

# minutes

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

**3<sup>rd</sup> December 2020, Microsoft Teams**

**Author:** Karl Hope

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Present via video conferencing:

Dr Bernie Croal (chair)	Demand Optimisation Chair	NHS Grampian
Dr David Baty	Consultant Clinical Scientist	NHS Tayside
Mrs Liz Blackman	Senior Programme Manager	NHS National Services
Ms Philli Cottam	Programme Manager	NHS National Services
Dr Liz Furrie	Consultant Clinical Scientist	NHS Tayside
Mr Mike Gray	Clinical Laboratory Manager	NHS Lothian
Mr Gavin Hallford	Data Analyst	NHS National Services
Dr Heather Holmes	Consultant Clinical Scientist	NHS Fife
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
Mr Ewen Millar		NHS Grampian
Ms Linda Mulhern	Operational Science Manager	NHS Lothian
Dr Chris Pitt	Principal Clinical Scientist	NHS Ayrshire & Arran
Ms Karen Stewart	Healthcare Science Officer	Scottish Government
Ms Judith Strachan	Consultant Clinical Scientist	NHS Tayside
Mr David Topping	Clinical Laboratory Manager	NHS Tayside
Mrs Sonja Wright	Principal Clinical Scientist	NHS Grampian

Apologies:

Dr Charu Chopra	Consultant Immunologist	NHS Lothian
Dr Caroline Clark	Consultant Clinical Scientist	NHS Grampian
Ms Robyn Gunn	Healthcare Science Manager	NHS Lothian
Dr Alistair Hart	Consultant Haematologist	NHS Greater Glasgow & Clyde
Dr Rebecca Pattenden	Consultant Clinical Biochemist	NHS Lothian
Dr Fiona Payne	Consultant Pathologist	NHS Grampian
Dr David Stirling	Director of Healthcare Science	NHS National Services
Ms Michelle Watts		Scottish Government

### **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.

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

Aside from a correction to Ms Linda Mulhern's title, the previous minutes were approved and accepted as an accurate record of the meeting.

**Action: Dr Karl Hope**



Chair  
Chief Executive  
Director

Keith Redpath  
Colin Sinclair  
Susan Buchanan

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

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

Ms Karen Stewart gave an update on the progress of the approval and publication of the Phase III report by Scottish Government. Ms Stewart recapped on the path of the Phase III report thus far, and noted the change in process compared to previous phases whereby the Phase III report had been submitted to the Chief Medical Officer's Professional Advisory Group (PAG) for approval and endorsement. This had been gratefully received, and the report was then passed to the Cabinet Secretary for Health and Social Care for approval.

The Cabinet Secretary was noted to have approved the report, endorsed the work of the group, noted the objectives of Phase IV, and was content for the Phase III report to be published. Ms Stewart noted that the report had now been sent to APS for publication.

It was also noted that Ms Stewart and Dr Croal were to write an accompanying letter to NHS Board Chief Executives regarding the Phase III report.

**Action: Ms Stewart / Dr Croal**

### **4 Phase IV**

#### **a) SPAN Data Collection**

Mr Gavin Hallford provided a demonstration of the new live dashboard for monthly data from the Scottish Pathology Network (SPAN). It was noted that data had been collected from seven out of ten boards with pathology services, dating back to January 2019. Mrs Claire Lawrie noted that meetings had taken place with the SPAN core team and relevant Demand Optimisation representatives to further this work.

Mr David Topping noted that the data had revealed interesting trends in some areas where certain specimen types had remained at a static level, lower than that of other areas. Dr Croal stated that the data could help boards identify which diagnostic pathways had been most affected by the Covid-19 pandemic and guide subsequent recovery. Mr Topping also noted that caution should be taken in how specimen complexity is determined when analysing the data. Mr Topping suggested that total slides and IHC slide data could also be collected by Boards as a surrogate marker for activity. The group noted this suggestion, and it was agreed to be discussed further out with the meeting.

**Action: Ms Cottam**

Ms Judith Strachan questioned whether more specific information could be acquired on cancer specimens picked up by the national screening programmes. Mr Topping replied that this type of origin information was not necessarily available or tracked to allow that.

In terms of next steps, Mrs Lawrie noted that the dashboard would be shared with the SPAN Steering Group, with further access beyond this group to be determined.

**Action: Mrs Lawrie**

Dr Croal also offered to write a short introductory paper on the SPAN dashboard for government and oversight groups to highlight how data should be interpreted.

**Action: Dr Croal**

#### **b) Blood Sciences**

Dr Croal noted that the task of an equivalent data collection in the blood sciences field would be more onerous, owing to the larger quantity of data and various different IT systems from which it would have to be extracted. Dr Croal therefore added that the Demand Optimisation team were operating under the assumption that certain boards would be able to provide more data than others.

Ms Philli Cottam provided an overview of the data template which would be used for the blood sciences collection exercise. Dr Croal proceeded to explain the different levels of data that would be requested from each board.

Ms Mulhern noted that she could potentially acquire level 2 data for NHS Lothian and offered to look into this.

**Action: Ms Mulhern**

Dr Croal also asked that community phlebotomy hubs be included as an additional 'practice' under each health board. Dr Janet Horner noted potential difficulties with this in NHS Greater Glasgow & Clyde (GG&C), as community phlebotomy hubs were not routinely tracked as a point of origin within that board. Mrs Lawrie noted that the Information Management Service (IMS) were currently attempting to ascertain whether community phlebotomy hubs were allocated locational identifiers in the same manner as GP practices.

**Action: Mrs Lawrie**

Ms Cottam noted that the current aim was to issue the blood sciences data template to boards on 4<sup>th</sup> December, with returns to be received by 11<sup>th</sup> January 2021.

**Action: Ms Cottam**

### **c) Genetics Update**

Dr David Baty noted that discussions had taken place between Ms Cottam and the Genetics Consortium, and that the Consortium were keen to engage with the Demand Optimisation programme regarding a data collection exercise. Dr Baty noted that the current aim was to determine what genetics data would be most useful, and how it would be supplied.

It was noted by Dr Baty that some data existed already and had been fed back to NHS National Services Scotland via the Consortium. Dr Croal suggested that a follow-up meeting be arranged to discuss the genetics data collection in particular.

**Action: Ms Cottam / Dr Hope**

### **d) Scottish Government Long Term Conditions**

In the absence of Ms Michelle Watts, no update was given on this matter.

Ms Cottam noted that a meeting would be arranged with the Long Term Conditions group to keep them apprised of the Demand Optimisation programme's work and to help pursue agreed goals.

**Action: Ms Cottam / Dr Hope**

### **e) Atlas Data – Next Steps**

Dr Croal noted that some NHS boards had continued to send in data for the existing Atlas of Variation and thanked them for this. Dr Croal added that the existing Atlas data should be used to help develop educational resources and information around appropriate testing, once capacity existed to do so.

Dr Heather Holmes noted that NHS Fife had stopped sending in Atlas data, but could resume doing this again if it would be useful. Dr Croal agreed that Fife should resume sending Atlas data if able to and Dr Holmes agreed to provide this.

**Action: Dr Holmes**

### **f) Getting It Right First Time (NHS England)**

Dr Croal noted that interesting work had taken place in England regarding the Getting It Right First Time project, and noted that potential linkages to this programme may be possible in the future.

## **5 Any Other Business**

Dr Croal noted that the Demand Optimisation Group had recently been nominated for, and subsequently received, an award from the Royal College of Pathologists in the "Innovation" category. Dr Croal thanked all group members for their work and contributions thus far with the programme.

Ms Cottam requested that any group members who were pursuing relevant quality improvement projects contact the Demand Optimisation mailbox with details, to help illustrate tangible outcomes from this programme and to highlight where work could be scaled up on a more national basis.

**Action: All group members**

Ms Cottam also offered to contact Dr Chris Pitt and Dr Holmes regarding specific projects in their respective boards.

**Action: Ms Cottam**

## **6 Date & Time of Next Meeting**

The next meeting was mooted to take place in February or March 2021, 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	Correct previous minutes regarding Linda Mulhern's title	Dr Karl Hope
2	Write accompanying letter on Phase III report for chief executives	Dr Bernie Croal Ms Karen Stewart
3	Arrange discussion around collection of total / IHC slide data	Ms Philli Cottam
4	Share data dashboard with SPAN steering group	Mrs Claire Lawrie
5	Write introductory paper on SPAN dashboard for government / LEB	Dr Bernie Croal
6	Look into acquisition of Level 2 data from NHS Lothian	Ms Linda Mulhern
7	Determine whether community phlebotomy hubs have locational identifiers in the same manner as practice codes	Mrs Claire Lawrie
8	Issue blood sciences data collection template	Ms Philli Cottam
9	Arrange follow-up meeting with Genetics to discuss data collection	Ms Philli Cottam Dr Karl Hope
10	Arrange a future meeting with the Scottish Government LTC group	Ms Philli Cottam Dr Karl Hope
11	Resume sending in data for existing Atlas of Variation from NHS Fife	Dr Heather Holmes
12	Contact the DO mailbox with any relevant QI projects being undertaken in your respective boards or centres	All Group Members
13	Contact Chris Pitt and Heather Holmes regarding specific QI work in NHS A&A and NHS Fife	Ms Philli Cottam
14	Arrange next meeting	Dr Karl Hope