do some work to translate this information into drug classes. AT suggested that this be added to ECS as with allergies. Suppliers have been asked to populate the field 'where prescribed'.

Action : CB

It was agreed that the Safer Medicines Group need to look at this information and that both sets of guidance would need to go to the Change Advisory Board for further clinical safety discussions.

IT agreed to circulate specifics of issues raised in Lothian regarding non-issued repeat prescriptions and post-dated prescriptions, which are dependent on the clinical system used. IT will also request output from a recent meeting for KIS and will take forward as part of ECS Service Board.

Action : IT

d) Doman Transfer – AC agreed to split AT's current RFC form into two separate forms – one for the audit trail and one for the comments and send to AT for review before submission from SCIMP to CAB. This will then be looked at by suppliers who will come back with a cost.

Action : AC

e) Docman Folder review – it was agreed that CB/AT/LF would look at the whole document folder structure with a view to adding folders if required.

Action : CB/AT/LF

f) GP IT patient access – A meeting was held at SHSC on 16th August 2012 with attendance from a number of interested practices. SGHSC agreed to find out when the EMIS prescription services will be available and about Vision costs to practices and will discuss this with eHealth Leads.. It was recognised that there needs to be an order comms system in all areas to safely give patients access to results: i.e. to ensure that patients are aware that all requested results have been reported . A further meeting is to take place **at 17.00 on 6th November at the SCIMP Conference**.

h) Clinical Witness Testing requires three levels of expertise**:** Consultant Specialist Tester; Consultant Tester; Reviewer/practice Tester. There was considerable discussion around remuneration of Practice Reviewer/Tester to encourage involved practices to free up time to carry out formal reviews. The next meeting will be held at **Gyle Square on 25th October 2012**.

i) Clinical Coding – There was discussion around the Clinical Coding work carried out by SCIMP and published on their website. Currently this is done by KL who expressed uncertainty of the value of this

work relative to the time spent. It was agreed that this was of value but further support from SCIMP personnel was required. AT agreed to be a reviewer of both the QOF Coding Work and the Flu guidance but it was also recognised that further support was required. CB also volunteered to be involved.

Action : KL/AT/CB

3. **Flu guidance –** SCIMP provide guidance for coding and extraction which requires upgrading each year. KL has now done the updating which needs it signed off by SGHSC before we can put onto the website. PM questioned whether since the two systems have to deliver contract based guidelines, does SCIMP still have to generate these codes. AT felt that the EMIS templates do not give codes for Active Problems. Practices need guidance if they have created their own flu templates because these need to change soon. The issue of patches not being taken for some practices has now being resolved. It was agreed that this was an issue for CAB.

Action : BT

4. SCIMP Conference update – the programme for 2012 has been finalised and circulated. The focus for this year is on person centred patient access and how we start to make the information systems work for the users. SCIMP members will once again be required to chair sessions. A Panel Debate is in place and input to questions will be sought before hand from SCIMP members. There are also system-based sessions and PM encouraged everyone to attend. These are planned in a way that delegates can attend them all. In addition, INPS and EMIS have supplier sessions on Day 2 of the Conference to present their roadmaps, etc.

5. SCIMP Accountability – This will now be via NISG rather than ISD. NISG will be paid direct from SGHSC as part of the Engine Room funding. AC informed the group that she would be retiring in December 2012. SCIMP Funding includes reimbursement of a SCIMP Manager so it is hoped that this role will continue.

6. SCIMP Clinical Lead replacement – the panel and interviews are in place for interviews in late September.

7. **Consent to view ECS –** At a meeting of SNUG in Lerwick the issue of consent being required from the screened individual to access their ECS to see if any medication need be stopped for 5 days before a further procedure was raised. In some regions, the GP is asked to send a "blank" SCI referral: this is yet another instance of increasing GP workload. There was discussion about asking the National Screening Centre to include an option of consenting to onward referral and access to ECS on the current screening invitation letter. BM undertook to respond to the Shetland request and to write to the Screening Centre

Action : BM

8. Ophthalmology referrals do not currently have national standards for referral directly by Optometrist, either for range of conditions and with GP involvement or not. As this is being raised at the PC PMG it was suggested that LM be asked to provide information after the next PC PMG meeting. CB felt that there was a problem for SCI Gateway referrals and suggested that GPs should be reviewing the records for onward referrals for secondary care use. AT felt that, as SCI Gateway already filters Read Codes, there could be an automated mechanism for producing a SCI Referral despite regions having non-standard SCI processes. CB suggested providing decision support using the Exclusion List for sensitive data. This would be a back office function and AT suggested a pop up which can be printed off as a warning that highly sensitive codes had been excluded.

Action : LM

AF suggested that consent as an early issue should be considered for all national initiatives – a paper on this should go to PC PMG. Public Health in Lanarkshire is currently doing a paper on this so BT agreed to look at where consent comes into this.

Action : BT

To support a system of onward referrals GPs need a system to check and improve the data quality of their own records. RW unsure about this work as it is almost immediately out of date.

BM suggested that SCIMP practices keep a sample diary of the admin/IT work which is being done directly by GPs, which should be fed into the work for the Scottish QOF. Perhaps, all future eHealth initiatives should have a risk assessment for GP workload.

9. Any other business

PSD File Types Draft Standard - PSD have produced a draft standard – this was taken to SGHSC but stalled at PET as they thought this did not benefit GPs. It was agreed that this was essential for GP2GP and SCIMP agreed to sponsor this and also to seek the views of SNUG. PW has sent the document to AC to share with SCIMP and SNUG for agreement to sponsor.

Action : PW/AC

10. Date of next meeting: 5th November at 18.30 at Crieff Hydro Hotel