Minutes of SCIMP Executive meeting held on 14th May at 14.00 in Board Rooms 1, Gyle Square

Present: Bob Milne (BM) Chair
Colin Brown (CB)
Ian Kerr (IK)
Libby Morris (LM)
Ian McNicoll (IMcN)
Karen Lefevre (KL)
Leo Fogarty (LF)
Sara Hornibrook (SH)
Paul Miller (PM)
Fiona McGowan (FM)
Derek Hoy (DH)
Phil Higginson (PH)
Jonathan Meddes (JM) (presentation only)
Colin Howarth (CH) (presentation only)
Annabel Chambers (AC) Secretariat

1. Apologies were received from Peter Kiehlmann, Margaret Hastings, Kenneth Harden, Lorna Ramsay, Colin Fischbacher, Scott Heald, Nadine Harrison, Bill Martin, Ros O’Connor and Brian Robson.

2. Minutes from previous meeting

The minutes were accepted as a true record.

3. Architecture Design Authority eHealth update – Jonathan Meddes

JM circulated a copy of his Architecture Update handout and informed the meeting that this is part of the eHealth strategy which will be published in June 2008. A number of meetings have already taken place in geographic regions and feedback has been received from all major stakeholders. JM invited further feedback. JM was aware of substantial differences in configuration and use of SCI Store in different Health Board areas and acknowledged that consistency was required to create a single patient record.

The meeting were informed that Tayside Health Board have has been commissioned to produce a single identity management system for the whole of Scotland by early 2009.

BM asked JM how the Design Authority work tied in with what NCDDP are doing. JM said that there will be a statement saying that people must conform to NCDDP standards but acknowledged that this is difficult at the moment as these are still
changing. HS said that this is because when one standard is set, this has an impact on other standards which then need updated. It was recognised that NCDDP standards are purely clinical.

With regard to Role Based Access, it was confirmed that views would be sought as widely as possible.

**Document Naming (slides attached)**

CH confirmed that the Design Authority would be implementing the existing specialty list which had been created by Paul Woolman, ISD.

It was confirmed that if standards were set this would enable sharing between primary and secondary care and also allow practices to share records via Docman. Correct naming would enable accurate filing everywhere.

CH asked SCIMP to provide him with a list of people whom he should contact to discuss interoperability between primary and secondary care to try to increase conformance to the standards. It was suggested that for this CH should contact the Chair of Medical Records/eHealth leads at Health Boards to discuss templates for electronic discharge/electronic gateway. Document naming would be required to populate these templates.

It was suggested that the immediate discharge letter should always state the ‘specialty’ to enable accurate identification/filing at practices.

CH to send a list to HS to see if they are fit for purpose for NMAHPS. HS will check with her NMAHP leads at their meeting on 2\textsuperscript{nd} June.

**Action : HS**

4. **SCIMP Funding**

BM confirmed that the core budget for this year has been set by SGHD. In addition, there has been agreement from ISD DIG and PSD that they will contribute to project funding. Funding agreement is still awaited from NISG and eHealth.

5. **SNOMED-CT (slides attached)**

LF took the meeting through his presentation.

KL fed back from the SNOMED-CT Terminology Steering Group and the information gathering work that David Brackenridge, a consultant commissioned by the ISD Terminologies group had done – this will be finalised shortly and will be shared with SCIMP. This work looks at what has been done in other countries and some trials which could be done to try to build up a confidence in the system and its usability.

SNOMED-CT is mentioned in the recent eHealth strategy consultation document with a suggestion that there must be a business case for this. It was felt that SNOMED-CT will happen regardless of any business case. The move to SNOMED-CT can be done in an incremental basis and indeed would be better done this way.

HS wondered if the Terminology Steering Group could put forward areas which could be used as a starting point. IMcN suggested that Adverse Drug Reactions
would be a good starting point for conversion to SNOMED-CT and also the nursing
census returns. A further suggestion was that the SCIMP 800 codes should be
mapped across. It was also suggested that common scenarios be worked out and
circulated to help people start to use the system.

LF informed those present that there is a conference on 2nd July in Birmingham and
agreed to send further information to AC.

**Action**: LF

6. **Any other business**

Derek Hoy is leaving Glasgow Caledonian University at the end of July 2008 to work
in clinical informatics consultancy. He will continue to represent BCS Health
Informatics Scotland on SCIMP and can be contacted by emailing
derek.hoy@gmail.com.

7. **Date of next meeting**

The next meeting will be on 3rd September at 14.00 in Gyle Square.