

# minutes

## **National Demand Optimisation Group (Phase IV) – Steering Group**

**2<sup>nd</sup> September 2020, Microsoft Teams**

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Present via video conferencing:

Dr Bernie Croal (chair)	Demand Optimisation Chair	NHS Grampian
Mrs Liz Blackman	Senior Programme Manager	NHS National Services
Dr Catherine Colquhoun	HaTS / SCBN Programme Manager	NHS National Services
Ms Philli Cottam	Programme Manager	NHS National Services
Mr Mike Gray	Healthcare Science National Lead	NHS Lothian
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
Mrs Claire Lawrie	IMS Senior Programme Manager	NHS National Services
Dr Fiona Payne	Consultant Pathologist	NHS Grampian
Ms Karen Stewart	Chief Healthcare Science Officer	Scottish Government
Dr David Stirling	Director of Healthcare Science	NHS National Services
Mrs Sonja Wright	Principal Clinical Scientist	NHS Grampian
Ms Camilla Young	SPAN Programme Manager	NHS National Services

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
Ms Robyn Gunn	Healthcare Science Manager	NHS Lothian
Dr Alistair Hart	Consultant Haematologist	NHS Greater Glasgow & Clyde
Dr Linda Mulhern	Operational Science Manager	NHS Lothian
Dr Rebecca Pattenden	Consultant Clinical Biochemist	NHS Lothian
Mr David Topping	Clinical Laboratory Manager	NHS Tayside

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

Dr Bernie Croal welcomed all to the virtual meeting of the National Demand Optimisation Group (NDOG) Steering Group. Apologies were noted as above.

Dr Croal welcomed the appointment of Ms Philli Cottam as Programme Manager for the NDOG, replacing Dr Niove Jordanides, who left this role earlier in the year.

### **2 Minutes & Actions of Previous Meeting**

No corrections were noted to the previous minutes, and they were accepted as an accurate record.



Chair  
Chief Executive  
Interim Director

Keith Redpath  
Colin Sinclair  
Karen Grieve

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

### **3 Update on Phase III Report**

Dr Croal noted that although the Demand Optimisation Phase III report had been completed back in May 2020, its final approval and publication by the Scottish Government had been delayed due to the Covid-19 pandemic.

Ms Karen Stewart noted that feedback on the report had been received from Dr Nicola Steedman, Interim Deputy Chief Medical Officer at the Scottish Government, with minor suggestions which were being actioned by Ms Cottam.

**Action: Ms Cottam**

Ms Stewart added that the next step was to take the report to the Chief Medical Officer's Professional Advisors Group (PAG) for feedback and approval.

**Action: Ms Stewart**

Mrs Liz Blackman noted that reports from Phases I and II of the Demand Optimisation programme had previously been launched at national events, such as the Realistic Medicine event. Mrs Blackman urged the group to think of alternative events in the current environment which could be used to publicise and highlight the report once it was available. Ms Stewart suggested getting official endorsement of the report from Ms Jeane Freeman, Cabinet Secretary for Health and Sport at the Scottish Government, as a way of publicising the report. Ms Stewart offered to investigate this option.

**Action: Ms Stewart**

### **4 Phase IV**

Dr Croal noted that recent matters within the diagnostic laboratory community had slightly altered the landscape in which Phase IV hoped to operate. However, Dr Croal added that demand optimisation as an activity continued to remain important, and was dependent on support from all groups including the National Managed Diagnostic Networks and the National Laboratories Programme. Dr David Stirling echoed these comments.

Dr Croal displayed some slides around the proposed aims of Phase IV, which primarily focused on the monitoring of peri-Covid and post-Covid service recovery, and monitoring the effect of devolving certain phlebotomy tasks out to local community hubs.

#### **a) Workstream updates**

##### **Biochemistry**

Dr Janet Horner noted that the Scottish Clinical Biochemistry Network (SCBN) Innovation subgroup was meeting on 14<sup>th</sup> September, where demand optimisation matters would be considered. Dr Horner resolved to feed back to that group regarding the new aims of Phase IV. Dr Croal noted he would also be in attendance at that meeting.

**Action: Dr Horner**

Dr Croal stated that it would be useful for SCBN to pick three or four key tests that would be good to monitor as markers for service recovery.

##### **Genetics**

In the absence of Dr David Baty, no update from genetics was given.

Dr Croal resolved to feed back to Dr Caroline Clark regarding information for the Genetics Consortium.

**Action: Dr Croal**

##### **Haematology & Transfusion**

Mrs Sonja Wright noted that the Haematology and Transfusion Scotland (HaTS) network had identified some new demand optimisation projects, and ratified new haematinics testing guidelines for laboratories and GPs. Mrs Wright noted that issues may start to develop with Vitamin B12 requesting levels, as many GPs were apparently moving to administering oral B12 rather than via injection, to cut the number of clinic visits. Mrs Wright noted that this information should be caveated in any dashboard.

Dr Croal stated that it would be useful for HaTS to come up with areas of haematology testing which may have been clinically impacted by the current environment, and gave specific examples of the myeloma and lymphoma diagnostic/monitoring pathways. Mrs Wright resolved to discuss this with the HaTS network.

**Action: Mrs Wright**

### **Immunology**

In the absence of Dr Liz Furrrie and Dr Charu Chopra, no update was noted from immunology.

Mrs Blackman noted that recent discussions at the Laboratories Executive Board had highlighted possible areas of interest around general testing.

Dr Croal resolved to contact Dr Furrrie for an update.

**Action: Dr Croal**

### **Microbiology & Virology**

In the absence of Dr Linda Mulhern, no update was noted from microbiology and virology.

Dr Croal noted that other pressures currently existed in this community around Covid-19 testing and that demand optimisation may not be a priority right now. Dr Croal requested that Mr Mike Gray speak to Dr Mulhern and the Scottish Microbiology and Virology Network (SMVN) to determine their capacity to investigate any tests which have been missed or whose reduced testing levels may have had a clinical impact. Ms Cottam advised that a Demand Optimisation paper had been submitted to be presented by Dr Croal and Ms Cottam at the upcoming 17<sup>th</sup> September SMVN Steering Group.

**Action: Mr Gray**

### **Pathology**

Dr Fiona Payne noted that it would be useful for any future data collection to track the number of specimens coming from GPs, to determine what was occurring around biopsies. Dr Croal agreed, and noted that it would also be useful to ensure the first round of data collection covered potential missed cancers – Dr Croal stated that this being able to compare this information on a board-by-board basis with the previous year would be of use to both oncologists and GPs.

Dr Payne resolved to speak to the Scottish Pathology Network (SPAN) regarding this.

**Action: Dr Payne**

### **b) Primary Care Representation**

Dr Croal noted that the NDOG used to have the assistance of Dr Ben Hall, a GP from NHS Ayrshire & Arran, during Phase III. With Dr Hall moving to a new position, the group now contained no such primary care representation. Dr Croal stated that the group core team were keen to get more GPs involved again.

Both Dr Croal and Ms Cottam noted that they had pursued contacts already in this regard, but asked group members to think of any primary contacts they knew who may want to get involved.

Ms Stewart noted that she had raised this group with the National Primary Care Advisors Group.

Dr Stirling noted that he had recently spoken to Professor Stuart Mercer of the Scottish School of Primary Care, and added that there may be the potential to have a link with this group. Dr Stirling agreed to speak to Professor Mercer regarding a Primary Care contact for NDOG.

**Action: Dr Stirling**

### **c) Demand Optimisation Projects**

Ms Cottam encouraged network members to continue to identify any potential quality improvement projects going forwards.

Dr Croal noted the need to promote the use of standard templates among these projects, to ensure consistency between different disciplines.

Dr Croal also stated that a future item of work may exist around the use of minimum retesting intervals in the future national LIMS.

## **5 Atlas of Variation**

Specific Atlas of Variation (AoV) dashboards were suggested, which would focus on particular tests such as HbA1c or QFIT. The idea was also raised of personalising these dashboards for specific GP practices.

Dr Croal noted that for the proposed Phase IV activities, data collection was pivotal, but that the first action would be to determine which data needed to be collected and how. Dr Croal added that it would be essential for networks to inform the NDOG on what educational resources would be useful or needed, and what activities would be important to monitor in a service recovery context.

Dr Stirling noted that while the service recovery concept was powerful, there would be a danger of users becoming focused on returning to a pre-Covid level of testing rather than a 'required' level of testing. Dr Croal replied that GP practice activity was inherently different now compared to in 2019, with the advent of new facilities such as community phlebotomy hubs.

Dr Croal noted the necessity of a new dashboard highlighting three things to GP practices – where their test requesting is now, where it was last year, and where it should be – the latter indicated either by a general average or by a defined figure.

Dr Payne noted that NHS Grampian had tracked the number of specimens received compared to 2019, and added that the amount of surgery had not yet recovered to pre-Covid levels. Dr Payne noted that this indicated a large build-up of pathology workload was occurring in the background, and added that SPAN were willing to take forward some form of analysis on this.

Dr Croal responded that challenges faced by pathology may be inherently different to those faced by blood sciences, and agreed that tracking the complexity of surgical samples across Scotland may be a useful piece of work. It was agreed to pick this up at the 23<sup>rd</sup> September SPAN Steering Group, where Demand Optimisation is one of the main topics on the agenda.

Dr Horner noted that some diagnostic pathways were changing, which were affecting workload accordingly – Dr Horner cited the example of symptomatic QFIT as a test being inserted at other points in a diagnostic pathway compared to previous standard procedures.

Dr Croal asked Mrs Lawrie for her thoughts on the feasibility of producing these proposed new dashboards. Mrs Lawrie replied that there was capacity for this as the Information Management Service (IMS) had recently recruited a new data analyst.

Dr Croal noted that continued data collections for the existing AoV data set may prove difficult, and asked the group whether pushing ahead with these was sustainable. Ms Stewart replied that this decision should be guided by clinical input as to what data was impactful. Dr Croal added that it would still be useful to pilot the existing AoV. Mrs Lawrie noted that most 2019 data and partial 2020 data existed for the current AoV, so it would still remain relevant.

### **Data subgroup**

Dr Croal stated that to aid with developing the altered dataset required for the new NDOG focus, a data subgroup was being set up. Dr Croal noted that invites for a data workshop on 24<sup>th</sup> September had already been sent to a number of contacts who would usually have submitted Atlas information. Ms Cottam added that others were welcome to join and asked for people to contact her directly if they wished to attend.

Dr Croal noted that a question for the data group would arise around collection capacity, specifically if simultaneous collections were to take place for the "original" AoV, and any new "Covid" AoV. Ms Cottam noted that information from previous SCBN data collections showed that multiple boards used the Clinisys PathManager system as their LIMS, which NHS Tayside had successfully set up to automate data collections. Ms Cottam suggested this may allow other boards to automate their collections similarly. However, Dr Croal

noted that although the relevant boards may use the same LIMS product, their specific setups and use of this product could be markedly different and not necessarily automatable in the same way.

## 6 Any Other Business

Ms Cottam encouraged the attendees to provide feedback on the recent educational videos and FAQ document produced by herself and Mrs Lawrie around use of the Atlas of Variation. Dr Croal noted that any educational resources for the Atlas should clarify that data is not “real-time”, and focuses on retrospective information. It was agreed for the educational resources to be published on the NDOG website and links circulated to the group and stakeholders.

**Action: Dr Hope**

Mr Mike Gray provided a verbal update on the progress of the National LIMS system, and how this might tie in to the Demand Optimisation work.

Dr Croal also stated that Atlas links should be re-sent to the NDOG steering group.

**Action: Ms Cottam / Dr Hope**

## 7 Date, Time & Place of Next Meeting

The next meeting date was mooted to take place in November 2020, with a date to be decided.

An agenda and any relevant papers will be circulated in due course.

**Action: Dr Hope**

## Action Table

#	Action	Responsible
1	Implement Phase III report suggestions from Nicola Steedman	Ms Philli Cottam
2	Take Phase III report to PAG when next feasible	Ms Karen Stewart
3	Investigate whether Phase III report can be endorsed by the Cab Sec	Ms Karen Stewart
4	Speak to SCBN Innovation Subgroup regarding new DOG aims	Dr Janet Horner Dr Bernie Croal
5	Speak to Caroline Clark regarding genetics update	Dr Bernie Croal
6	Discuss potential tests (with clinical impact) to monitor in service recovery context	Mrs Sonja Wright
7	Speak to Liz Furrrie regarding immunology update	Dr Bernie Croal
8	Speak to SMVN regarding potential capacity to investigate any tests that would be useful to monitor for service recovery	Mr Mike Gray
9	Speak to SPAN regarding monitoring of surgical complexity in received specimens	Dr Fiona Payne
10	Speak to Prof Mercer regarding primary care representation for this group	Dr David Stirling
11	Publish educational resources to DO website and circulate links accordingly	Dr Karl Hope
12	Re-send Atlas links to members of DO Steering Group	Ms Philli Cottam Dr Karl Hope
13	Arrange next meeting	Dr Karl Hope