

minutes

National Demand Optimisation Group (Phase IV) – Steering Group

3rd March 2021, Microsoft Teams

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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
Dr Charu Chopra	Consultant Immunologist	NHS Lothian
Mrs Catherine Colquhoun	Programme Manager	NHS National Services
Ms Philli Cottam	Programme Manager	NHS National Services
Sarah Dack	BMS Manager, Haematology	NHS Fife
Dr Liz Furrrie	Consultant Clinical Scientist	NHS Tayside
Mr Gavin Hallford	Data Analyst	NHS National Services
Dr Heather Holmes	Consultant Clinical Scientist	NHS Fife
Mrs Claire Lawrie	IMS Senior Programme Manager	NHS National Services
Ms Linda Mulhern	Operational Science Manager	NHS Lothian
Dr Rebecca Pattenden	Consultant Clinical Biochemist	NHS Lothian
Dr Fiona Payne	Consultant Pathologist	NHS Grampian
Dr Chris Pitt	Principal Clinical Scientist	NHS Ayrshire & Arran
Ms Catherine Ross	Chief Healthcare Science Officer	Scottish Government
Dr David Stirling	Director of Healthcare Science	NHS National Services
Ms Karen Stewart	Healthcare Science Officer	Scottish Government
Mr David Topping	Clinical Laboratory Manager	NHS Tayside
Mrs Camilla Young	Programme Manager (SPAN)	NHS National Services

Apologies:

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 Karl Hope	Programme Support Officer	NHS National Services

1 Welcome, Apologies & Introductions

Dr Bernie Croal welcomed all to the virtual meeting of the National Demand Optimisation Group (NDOG) Steering Group. A round of introductions followed. Apologies were noted as above. It was acknowledged Dr Ewen Miller should be added to the list going forward.

Scottish Government's new Chief Healthcare Science Officer, Catherine Ross, introduced herself and her role to the group. Ms Ross had a background in cardiac physiology and had worked extensively in a leadership role for healthcare science within NHS England.



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

2 Minutes & Actions of Previous Meeting

The minutes from the December meeting were reviewed. It was highlighted Ewen Miller should have Dr as a title.

Action: Dr Karl Hope

Dr Croal then reviewed the action list from the previous meeting:

#	Action	Responsible	Update
1	Correct previous minutes regarding Linda Mulhern's title	Dr Hope	Complete
2	Write accompanying letter on Phase III report for chief executives	Dr Croal Ms Stewart	Report had been further modified with additional information on Phase IV activity added. The report would have to be signed off for publication within the next week. Members were asked to provide any comments by 9am Monday 8th March.
3	Arrange discussion around collection of total / IHC slide data	Ms Cottam	Achieved
4	Share data dashboard with SPAN steering group	Mrs Lawrie	SPAN data was shared and a document prepared and circulated to various groups on remobilisation in cell path and blood sciences.
5	Write introductory paper on SPAN dashboard for government / LEB	Dr Croal	Complete
6	Look into acquisition of Level 2 data from NHS Lothian	Ms Mulhern	Level 2 Lothian SMVN data had been received by Ms Mulhern with thanks
7	Determine whether community phlebotomy hubs have locational identifiers in the same manner as practice codes	Mrs Lawrie	No information on community phlebotomy hubs had been garnered and members were asked to provide any help to Mrs Lawrie on this.
8	Issue blood sciences data collection template	Ms Cottam	Complete
9	Arrange follow-up meeting with Genetics to discuss data collection	Ms Cottam Dr Hope	Complete
10	Arrange a future meeting with the Scot Gov LTC group	Ms Cottam Dr Hope	Complete
11	Resume sending in data for existing Atlas of Variation from NHS Fife	Dr Holmes	Complete
12	Contact the DO mailbox with any relevant QI projects being undertaken in your respective boards or centres	All Group Members	No new QI projects had been agreed but discussions had taken place with Dr Pitt, who noted it was hoped this would be the first of many projects. It was agreed there would be a slot on the next agenda for Dr Pitt (and Dr Holmes) to update.
13	Contact Chris Pitt and Heather Holmes regarding QI work in NHS A&A and NHS Fife	Ms Cottam	Complete
14	Arrange next meeting	Dr Hope	Complete

3. Data Workshop: Blood Sciences and SPAN Dashboards

Dr Croal began this section presenting the three-page summary report to demonstrate the purpose of the remobilisation data. It was noted that requesting trends had demonstrated significant variance throughout the pandemic with new models of care in place in many NHS Boards.

Ms Cottam then gave a brief overview of the last six months activity.

It was confirmed the templates had been agreed for collection in September 2020. Monthly data requests going back to January 2019 onwards were issued towards the end of 2020 and ongoing rolling monthly data has been requested since; all feeding into dashboards.

Pathology data is outstanding for one Board due to IT issues however all others were complete. Blood sciences had varying levels of data received from 11 Boards. The engagement in and support for this was acknowledged with thanks.

Pressures facing SMVN colleagues were acknowledged, noting that where IT staff in NHS Boards had been able to provide SMVN data this was welcomed however there was no pressure on lab staff to respond.

An example of the level one blood science data was demonstrated, followed by level three data. Pathology dashboards were similar in look. Ms Cottam highlighted the need to review and interrogate the dashboards together as a group to ensure the dashboards provided the information needed to inform and drive improvement work.

It was acknowledged ongoing data anomalies were being addressed.

Data publication was being addressed by policy colleagues in Scottish Government. A proposal to publish data publicly in tableau dashboards was being considered.

Mrs Lawrie then took the group through the dashboard from a user interaction perspective, demonstrating how to navigate the screens. She demonstrated how to:-

- Highlight one Board
- Split by discipline
- Split by Primary or Secondary care
- % change across months
- Look at total primary care data by test by Board
- Vary which test to examine
- Drill into data in greater detail

Mrs Lawrie then reminded the group what the primary care dashboard had looked like, being similar to the existing GP prescribing dashboard. Mrs Lawrie proposed that the next step could be to replicate the primary care dashboard with the level three data. The group were in agreement of this.

Dr Croal highlighted the need to systematically examine the data to ensure that we would not misrepresent trends and prioritise/focus on what was important information for health board level remobilisation – ongoing analysis would be planned.

Mrs Lawrie advised that the proposal was to provide dashboard access to colleagues following the meeting with Scottish Government policy leads on 23rd March whereby publication of data would be discussed. Whilst there was the intention to make this publicly available, there was a risk it might be limited by licence and so a named contact would be needed, which might be available to a couple of contacts per discipline per Board. Mrs Lawrie agreed to provide an update to members following the meeting.

Action: Mrs Lawrie

Following questions from members, Mrs Lawrie highlighted that a full Data Privacy Impact Assessment had been undertaken and there were no concerns from a data protection perspective, however Scottish Government would be required to approve publication of the data due to the sensitive nature of the work.

Dr Stirling acknowledged the significant progress that had been made. He queried whether typical seasonal variation could be built in for comparison. It was highlighted how this could be seen across tests. Dr Croal then highlighted that bringing more than one Board together helped with this, as did looking at rolling averages. Dr Furrrie highlighted that looking at variation over time was challenging in smaller disciplines like immunology where the introduction of a new test may appear as significant variation. It was agreed that interpretation by those who understand what is behind the data will always be necessary for this work.

It was confirmed that a review of referring patterns by test would be helpful to ensure that a perceived dip in primary care requesting wasn't simply being replaced by secondary care requesting. If this information was received it could be reflected in the dashboards.

Action: Members, Mr Hallford

Mr Pitt raised the issue of making comparison across Boards and it was confirmed that the variation within NHS Boards was more useful, compared to their own normal business.

There were queries about the dashboard displaying data on ten to twelve tests simultaneously which some members thought challenging to read, however it was clarified that this screen would generally be used to navigate across different tests rather than identify variation across tests. It was agreed the use of a heat map approach would be explored.

Action: Mrs Lawrie and Mr Hallford

The group agreed the dashboard work had progressed well and was representative of what the group had wanted to achieve. Thanks were extended to Mrs Lawrie and her team. It was acknowledged the group had the responsibility to ensure that nothing was published which might mislead viewers on what was happening clinically.

The IHC data was discussed with the group considering how they might obtain more accurate data which was indicative of backlogs and workload. It was suggested that finding out definitive number of biopsies that generated cancer surgery would be very helpful. It was agreed to explore links with the cancer registry and find out how up to date the information is. It was also agreed for Dr Payne to discuss with SPAN.

Action: Ms Cottam, Dr Payne

A workbook based on specific blood tests was suggested, with Dr Croal showing how this might look. It was agreed this would be reflected back to the networks for further discussion, proposing it as a way of delving into the detail and providing a way forward; which might not be possible in the Atlas itself.

Action: Ms Cottam, Mrs Lawrie & Networks

4. Phase IV

a) Timeline and Priorities

The challenges in collecting data were recapped and it was agreed further pressure should not be added to laboratory staff. It was also suggested that primary care representatives be added to the group.

Action: Dr Hope

Dr Pitt highlighted the synergies between discussion and the planned 2021 NHS Scotland Event. It was confirmed this had been realised and an abstract was to be submitted. Dr Pitt had previously had a session planned on demand optimisation in a hospital setting and it was hoped this would be approved again this year and it would be tied in with the groups work.

Action: Dr Pitt, Ms Cottam

Discussion followed on a generic information pack for members to use to promote the work and this was to be progressed by the core team. It was agreed any opportunity to highlight the importance of the work should be maximised and data could be provided.

Action: Ms Cottam

Dr Croal highlighted this was an exciting time for the group and opportunities should be maximised. He assured the group that ongoing funding for the programme was being progressed and was grateful to Scottish Government colleagues for their support.

b) Genetics Data

It was acknowledged that genetic services had been impacted by the pandemic and Dr Baty noted that high level data had been recorded to demonstrate the impact of the pandemic on referrals. He continued that teasing out data would be possible and that cancer referrals had been less impacted than others. Dr Baty agreed to create a slot for DO at the next monthly call and invite Mrs Lawrie and Ms Cottam to present.

Action: Dr Baty

c) Long COVID-19 Test Panel

It was highlighted that the media coverage of long COVID-19 had prompted rapid development of NICE and SIGN guidelines. There had been discussion on a blood testing panel to accompany this with the concept of a standard panel of testing to be carried out in primary care as work up for long COVID-19 clinics. Dr Croal noted he would wish to discourage use of antibody tests and there would be a requirement of additional tests driven by symptoms.

It was agreed this would a good opportunity for standardisation and further queries could be made to Dr Croal.
Action: Members

Action Table

#	Action	Responsible
1	Correct previous minutes regarding Ewen Miller's title and add him to the group going forward.	Dr Karl Hope
2	Provide an update on the publication of data to the group following the meeting with Scottish Government, to include how each NHS Board will access the dashboards.	Mrs Lawrie
3	Reflect on test requesting across the system and include in dashboards	Members & Mr Halford
4	Explore use of heatmap in dashboards	Mrs Claire Lawrie & Halford
5	Link with cancer registry	Ms Cottam / Mrs Lawrie
6	Discuss with SPAN how to reflect numbers of biopsies generating cancer diagnoses	Dr Payne
7	Explore workbooks with networks	Ms Cottam, Mrs Lawrie and Networks
8	Include Primary Care colleague in group	Dr Hope
9	Build links around NHS Scotland Event work	Ms Cottam Dr Pitt
10	Provide generic pack for members to use to promote DO work	Ms Cottam
11	Arrange a DO slot on next monthly genetics meeting	Dr Baty
12	Progress long COVID-19 testing panel	Dr Croal
13	Arrange next meeting to include presentations from Dr Holmes and Dr Pitt on local work	Dr Hope