National Services Division

Area 062
Gyle Square
1 South Gyle Crescent
Edinburgh EH12 9EB
Telephone 0131 275 6575
Fax 0131 275 7614
www.nsd.scot.nhs.uk

Minute

Subject: National Demand Optimisation Group (NDOG) Meeting
File ref: K\07\HSS\Cttees & Grps\SLWG\Demand Optimisation Group\Mins\2018-04-25 NDO Mins v1.0
Author: Miss Susan Fairley, Programme Support Officer
Date: 25th April 2018

Present:

Dr Bernie Croal	*Consultant Chemical Pathologist, NHS Grampian (Chair)*
Mrs Liz Blackman	*Senior Programme Manager, NSD*
Mrs Heather Bryceland	*Project Manager, NHS Shared Services*
Miss Susan Fairley	*Programme Support Officer, NSD*
Dr Liz Furrie	*Lead Clinical Scientist, Clinical Immunology, NHS Tayside*
Dr Sylvia Armstrong-Fisher	*Senior Research Scientist, SNBTS*
Mr Mike Gray	*Health Care Science National Lead Life Sciences, Scottish Government*
Mr Alistair Hart	*Lead Haematologist*, *NHS GG&C*
Dr Janet Horner	*Consultant Biochemist, NHS GG&C*
Mrs Claire Lawrie	*Programme Manager - Information Management Service*
Mrs Linda Mulhern	*Operational Science Manager, Microbiology, NHS Lothian*
Dr Rebecca Pattenden	*Consultant Clinical Scientist, NHS Lothian, SCBMDN*
Dr Fiona Payne	*Consultant Pathologist, NHS Grampian*
Miss Louise Smith	*Data Analyst - Information Management Service*
Ms Karen Stewart	*Healthcare Science Officer, Scottish Government*
Mrs Jackie Walker	*Network Scientific Manager, SPAN*

Apologies:

Caroline Clark	*Consultant Clinical Scientist, Honorary Research Fellow, Deputy Head Molecular Genetics, NHS Grampian*
Lynn Manson	*Consultant Haematologist (representing Blood Banking)*
Dr Lucy Melly	*Consultant Pathologist, NHS GG&C*
Dr David Stirling	*Director of Healthcare Science, NHS NSS*
Mr David Topping	*Clinical Lab Manager/Lead BMS for NHS Tayside Pathology*

1. Welcome and Apologies

Dr Croal welcomed everyone to this, the second meeting of the Demand Optimisation (DO) Phase II group; Dr Croal updated the group on the progress that had been made since the completion of Phase I and highlighted that funding for 1 year had been granted to continue into Phase II. This funding would enable the project to employee a Programme Manager and Programme Support Officer to support activity. It was hoped that the group would meet approximately four times in the 12-month period as well as undertaking other development work.

There was also a separate data project group that was being managed by the NHS Shared Services team; it was noted that there was some cross over from this team's work which would be reviewed. The two groups were working closely with each other on these aspects. It was agreed that it would be useful to have terms of reference for this group to ensure all members were clear on their role and requirements.

Action: Mrs Blackman, Dr Croal and Ms Stewart

There would be two tranches to the Demand Optimisation Phase II Project. The first tranche would focus on the reporting aspects including;

- Collecting Data
- Atlas of Variation development
- User Feedback
- Business Intelligence
- Guidance: General/IT
- Governance – Local HB based

The second tranche would review areas within the workplan which included;

- Communications & Engagement
- Data Collection and Output
    - Business Intelligence
    - Atlas of Variation
    - Audit & Feedback
- Standardisation – Data Group/Shared Services
- Specialty Specific Workstreams

2. Review of outputs from workshop

A workshop session had taken place on 15th February 2018 to review the requirements of the second phase of the project. As part of this workshop there had been activity planning for the following twelve months to support the realisation of this vision, in the following key areas;

- Communications and Engagement: Ensuring appropriate engagement with diagnostic staff and with referring clinicians; working in partnership to realise improvement in the patient pathway.
- Data: Linking with the development of the datamart being designed for the Distributed Services Model; further development of the atlas to include data from all NHS Boards; extension of current data collection and visualisation beyond biochemistry.
- National Alignment: Developing a shared vision across laboratory centres and nurturing synergies with realistic medicine and the distributed services model.
- Biochemistry: A targeted quality improvement programme, across four specific tests, (FSH, Vit D, Thyriod, U+Es)
- Pathology: Exploring optimised demand in endoscopic biopsies; block requesting and molecular requesting.
- Microbiology and Virology: Quality improvement projects to tackle variation in TB testing; leg ulcer testing and high-vaginal swabs.
- Imaging: Learning lessons from work underway in the imaging network on referring in primary care, decision support tools and DNA coding.

These items would be ongoing workstreams, Dr Croal noted that some of the work may be undertaken within existing networks but highlighted that many of the projects were still in their infancy which was to be expected at this stage.

3. Alignment with Shared Services Data Programme: Interim national mapping of NLMC codes

Dr Croal advised that NLMC project had been established in 2009 through DH funding and had involved RCPath, NHS CfH and XLab as well as the NLMC Governance Board. There had been involvement from Clinical Leads as well as Individual Specialty Leads and subject matter experts. One of the main aims was to ensure the quality of its content being maintained through a governance process hosted by RCPath on behalf of the NHS. There was a strict editorial tool deployed to ensure same process across all areas of testing to ensure that there was uniformity across all of the information gathered.

Dr Croal highlighted that there had been a lot of work happening around the shared services initiative which had led to a proposal being submitted to the Chief Executives for review. There had been work undertaken in the East, some in the North with activity in the West focussing on a scoping exercise.

There was further work required in relation to standardisation through the data group and shared services,

these would be ongoing and it was noted that networks had a key role to play.

It was agreed that the recommendations from the report were very helpful in order to progress changes, however it was highlighted that there was more work being carried out which was board specific as opposed to network specific.

Dr Croal gave a presentation that detailed the background and findings in relation to Lab IT standardisation. He noted that there had been a review of reports from various documents, users and other labs but it was noted that there were no standard processes and no standard coding; there were differences in every hospital and NHS Boards which made the standardisation difficult.

The benefits of moving to standardisation were;

- Patient Safety
- Financial Efficiency
- Electronic Patient Record
- Audit Tool – Business Intelligence/Atlas
- Benchmarking & Demand Optimisation

Dr Croal guided the group through a presentation on the work that had been carried out on the National Lab Med Catalogue which used NPEx which was a translation tool that takes data from one lab, translates and then sends back and vice versa. In the production of this there had been work undertaken to produce a strict editorial tool to ensure same process across all areas of testing to ensure that there was uniformity across all of the information gathered.

Dr Croal added that for a catalogue there needed to be standardisation of reporting protocols in order to process these tests to provide the correct reporting. These requesting standards were;

- The test request name
- The display name
- Alternative display names
- Type of measurement (level)
- Request SNOMED-CT code
- Valid specimen types
- Options – laterality, topography, morphology

There had been over 4000 hours input into the review of this with the help of 95 stakeholders events however there hadn't been any additional work carried out due to the funding ending in 2015. The outcomes therefore had been;

- Implement NLMC – not able to implement as not complete
- Use some of the terminology – it was agreed that it would be good to use terminology which had been completed
- Test Name, Units, SNOMED CT Coding –to decide on a process to standardise these
- Implementation and Governance
- Patient Safety issues – when there was a change of terms of measurement and coding there was the risk of issues in reporting which could affect patient safety. There can be clinical issues when making these changes so caution was recommended

Following on from the data group meeting that had been held earlier in the day, it was agreed to start the process of developing a datamart with a small number of tests and look at how to standardise these as a benchmark going forward to work from.

There was discussion around baseline work to understand what tests were required and agree what would be reviewed. This was also noted as something that shared services would require as a subset of the data requirement. In the short term it was agreed that it would be necessary to pull data from each board.

It was agreed networks would lead work in their disciplines to identify the top priority tests to collect data on (from a demand optimisation perspective), why these tests were critical and how data would be collected. For disciplines where networks did not currently exist, group reps would be responsible.

Action: Networks, Members

4. Work streams: update

4.1 Biochemistry

Dr Janet Horner, Consultant Biochemist, NHS GG&C advised that there were 4 areas that Biochemistry were going to tackle through the Biochemistry Demand Optimisation group who met every 3 or 4 months, The group were rationalising the universal protocol for primary care and reviewing vitamin D testing as well as thyroid function testing. It was hoped that by producing the data on this and having it approved by this main group it would develop a framework to review other tests. The group's aim in moving forward would be to establish appropriate testing for patients and agree pathways for tests.

Dr Horner advised that there was a list of around 30 tests which the biochemistry network would wish to have included in the Atlas of Variation, part of this was due to an interest in looking at LFT profiles. The list would be finalised following discussion with the Steering Group on 1st June.

Action: Dr Horner

4.2 Microbiology & virology

Ms Linda Mulhern advised that they had agreed 3 workstreams which had previously been shared with the Steering Group and highlighted that so far there had been no volunteers to undertake these from existing groups. Methodology had been put together to show the requirements for these workstreams. There had been a short life working group convened who would review the requirements for TB testing. The next Microbiology & Virology Steering Group meeting was at the end of May and it was hoped that this information would be taken back to discuss where the network could discuss where to go with this. Tests that were hoped to be included were high vaginal swabs (HVS), leg ulcer swabs and TB testing. Dr Croal asked that urine cultures were reviewed also as there was a piece of work that had been carried out in Devon on urine cultures where they looked at this as an area of variation in primary care as well as hepatitis testing. Ms Mulhern agreed to request urine cultures also and confirm the final tests that would be reviewed.

Action: Ms Mulhern

4.3 Pathology

Dr Payne advised that following a meeting on 15th February there were 3 workstreams that had been requested for review; optimising demand on appendicium reporting, review of Megablocks on reporting and molecular testing. Dr Croal noted that whilst pathology didn't fit within the atlas of variation there may be other areas of testing that could be included adding that the atlas will be based mainly on primary care. It was noted there had been some discussion on skin requests, which would be relevant to the Atlas. It was agreed this would be reflected to the SPAN Steering Group on 8th May.

Action: Dr Payne

4.4 Data

Mrs Lawrie provided an overview of a new GP dashboard that was being trialled. The dashboard showed test data for each GP practise that had provided their test data. The dashboard could split the data down to regions, individual practises and provided an overview of the testing requests. Each GP who had access to the dashboard could then access data for other practises in their area and across Scotland which allowed for benchmarking. There was discussion around the benefit of the dashboard and the associated costs related to it as it required having a license to access; it was agreed that this would be reviewed further.

4.5 Communications & engagement

Ms Karen Stewart agreed to review this. There would be possible GP cluster groups required as well as a review of primary care and a primary care event to engage once the Programme Manager for Demand Optimisation was in place.

Action: Ms Stewart

4.6 Haematology

Dr Alastair Hart noted he would provide a list of tests which would be beneficial for review. It was noted that at present there is no Haematology network in place, however an application was being processed.

Action: Dr Hart

5. National Realistic Medicine: update

It was noted the Realistic Medicine team were very supportive of the direction of travel with the Atlas and were keen to see it developed in partnership with their team, who were currently working on a series of Atlases. However, there was no requirement to ensure common formats. The team had provided investment to roll out the Atlas in its pilot form. This would allow each lab and at least one GP practice in each NHS Board area to have access.

6. Atlas of variation

Dr Croal updated the group on the work undertaken within the previous phase of the Project where data from two Health Boards had been collected to look at how the Atlas might be populated and with what data.

It was hoped that for the current project the existing networks could be utilised to provide details on tests that could then be transferred to an Atlas. Mrs Lawrie noted that whilst it would be possible for the Information Management System to collate this information it would only provide a snap shot of the test data for that submission time and would not be a live record.

Ms Stewart added that the Realistic Medicine team had a focus on frailty in secondary care, they were not aware at the time that this atlas was undertaken that there was also ongoing work to review an atlas within diagnostics. It was noted that the first Atlas from the frailty project should be available at the end of April.

Dr Croal advised that Ms Stewart, Mrs Blackman and Mrs Lawrie had presented at the evaluation group for the deputy CMO who were in turn very enthusiastic around the Demand Optimisation work.

There was discussion around the input into the atlas and it was agreed that once the initial set up had been undertaken and the first set of data sent, it would be a simple process for future submissions. There was agreement that once GPs saw the benefit of having this data to hand then there would be buy-in. Mrs Lawrie added that the realistic medicine team had already invested a small amount of money to assist with the purchase of software licenses which had been beneficial to gather information from a small number of GPs in order to populate the GP Benchmarking dashboard that Mrs Lawrie presented on the day.

It was agreed that there needed to be further discussion and review on how to populate, including looking at what to record, how often and what checks would be required on what was submitted. Dr Croal highlighted that this data collection was something the NHS Grampian had been undertaking since 2002, reports were sent out to each GP practise for them to review and there was education in test requirements / suitability sent which helped educate in terms of what test should be requested in certain instances. Following on from this there had been a noticeable reduction in the 5th and 95th per centiles although it was still difficult to interpret these for the low end practise size.

7. Review Of actions

- Terms of reference to be produced
- Template to be sent for completion to show which tests each discipline would like to record data on with a short explanation why
- Dr Croal, Mrs Blackman, Ms Stewart and Mrs Lawrie to meet to define the data set requirements, including scoping secondary care
- A record of the total GP numbers and total numbers for secondary care were required in order to produce a secondary care data set

- It was agreed that the group would want to be in a position to have these tests in a database format finalised by start of summer – mid to end of June
- Next meeting to be arranged after data set has been collected

8. AOCB

There were no further items. Dr Croal thanked everyone for attending and brought the meeting to a close.