

# minutes

## **National Demand Optimisation Group (Phase III)**

**24<sup>th</sup> February 2020, Mercure City Hotel, Glasgow**

**Author:** Karl Hope

**Filepath:** K:\09 PCF\NSD\Cttees & Grps\Diagnostic Steering Group\Demand Optimisation Group\DOG Phase III

### In attendance:

|                         |                               |                             |
|-------------------------|-------------------------------|-----------------------------|
| Dr Bernie Croal (chair) | Clinical Director             | NHS Grampian                |
| Mrs Liz Blackman        | Senior Programme Manager      | NHS National Services       |
| Dr Ben Hall             | General Practitioner          | NHS Ayrshire & Arran        |
| Mr Gavin Hallford       | Data Analyst                  | NHS National Services       |
| Dr Karl Hope            | Programme Support Officer     | NHS National Services       |
| Dr Janet Horner         | Consultant Biochemist         | NHS Greater Glasgow & Clyde |
| Dr Sara Jenks           | Consultant Clinical Scientist | NHS Lothian                 |
| Dr Niove Jordanides     | Programme Manager             | NHS National Services       |
| Mrs Claire Lawrie       | IMS Programme Manager         | NHS National Services       |

### Present via telephone conferencing:

|                  |                             |              |
|------------------|-----------------------------|--------------|
| Ms Linda Mulhern | Operational Science Manager | NHS Lothian  |
| Mrs Sonja Wright | Clinical Scientist          | NHS Grampian |

### Apologies :

|                      |                                  |                             |
|----------------------|----------------------------------|-----------------------------|
| Dr David Baty        | Consultant Clinical Scientist    | NHS Tayside                 |
| Dr Charu Chopra      | Consultant Immunologist          | NHS Lothian                 |
| Dr Caroline Clark    | Consultant Clinical Scientist    | NHS Grampian                |
| Dr Liz Furrie        | Consultant Clinical Scientist    | NHS Tayside                 |
| Mr Mike Gray         | Healthcare Science National Lead | NHS Lothian                 |
| Ms Robyn Gunn        | Healthcare Science Manager       | NHS Lothian                 |
| Dr Alistair Hart     | Consultant Haematologist         | NHS Greater Glasgow & Clyde |
| Dr Lucy Munro        | Associate Medical Director       | NHS National Services       |
| Dr Fiona Payne       | Consultant Pathologist           | NHS Grampian                |
| Dr Rebecca Pattenden | Consultant Biochemist            | NHS Lothian                 |
| Ms Karen Stewart     | Healthcare Science Officer       | Scottish Government         |
| Dr David Stirling    | Director of Healthcare Science   | NHS National Services       |
| Mr David Topping     | Clinical Laboratory Manager      | NHS Tayside                 |

## **1 Welcome, Apologies & Introductions**

Dr Croal welcomed all to the Demand Optimisation Whole Group meeting. Apologies were noted as above.

## **2 Strategic Direction of Phase III**

Dr Croal led a discussion on the current progress of Phase III. He noted that the main driver within phase three was the Atlas of Variation and the related data collection (discussed below). Work around minimum retesting intervals implementation was clearly limited by technical issues within LIMS but it was hoped the National LIMS project would deliver the functionality to solve this. Related issues around standardisation of



|                 |                |
|-----------------|----------------|
| Chair           | Keith Redpath  |
| Chief Executive | Colin Sinclair |
| Director        | Fiona Murphy   |

*NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service*

nomenclature was also vital for this as well as to ease and automate data collection in the future. A noted area of concern was the lack of demand optimisation enthusiasm or innovation groups in some networks – not necessarily a criticism but more a reflection of all the other pressures currently facing both services and the networks. Dr Croal also emphasised the need to demonstrate the worthiness of work the DO group performs, in order to justify its existence and future funding.

Dr Croal summarised the current progress of Atlas of Variation (AoV) rollout, mentioning that the group is investigating pilot areas in certain NHS boards, and the distribution of flash reports to specific GP practices. Data collection was noted by Dr Croal to likely remain manual for the foreseeable future.

The need to produce a Phase III report by the end of May or June 2020 was noted by Dr Croal, who added that this would make the case for continuing work of the DO Group going forwards.

Dr Hall enquired if any logic maps had been produced from the group's work, which could show additional outputs aside from improved test ordering. Dr Hall offered to seek advice on a potential logic map model with Thomas Monaghan at Health Improvement Scotland, and Dr Jordanides resolved to pursue this matter further.

**Action: Dr Hall / Dr Jordanides / Mrs Liz Blackman**

### **3 Atlas of Variation update**

Mrs Lawrie and Mr Hallford updated the group on the new layout of the AoV GP and laboratory dashboards. Mr Hallford demonstrated the simplifications made to the GP dashboard to allow easier use and understanding by GPs, adding that 2019 test data should soon be available on the system. Mrs Lawrie added that a switch may be added to toggle between national and board-specific average, to allow better comparison of variation at practice level.

Dr Croal suggested adding hyperlinks to iHub quality improvement (QI) resources along with the existing NHS Education for Scotland (NES) hyperlinks, to encourage Atlas users to perform QI projects of their own.

Dr Croal also noted the need to ensure that there is no incomplete or misrepresented data within the live version of the Atlas, noting the need for sense-checking of data by NHS boards and by networks, especially where tests may be performed at the point of care rather than within the central lab – these would be missed and under-represent a boards testing rates.

Mrs Lawrie noted a potential issue with naming of tests, stating that for many tests this is not consistent between NHS boards. Dr Jenks offered to assess the list of tests from NHS Lothian for errors, while Dr Hall offered to look at others. Mr Hallford resolved to send the test list to Dr Jenks and Dr Hall.

**Action: Mr Hallford / Dr Jenks / Dr Hall**

Mrs Lawrie confirmed that there are no information governance issues around the Atlas having open access, as it does not contain patient-identifiable data. She added that links will be open, but not published, and will only be distributed to necessary parties when needed.

When asked by Dr Croal about the use of quarterly data, Mrs Lawrie stated that no decision had yet been made. She added that 2017 data can be represented in quarters, but 2018 data is a single annual block, requiring interpolation or division to represent as quarterly data. Dr Jordanides added that 2019 data is represented as monthly blocks, therefore can be easily converted to quarters.

Both Dr Croal and Mrs Lawrie noted that quarterly data views have greater utility than monthly views, due to greater statistical noise at the monthly level.

Mrs Lawrie added that primary care leads had suggested making data viewable by individual GP, not just practice. She noted there would potentially be information governance issues here as although the data would still remain patient-non-identifiable, it would become doctor-identifiable. Dr Croal disagreed with the suggestion, noting that many boards and practices do not collect or report data in ways that can reliably link back to a single GP. He also added that GPs can sometimes specialise in performing certain clinics, automatically making them appear as outliers in terms of requesting numbers.

Mrs Lawrie suggested breaking things down to an additional level in secondary care, but Dr Horner noted that some labs use certain scientists' names as defaults on requests, so any requester names may not necessary be accurate.

Mrs Lawrie also suggested removing the "network" identifier from the Atlas dashboards and just showing the test list. Drs Croal and Jordanides agreed with this, noting the potential overlap between networks.

**Action: Mrs Lawrie / Mr Hallford**

Dr Jenks asked if she could be given access to the Atlas dashboards. Mrs Lawrie suggested giving others on this group access as well, and resolved to send links to Dr Jenks, Dr Horner, Mrs Wright, Dr Neil Greig, and Dr Julia Anderson.

**Action: Mrs Lawrie / Mr Hallford**

Dr Jenks also noted that the SCBN Innovation Group were keen to have access to the Atlas. Mrs Lawrie suggested giving some members access first and passing the link on to the other group members if necessary.

Dr Croal implored group members representing networks to look at the dashboard for their relevant disciplines, and to feed back regarding the relevance and accurate of tests and data, and also note where commentary is needed, citing the example of point-of-care testing masking numbers.

**Action: All Network Group Members**

Dr Hall raised the possibility of grouping certain tests. Dr Jenks noted that checking which tests to group would take time, necessitating communication with individual laboratories. She suggested starting with Lothian data before trying to group tests on a national level. Dr Croal suggested liaising with Ms Mulhern to identify where data may have issues in this regard.

**Action: Dr Jenks / Dr Hall / Ms Mulhern / Dr Jordanides**

Dr Jenks suggested performing a staged launch of the Atlas, focusing on one network first (e.g. biochemistry tests), then microbiology, and so forth. Dr Croal agreed with this. Mr Hallford suggested putting a flag on questionable data within the Atlas to note that it is still awaiting sign-off by relevant parties.

Dr Croal noted that the original draft pro-forma authored by Dr Jordanides would be altered in terms of wording and questions to get more specific information back, adding that this needed to take place quickly.

**Action: Dr Croal**

The possibility of taking static snapshot views of the Atlas Dashboards was also raised by Dr Croal, with the intention of using these snapshot views as a way to stimulate discussion. He noted that every three months or every quarter, flash reports would focus on three specific tests, but Dr Croal also noted the need to determine what information or data to include in these.

Dr Hall raised the potential for local guidance groups to give contrary information to the national guidance output by networks using Atlas data and stated that users would likely prioritise local guidance. Dr Hall suggested structuring flash reports to give board-specific information or messages. Dr Croal noted that consensus on this appears unlikely and would require network input.

The mechanism for generating flash reports was questioned by Dr Croal. Mr Hallford noted that Tableau does not natively possess the functionality to generate these kinds of reports, but a dashboard could be constructed to do it. Dr Croal suggested rebuilding the data in Microsoft Excel and using macros or mail-merging to generate the reports and offered the use of a similar subroutine used to generate reports like these in NHS Grampian. Mrs Blackman added that it would be more appropriate for the Information Management Service (IMS) to perform this role for consistency.

Dr Hall also suggested duplicating the mechanism used for prescriber reports. Dr Jordanides and Mr Hallford agreed to look into this.

**Action Dr Jordanides / Mr Hallford**

When asked by Mr Hallford who would select the three tests to be focused on each quarter, Dr Croal noted that these decisions would be made via the networks.

#### **4 Atlas Education**

Dr Croal noted that relevant discussion on this subject had already been covered in the previous agenda item.

#### **5 Atlas Pilot Update**

Regarding the pilot of the Atlas in NHS Lothian, Dr Croal asked Dr Jenks if she had considered a method for generating flash reports and sending them to GPs. Dr Jenks responded that she assumed the reports would be issued from this group instead.

Dr Croal noted that until an automated generation method was produced, writing manual reports was the more sensible option. Dr Jenks noted that she was going to take some example reports to the Lothian GPs' subcommittee for analysis and feedback.

When asked by Dr Jordanides whether it would be more appropriate to email reports to all GPs or to practice managers, Dr Jenks replied that practice managers would be a better target.

Regarding a question from Dr Jordanides on which GPs will be in the pilot, Dr Jenks noted that she would discuss this with cluster leads.

Dr Croal asked if Dr Jenks could write a GP questionnaire, while this group focused on the questionnaires for laboratories and networks. Dr Jenks agreed and asked if the SCBN Innovation Group could assist with this. Dr Croal agreed.

**Action: Dr Jenks**

Dr Jordanides noted that flash reports would be produced within the next fortnight.

**Action: Dr Jenks / Dr Hall**

Mrs Lawrie asked about starting pilots in other areas beyond NHS Lothian. Dr Jenks noted that interest had been received from NHS Dumfries & Galloway, while Dr Hall noted that interest was also present in NHS Ayrshire & Arran. He added that the Royal College of GPs should also be given access to the Atlas. Dr Jenks noted that it would take longer to collate quarterly data from everywhere, whereas under the current pilot NHS Lothian could sense-check their own data. Mrs Blackman noted that there would not be an issue with giving interested areas a link to the Atlas and asking for feedback, even if they were not participating in the live data themselves. Dr Croal noted the possibility of pursuing a launch in NHS Ayrshire & Arran after NHS Lothian.

Dr Hall noted that the steps to launch the Atlas in a particular NHS board should be formalised into a standard process, adding that this would also assist with organising launch events.

#### **6 Workstream Updates**

Dr Croal noted generally that it would be useful to capture work from networks that can be published in the Phase III report and implored all network representatives to think of items that could be included in this.

**Action: All Network Group Members**

#### **Biochemistry**

Dr Horner noted the adoption of an ICE intervention in NHS Greater Glasgow & Clyde (GG&C) to help reduce repeat and inappropriate Vitamin D testing. Dr Jenks noted that a similar intervention had also been implemented in NHS Lothian. Dr Croal noted that it would be useful to capture any trends resulting from these interventions for display in the Phase III report.

Dr Horner added that NHS GG&C are re-visiting the subject of iLFTs, noting that Dr Ian Godber is seeking information from IT and managers in NHS Tayside.

Regarding lipids, Dr Horner noted that SCBN is in the process of setting up a lipid subgroup. She also noted that the network is reviewing the current state of AKI. Dr Hope noted that the network's AKI audit request would be re-circulated around the network.

## **Microbiology**

Ms Mulhern noted that Fife is progressing with a project on urine sampling and requested a copy of the QI pro-forma to complete regarding this. Dr Jordanides confirmed this would be re-sent to Ms Mulhern.

**Action: Dr Jordanides / Dr Hope**

Ms Mulhern added that NHS Ayrshire & Arran are proceeding on work with an HVS protocol, but this had stalled due to UKAS visits. The estimated time of going live would be in April.

Ms Mulhern also noted that in NHS Lothian, work on leg ulcers was ceasing. Ms Mulhern resolved to contact the author of this work to determine if anything further could be carried out.

**Action: Ms Mulhern**

Dr Croal suggested that he visit the network to raise the profile of the work of the Demand Optimisation Group. Ms Mulhern suggested he arrange this through Ms Fiona MacKenzie.

**Action: Dr Croal**

## **Immunology**

In the absence of any representatives from immunology, no update was noted.

## **Haematology**

Mrs Wright noted that the HaTS Network was finalising guidelines on B12 and serum folate, with a view to ratifying these at the next Steering Group meeting in March 2020. She noted that these guidelines would contain information for GPs on appropriate testing, and guidance to laboratories regarding testing intervals and units. Dr Croal suggested using these tests as the next set of flash reports.

Mrs Wright added that ferritin guidelines are being re-developed into a complete pre-operative anaemia pathway, on advice from the HaTS Anaemia subgroup. She also noted that the Coagulation group felt their potential QI project did not have the ability to be pursued.

Dr Croal encouraged Mrs Wright to pool all of this information into a pro-forma for the Phase III report.

**Action: Mrs Wright**

## **Genetics**

Dr Jordanides noted that there is some discussion on collection of FHE, and that collection of colorectal cancer and BRCA had also been suggested. When asked if he was keen that these be pursued, Dr Croal replied affirmatively.

## **7 Next Steps**

Dr Croal reminded the group that the Phase III report would be delivered in May or June 2020. He summarised the discussion of pilots and flash reports, noting that a mechanism for automating these reports will have to be pursued. Dr Croal added that feedback from GPs and networks would be vital in tailoring the Atlas; and that minimum retesting intervals would be expanded upon as part of the new national LIMS specification.

## **8 Any Other Business**

Dr Hall noted that he is attending a meeting with Healthcare Improvement Scotland (HIS) on 4<sup>th</sup> March to give them an update on the work of this group. He also suggested linking in with their event.

In response to a question from Dr Hall over whether the group had a single point of contact for GPs, Mrs Blackman suggested using the generic Demand Optimisation Group email address (nss.nationaldemand@nhs.net).

Dr Croal suggested having a page with documents that could be used as a reference for people interested in the Atlas. Mrs Lawrie advised not putting an Atlas link in there, but noted that a form could be included for interested people to request a link via IMS, and that videos could be placed on the page showing Atlas operation with a dummy practice and mock data.

Dr Hall asked if the Atlas has or requires a communications strategy. Dr Croal replied that it probably does need one. Mrs Blackman suggested using the network template as a starting point. Dr Jordanides agreed to follow this up, with Dr Hall adding that he was happy to contribute where needed.

**Action: Dr Jordanides**

Additional actions were noted and reproduced in the table at the end of this document.

## 9 Date, Time & Place of Next Meeting

The next meeting was noted to have a provisional date of 2<sup>nd</sup> June 2020, with a venue still to be determined. A calendar invite, agenda and relevant papers would be circulated in due course.

**Action: Dr Hope**

### Action Table

| #  | Action   | Responsible  |
|----|--|--|
| 1  | Pursue development of logic maps regarding the Atlas project   | Dr Niove Jordanides<br>Dr Ben Hall                                       |
| 2  | Review list of laboratory tests  | Dr Sara Jenks<br>Dr Ben Hall<br>Mr Gavin Halford                         |
| 3  | Remove "Network" drop-down from Atlas dashboards   | Mrs Claire Lawrie<br>Mr Gavin Halford                                    |
| 4  | Send Atlas links to relevant members of this group   | Mrs Claire Lawrie<br>Mr Gavin Halford                                    |
| 5  | Review dashboard and provide feedback on tests and accuracy of data, relevant to individual networks             | Dr Sara Jenks<br>Dr Janet Horner<br>Ms Linda Mulhern<br>Mrs Sonja Wright |
| 6  | Review grouping of tests   | Dr Sara Jenks<br>Dr Ben Hall<br>Ms Linda Mulhern<br>Dr Niove Jordanides  |
| 7  | Rewrite draft GP pro-forma   | Dr Bernie Croal  |
| 8  | Investigate automation method used for prescriber reports  | Dr Niove Jordanides<br>Mr Gavin Halford                                  |
| 9  | Prepare a GP questionnaire   | Dr Sara Jenks<br>SCBN Innovation Group                                   |
| 10 | Prepare laboratory and network questionnaires  | Whole Group  |
| 11 | Prepare first set of flash reports for distribution  | Dr Sara Jenks<br>Dr Ben Hall   |
| 12 | Review relevant QI projects that could be included in Phase III report and pass information back to the team     | Whole Group  |
| 13 | Send QI pro-forma to Linda Mulhern   | Dr Niove Jordanides<br>Dr Karl Hope                                      |
| 14 | Contact author of leg ulcer work to determine the project's status   | Ms Linda Mulhern   |
| 15 | Arrange to visit a meeting of the SMVN network   | Dr Bernie Croal  |
| 16 | Compile information on B12 / folate / ferritin guidelines into a pro-forma for inclusion in the Phase III report | Mrs Sonja Wright   |
| 17 | Follow up on development of an Atlas comms strategy  | Dr Niove Jordanides  |
| 18 | Arrange venue for next meeting   | Dr Karl Hope   |
| 19 | Prepare how-to videos on using the Atlas   | Mrs Claire Lawrie<br>Mr Gavin Halford                                    |
| 20 | Contact Karen Stewart to see if she wants to communicate with primary care leads on our behalf                   | Dr Niove Jordanides  |
| 21 | Determine when next NSD newsletter is being issued, and whether we can contribute to this                        | Dr Niove Jordanides<br>Dr Karl Hope                                      |
| 22 | Prepare a one-page DOG newsletter that can be issued to relevant stakeholders                                    | Dr Karl Hope<br>Dr Niove Jordanides                                      |
| 23 | Contact Gracie to see if there are events coming up in NHS Dumfries & Galloway                                   | Dr Ben Hall  |