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**National Demand Optimisation Group (DOG)**

**Strategy Development Day**

**19 February 2019**

**1.30 pm – 4.30 pm**

**Room G1/G2, Meridian Court, Glasgow**

**Attendees:**

Dr Bernard Croal, Consultant (DO Chair), NHS Grampian

Mrs Liz Blackman, Senior Programme Manager, National Services Division

Ms Grace Cervantes, Programme Support Officer, National Services Division

Dr Liz Furrie, Consultant Clinical Scientist and Clinical Lead for Immunology, NHS Tayside

Ms Adele Foster, Service Manager, NHS Dumfries and Galloway

Dr Janet Horner, Consultant Biochemist, NHS Greater Glasgow & Clyde

Dr Niove Jordanides, Programme Manager, National Services Division

Mrs Claire Lawrie, Programme Manager, Information Management Service

Mr Gavin Hallford, Data Analyst, Information Management Service

Ms Karen Stewart, Healthcare Science Officer, Scottish Government

Dr David Stirling, Director of Healthcare Science, NHS National Services Scotland

Mr David Topping, Clinical Lab Manager/Lead BMS, NHS Tayside

Mrs Sonja Wright, Clinical Scientist, NHS Grampian

**By Teleconference**

Mr Mike Gray, Healthcare Science National Lead Life Sciences, NHS Lothian

**Apologies:**

Dr David Baty, Consultant Clinical Scientist, NHS Tayside

Mrs Heather Bryceland, Project Manager, National Services Division

Dr Caroline Clark, Consultant Clinical Scientist

Dr Alistair Hart, Consultant Haematologist, NHS Greater Glasgow & Clyde

Miss Shelley Heatlie, Programme Support Officer, National Services Division

Dr Mary Hucker, Senior Policy Manager, Scottish Government

Dr Fiona Mackenzie, Scottish Microbiology & Virology Network Manager, NHS Grampian

Dr Lynn Manson, Consultant Haematologist, Scottish National Blood Transfusion Service

Dr Lucy Melly, Consultant Pathologist, NHS Greater Glasgow & Clyde

Ms Linda Mulhern, Operational Science Manager, Microbiology, NHS Lothian

Dr Rebecca Pattenden, Consultant Biochemist, NHS Lothian

Dr Fiona Payne, Consultant Pathologist, NHS Grampian

Mrs Charlotte Syme, Clinical Scientist (Biochemistry)/ Deputy Clinical Lead for the National Laboratories Programme

1. **Welcome, Apologies and Introductions**

The Chair welcomed everyone to the meeting and introductions were given. Apologies and deputies were noted as above.

1. **i) Unconfirmed Minute of Strategy Development Meeting of 2 October 2018**

The minute of the previous meeting was confirmed as an accurate record of events.

**ii) Action List Arising from Development Meeting of 2 October 2018**

All actions were completed and closed.

1. **Demand Optimisation Group**
2. **Current Position**

Dr Croal recapped on some of the work that had been carried out during Phase II. This included the network specific quality improvement activity and the data collection, both of which were only achieved with good support and interaction from colleagues.

The Group heard that the Atlas of Variation for Diagnostic Laboratories was presented at the NSS Chief Officers Visit, which included Dr Catherine Calderwood, which was well received. Dr Croal, Ms Stewart and Mrs Lawrie are meeting with the Realistic Medicine Atlas of Variation Design group on 5th March.

He predicted that any future Demand Optimisation work would be intervention based, involving system users.

He highlighted some of the events that he and Mrs Lawrie planned to attend. Ms Stewart agreed it was important to influence those who we would potentially collaborate with in Phase III.

1. **Terms of Reference Version 6**

Dr Croal requested that a summary of amendments should be updated in the most recent version.

**Action: Dr Jordanides/Secretariat**

1. **Quality Improvement (QI) and DO Progress Reports**

**i) Biochemistry**

Dr Horner advised that the clinical network now had a sub-group entitled ‘Innovation and Best Practice’ in which the Demand Optimisation work-stream sat within. Four guidance documents had been reviewed and completed:

* Guidance on appropriate profile for U/E in primary care.
* Guidance on diagnostic testing in the investigation of Menopause.
* Guidance on appropriate testing for 25-OH Vitamin D.
  + Guidance on Thyroid Testing. Approval had been received from the steering   
    group and feedback received from the Endocrine Special Interest Group.

Members heard that Glasgow had requested Vitamin D data from IMS and were engaging with primary care users to initiate Vitamin D QI work. A GP interface which reflected the approved guidance was being developed and had the potential to go live in six months. Dr Horner hoped all Board areas would engage with this.

There was a discussion on how best to evidence changes in requesting behaviour in response to the data collected. Dr Croal suggested that by collecting the same data in the subsequent year we could ascertain if there had been any clinical changes, benefits or outcomes. It was agreed that an evidence change might be most easily observed by focussing on the highest and lowest test requestors.

Dr Stirling then highlighted the importance of taking into account the test pathways, as there may be a danger that altering test requesting may lead to an inappropriate pathway of treatment. The networks could ascertain the tests that the Atlas highlight as potential candidates for targeting and the individual professions determine the most important tests to review.

Members then discussed thyroid function and where inappropriate testing may have been carried out. Dr Horner said that she had sought staff opinion in producing the guidance and explained the difficulties experienced in capturing clinical information in some areas.

Dr Horner also advised that she had circulated a first draft paper on liver function testing and hoped to involve Andrew Fraser who had work experience of electronic approaches to liver testing and lipid measurements.

Ms Stewart updated members that the NHS Tayside proposal on intelligent liver function testing had been successful and was now up and running through the Chief Scientist’s Office. Dr Furrie confirmed that intelligent liver function testing was no longer a pilot scheme and that the outcomes had been remarkable. Partial data had been published and the full data would soon follow. However, Dr Furrie also added that this had taken almost one year to set up due to IT difficulties and laboratory set-ups.

Ms Stewart explained that the programme still had funding available and queried if this could be put towards another Board area going live. Glasgow had considered this however their LIMS was incompatible and they were now obtaining quotes for a new LIMS. The Group agreed that the main issue was with the lack of a consistent national LIMS and not necessarily with lack of funding.

Mr Gray highlighted that Kenny Birney had attended the Laboratories Oversight Board and that 13 of 14 Board areas had signed up to a national LIMS project. The next stages of that proposal would be to form a project team. A national standardisation group were also reviewing activities that could be standardised.

Ms Stewart requested that a live link to the Scottish Clinical Biochemistry Network website be put on the Demand Optimisation Group website.

**Action: Secretariat**

1. **Genetics**

No update available.

Dr Croal agreed to speak with Dr Caroline Clark on the content of the final report.

**Action: Dr Croal**

1. **Haematology**

Mrs Wright was delighted to announce that HaTS had been granted formal network status. The first HaTS meeting had taken place on 6th February 2019. The network sub group structure had been established and they were in the process of ensuring engagement and representation from all Boards.

She highlighted again the need to raise awareness that there has been no formal work in Scotland regarding the standardised definitions or terminology used in the haematology community. In addition, Mrs Wright highlighted that some tests were carried out in different disciplines and this information would be ascertained through data collection from the new network.

Members learned that the team were enthusiastic about progressing the work. Dr Furrie offered assistance and advice where needed.

1. **Immunology**

Dr Liz Furrie provided a summary update.

Aberdeen and Dundee were both using CTD Screens not ANA’s and were data gathering to assess if this has reduced inappropriate referrals to rheumatology.

Discussions were taking place on a proposed Scotland wide network for diabetes testing which, if implemented, had potential to greatly impact laboratory testing. She stressed that the proposal was for *new* diagnoses at the moment. Further information was available through the National Diabetes Pathway and by contacting Dr Furrie for information.

1. **Microbiology and Virology**

Mrs Foster advised that three projects had been finalised; HVS, Leg Ulcers and Urines.

The Atlas of Variation information had been amended by the SMVN Steering Group to reduce and streamline the amount of data required from each laboratory. All health boards had submitted the required information.

1. **Pathology**

Mr Topping advised that SPAN had not met since the October 2018 DOG meeting and were due to meet next week.

He advised that the Placenta & Gastric Biopsies questionnaire had been circulated with a return deadline of 19th February and that some Boards had sought clarification on some questions.

An internal departmental audit of skin biopsies requested by GPs had also been prepared in Aberdeen.

1. **National Realistic Medicine Update**

Ms Stewart advised members that current programme governance had been halted until a new 3 year programme was confirmed. The Scottish Government Steering and Value Group were no longer meeting.

Ms Stewart agreed to distribute the report published by the Scottish Health Council.

**Action: Ms Stewart**

1. **Atlas of Variation Update**
2. **Interactive Atlas of Variation**

**ii) Atlas Static Observations and Interventions**

1. **Atlas of Variation Sub-Group**

The above items were jointly discussed.

Ms Stewart advised that the Chief Medical Officer had been very complimentary on the work of the National Demand Optimisation Group and particularly the Atlas of Variation and felt it should be made more visible.

Dr Stirling added that the challenge was how to engage with and share the data with primary care colleagues and he suggested that the preferred method could be via the Royal College of GPs. Ms Stewart agreed to feed this back to the Head of Policy in Primary Care.

**Action: Ms Stewart**

Dr Croal discussed that focus should be on ascertaining what information would be most useful to release and in how to present the data. He felt that most GPs would prefer regular communications which would show if their practice was an outlier.

Dr Stirling questioned whether Healthcare Improvement Scotland should be involved, as demand optimisation is about improving the whole system and not just within laboratories.

Dr Croal was concerned that a fully interactive GP atlas may not be useful and may not result in leading to behavioural changes.

He queried how data could be regularly collected. Mrs Lawrie highlighted she had received feedback from staff agreeing that now they were familiar with the data gathering process, they could repeat the exercise more easily in future. Dr Croal suggested requesting data through the Board on a 6 monthly basis rather requesting data from laboratory staff. This may help to alleviate workload pressures on laboratory staff.

Dr Croal highlighted the need to think about the definition of tests.

Dr Croal highlighted some of the differences presented on the English Atlas and that some tests showed as much as 1000 fold variation. He added that their data was collected over a 2 week period.

Mrs Blackman highlighted that though some Haematology Departments still conducted HbA1c, there were no cross boundaries as they were classed as ‘blood sciences’.

Members heard that BNP was named in different ways and that it had therefore been challenging to collect that data. BNP testing was expensive and had no control measures or guidance around it. Dr Furrie felt there was huge potential for laboratories to make a substantial difference in this area.

Dr Croal highlighted some additional observations from the Atlas data:

* CA 125 and calcium showed large variation in practice.
* Relatively low Calprotectin testing figures - information on the   
  appropriateness of testing may be more beneficial.

* There were tests requests for both Protein Electrophoresis and   
  Immunoglobins tests.
* Not all FBC data had been entered and there were definition issues.
* Vitamin B12 testing may be an area for educational intervention.
* D-Dimer was conducted at point of care testing areas in some locations in   
  relatively low numbers. Nonetheless, distinct variations were shown.

* Serum Free Light Chains data indicated which laboratories were conducting this and the definitions. Dr Furrie highlighted a discrepancy with the NHS Tayside data. The IMS team agreed to investigate.

**Action: Claire Lawrie/Gavin Hallford**

* Grampian had greatly increased their CRP testing following the test being carried out in a different laboratory. It has since continued to rise.
* The MSSU chart showed little variation.
* HVS data showed large variation. Members discussed the benefits of the use of PH paper testing.
* Some Board areas do not carry out Free T4 testing.

Mrs Lawrie introduced Mr Hallford, the new data analyst for the Atlas. They discussed the data returns from the disciplines to date and the status of the outstanding returns. A combination of staffing issues and an older LIMS have hampered the data collection in some healthboards. It is hoped to have a complete picture by the end of March.

Mr Hallford demonstrated the interactive Atlas.

Dr Croal felt that clarification was needed on what data would be relevant and useful to share with primary care. Dr Stirling suggested zoning in on more focussed areas of interest.

1. **Final Report**
2. **Current and Planned Work**
3. **Draft QI Pro forma**
4. **Primary Care Engagement**

The above items were jointly discussed.

Dr Croal recapped on members discussions on the content of the final report which was due to be submitted to the Scottish Government in May 2019.

The report should capture and promote the work that had been carried out, provide examples of the network led activities, present the static and interactive atlas data, highlight current, planned and future work and state the funding and resources required to drive forward the work. Graphics should be used to highlight. Publicising the work was also required.

Careful consideration should be given to selecting the content and format of the report as this would assist in our bid for funding and resourcing a potential Phase III. Ms Stewart added that the funding bid for a potential Phase III would be submitted in March 2019.

Ms Stewart pointed out that the demand optimisation work had captured the attention of the Scottish Government staff, clinical groups and had the full support of the Chief Medical Officer.

All staff agreed to use the pro-forma template to systematically capture all aspects of their work with current and planned quality improvement initiatives in order to be incorporated into the Phase II report. Completed forms should be returned to Dr Jordanides by Friday 15th March.

**Action: ALL**

Dr Jordanides and Mrs Lawrie agreed to produce a summary of the interactive Atlas illustrated with graphics.

**Action: Dr Jordanides/Mrs Lawrie**

1. **Next Steps**

Building a case for Phase III from previous work and highlighting the huge potential from our data collection process. Phase III would involve refining our approach and liaising with user groups to demonstrate interventions that result in change.

Dr Croal discussed some possible obstacles around securing all the resources needed to proceed.

Dr Stirling highlighted we should identify variations that may cause harm or have significant costs involved.

Mr Gray felt that both NDOG and NLIIP programmes had both been useful.

Dr Croal talked about the importance of this work continuing even without the Group formally meeting regularly. He added that the Atlas would still be a useful tool going forward even if there were no funding, however he felt that this work was a prime project for funding.

Ms Stewart suggested Dr Croal discuss this with the Chief Scientist Office as the Scottish Government were very supportive of this work and were considering including it in their 3 year plan.

1. **Any Other Business**

**i) NHS Scotland Spotlight Event 30 and 31 May 2019 at SECC.**

Mrs Blackman was pleased to confirm that the Demand Optimisation Programme had secured a Parallel and Spotlight session at this event. The Atlas and a quality improvement initiative will be presented in a 15 minute slot.

Dr Croal thanked everyone for their hard work and efforts.