

# minutes

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

11<sup>th</sup> May 2021, Microsoft Teams

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### Present:

Dr Bernie Croal	Demand Optimisation Chair	NHS Grampian
Mrs Liz Blackman	Senior Programme Manager	NHS National Services Scotland
Dr Charu Chopra	Consultant Immunologist	NHS Lothian
Ms Philli Cottam	Programme Manager	NHS National Services Scotland
Ms Sarah Dack	BMS Manager, Haematology	NHS Fife
Mr Gavin Hallford	Data Analyst	NHS National Services Scotland
Dr Heather Holmes	Consultant Clinical Scientist	NHS Fife
Mrs Claire Lawrie	IMS Senior Programme Manager	NHS National Services Scotland
Ms Linda Mulhern	Operational Science Manager	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
Ms Karen Stewart	Healthcare Science Officer	Scottish Government
Mr David Topping	Clinical Laboratory Manager	NHS Tayside
Raveena Sajjan	Policy Team Leader	Scottish Government

### Apologies:

Dr David Stirling	Director of Healthcare Science	NHS National Services Scotland
Sonja Wright	Clinical Scientist	NHS Grampian
Dr Rebecca Pattenden	Consultant Clinical Biochemist	NHS Lothian

## 1. Welcome and Introductions

Dr Bernie Croal welcomed all to the last DO Steering Group meeting of Phase IV. Round table introductions were made. Apologies were noted above.

## 2. Previous minutes and actions (2021-03-03)

The minute from the previous meeting was approved by the group. The actions from the previous meeting were discussed and updated as follows.

#	Action	Responsible	Update
1	Correct previous minutes regarding Ewen Miller's title and add him to the group going forward.	Dr Karl Hope	Completed
2	Provide an update on the publication of data to the group following the meeting with Scottish	Mrs Lawrie	Completed



Chair  
Chief Executive  
Director

Keith Redpath  
Mary Morgan  
Gordon Beattie

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

	Government, to include how each NHS Board will access the dashboards.		
3	Reflect on test requesting across the system and include in dashboards	Members / Mr Hallford	In progress
4	Explore use of heatmap in dashboards	Mrs Claire Lawrie / Hallford	In progress
5	Link with cancer registry	Ms Cottam / Mrs Lawrie	To be discussed during meeting.
6	Discuss with SPAN how to reflect numbers of biopsies generating cancer diagnoses	Dr Payne	In progress. SPAN to decide on worthwhile data.
7	Explore workbooks with networks	Ms Cottam / Mrs Lawrie / Networks	In progress. Still trying to develop. Discussions with most networks have taken place.
8	Include Primary Care colleague in group	Dr Hope	Ongoing.
9	Build links around NHS Scotland Event work	Ms Cottam / Dr Pitt	Closed. Chris Pitt is not delivering a presentation at this year's event.
10	Provide generic pack for members to use to promote DO work	Ms Cottam	In progress.
11	Arrange a DO slot on next monthly genetics meeting	Dr Baty	On agenda
12	Progress long COVID-19 testing panel	Dr Croal	Ongoing.
13	Arrange next meeting to include presentations from Dr Holmes and Dr Pitt on local work	Dr Hope	Completed.

### 3. Phase IV Dashboards

By way of presentation Ms Philli Cottam provided an update on the Phase IV dashboards. As discussed at the last Steering Group meeting, the dashboards have been published on Tableau Public, following approval from Scottish Government. April 2021 data has been requested, with the aim to getting the dashboards as complete as possible by the end of May 2021 to be included in the end of Phase IV report.

The password has been removed from the webpage as agreed by the Core Team. The links have been circulated to the group and individuals were encouraged to share the links widely with NHS colleagues.

Ms Philli Cottam has drafted example feedback reports. It is hoped that these can be cascaded to all blood science and pathology services for their views via the networks for feedback.

As previously agreed, IHC data has been requested from SPAN laboratories. The dashboard has been updated with any data received to date.

Mrs Claire Lawrie and Ms Philli Cottam met with the SPAN core team to discuss linking recently published Public Health Scotland cancer diagnosis data with the existing DO pathology data. Gavin Hallford provided slides to show how this data could be presented. Further discussion is to take place with the SPAN Core Team and SPAN DO representatives to ensure appropriateness of presentation.

**ACTION 01 2021-05-11: Mr Gavin Hallford is to finalise the cancer dashboard, clarifying the data set.**  
**Mr Gavin Hallford**

Mrs Claire Lawrie and Ms Philli Cottam recently attended a Genetics lab meeting to discuss inclusion of genetics data in the dashboards. It was reported that Genetics colleagues were receptive and keen to define a data set as soon as possible. It is hoped that this can be finalised and agreed in time for the start of Phase V programme of work, should this be approved.

Dr Bernie Croal highlighted the importance of data and presenting this in a transparent and useful way for both Health Boards and the general public to be made aware of it.

Mrs Claire Lawrie informed the group that the link to the dashboards had been included in the Teams chat and asked for all to review and feedback to enable comprehensive and inclusive data reports to be developed.

**ACTION 02 2021-05-11: All steering group members were asked to access the dashboard link placed in the 'meeting chat' and feedback any comments.**  
**ALL SG**

The group discussed a number of suggestions for refinement for the data reports presented as examples in the meeting.

**ACTION 03 2021-05-11: The data reports templates are to be further defined based on feedback and then circulated via the networks.**

**Mr Gavin Hallford / Ms Philli Cottam**

#### **4. Phase IV Report**

Ms Karen Stewart reported approximate timescales for completion of the formal Phase IV report is the end of May 2021. Further work to include analytical data input is underway and feedback of templates discussed under agenda item 3. The report is currently being drafted by the Core Team and will be circulated asap.

Dr Bernie Croal suggested that the Phase IV report also includes:

- The guidance created.
- The advice given to health boards.
- The potential work streams that are being impacted by it.

Ms Karen Stewart added that the Scottish Government would like to see a (near) final report with regards to the outcomes from Phase IV before it commits to a Phase V and relative funding.

#### **5. QI**

By way of presentation Dr Heather Holmes provided an update on the Demand Optimisation work undertaken by NHS Fife.

**ACTION 04 2021-05-11: Mrs Claire Lawrie is to liaise with Dr Heather Holmes to assist with Deprivation stats to be included in QI / data reports.**

**Mrs Claire Lawrie / Dr Heather Holmes**

Dr Bernie Croal asked whether there was backlash from general practice in NHS Fife with the DO work particularly regarding Vitamin D test requesting. Dr Heather Holmes advised that general practice were largely appreciative and experienced less criticism than predicted.

By way of presentation Dr Chris Pitt provided an update on Demand Optimisation: Quality Improvement Approach undertaken by NHS Ayrshire & Arran (A&A).

Dr Bernie Croal suggested that the demand optimisation work carried out in NHS Fife and NHS A&A be incorporated into the Phase IV report. These examples would demonstrate actual scenarios where efficiencies in time or resources have been made and money saving measures realised.

## **6. Wider engagement**

Ms Cottam advised that a number of meetings have recently taken place which includes meetings with Scottish Government policy colleagues for Diabetes, Cancer and neuro pathology. These meetings have started to explore how DO data presented in the pandemic recovery monitoring dashboards might be utilised within respective policy areas. Follow-up meetings are being planned.

The core team had a meeting earlier this week with the Scottish Government Long Term Conditions group to follow up on earlier engagement and discuss how pandemic monitoring dashboards might be further utilised within their work remit.

Dr Bernie Croal reported the following aims:

- Establish links with equivalent groups in NHS England and NHS Improvement and the BMS community.
- Engineer and promote a concept using labs as part of any assisted recovery (post COVID-19) phase, the important role they will play and the work the Scottish Demand Optimisation Group could contribute.
- Development of long COVID-19 pathway in collaboration with NICE and a Scottish Group established to develop this.

## **7. Phase V – Vision and objectives**

Ms Karen Stewart introduced this workshop section of the meeting, advising that the direction and strategy for the next phase has not changed. The vision will remain the same, namely reducing unwarranted variation in the delivery of health care along with improving outcomes. Over the past year COVID-19 has had a major impact on the programme of work. The Atlas of Variation has been further developed to include interactive recovery monitoring dashboards. The focus of Phase IV has been about pandemic recovery with the dashboards being further refined to show lab test trends in specific areas, with the aim to highlight potential health care gaps.

A continuation of the good work (objectives) carried out to date along with future objectives were noted as follows:

- Engagement with Scottish Government clinical priority policy teams in cardiology, respiratory neurophysiology and cancer, etc.
- Remobilisation and recovery phase.
- Data collection exercises (monthly).
- Educational guidelines.

- Communication and flash reports.
- Templates (graphs) for reporting. To have these embedded into the Atlas of Variation in the next phase.
- Clinical pathways. Which pathways should be the focus going forward.

Ms Karen Stewart noted interest on how the above could be embedded within Health Boards at an operational level.

Ms Karen Stewart is eager to reach out across Scottish Government policy areas to show the impact that a developed Atlas of Variation can have with helping the remobilization recovery phase.

Ms Philli Cottam presented a summary outlining what is left to achieve in Phase IV and what the overarching 10 proposed objectives for Phase V would be. Current funding is in place until the end of May 2021, when Phase IV will formally finish. Future funding is being sought, but not confirmed as yet. A draft summary PID has been endorsed by the LEB and is to be electronically endorsed by DiSSG shortly. A full Scottish Government PID is being drafted by the core team and will be taken through the appropriate governance channels for approval.

Mrs Liz Blackman carried out a live online poll interactive session with the group in which they were asked to consider achievable goals and objectives for various stages within phase V. Questions included:

- What can we learn from previous Phases?
- How can we achieve the proposed objectives?
- Membership and who are we missing?
- Initial focus of Phase V, and 3 month, 6 month, 12 month aims.

The results of the poll will be collated and circulated to the group in anticipation of Phase V funding.

**ACTION 05 2021-05-21: The results from the online poll are to be circulated to steering group members once collated.** **Ms Robina Collins**

A proposed suggestion was to streamline the objectives and break these down to network, national team and Health Board level of responsibility. Additionally, it be may be useful to outline how these could be measured and demonstrate this.

There was discussion about the possibility of having Demand Optimisation Groups within each Health Board to include relevant clinical and finance leads. Ms Karen Stewart advised that some Health Boards did set up DO groups but was unsure whether these were still operational. She added that there could be potential to discuss whether demand optimisation could be part of the remit of Realistic Medicine Leads. Ms Catherine Ross suggested that a mapping exercise take place to determine which HB's have Realistic Medicine Leads. Additionally, to evaluate their job description and remit and assess whether this would be a viable option.

**ACTION 06 2021-05-11: A mapping exercise to scope out Realistic Medicine Leads across all Health Board's is to take place within the first months 3 months of Phase V.** **DO Core Team**

**ACTION 07 2021-05-11: Discussion with Realistic Medicine Leads to determine whether they could become enablers of Demand Optimisation for their respective Health Boards is to take place within the first months 3 months of Phase V.** **DO Core Team**

Mrs Liz Blackman summarised the following work to take place:

- Map the infrastructure required.
- Clarify and refine the language of the objectives for Phase V.
- Categorize them by ownership.
- Outline the benefits.
- How to measure them.

**ACTION 08 2021-05-11: The Phase V objectives are to be clearly defined to include infrastructure, ownership, benefits and measuring.**

**Ms Philli Cottam / Mrs Liz Blackman**

## **8. AOB**

- The DO group were not successful in their poster abstract submission for the 2021 NHS Scotland event
- The DO group have been shortlisted for Advancing Healthcare Awards. The results of which are to announced 21<sup>st</sup> May.
- A Demand Optimisation poster has been accepted to UKMedLAB21 and will be presented by Dr Bernie Croal. Dr Bernie Croal is also giving a keynote talk at the Conference which will largely be focused on Demand Optimisation and Recovery.

## **9. Next Steps**

Next steps include:

- Update dashboards by end May – data and any clinical information.
- Refine objectives including ownership etc.
- Add clinical information to the dashboards where appropriate.
- Draft Phase IV report.
- Finalise Phase V PID and get approved through appropriate governance groups.