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Minute

Subject: National Demand Optimisation Group Meeting
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Author: Miss Susan Fairley, Programme Support Officer
Date: 22nd April 2016

Present:

Dr Bernie Croal	*Unit Clinical Director - Laboratory Medicine, Consultant Chemical Pathologist, NHS Grampian (Chair)*
Dr Bill Bartlett	*Consultant Clinical Scientist, NHS Tayside*
Caroline Clark	*Consultant Clinical Scientist, Honorary Research Fellow, Deputy Head Molecular Genetics, NHS Grampian*
John Connelly	*Clinical Laboratory Manager, NHS Lothian*
Miss Susan Fairley	*Programme Support Officer, NSD*
Dr Liz Furrie	*Lead Clinical Scientist, Clinical Immunology, NHS Tayside*
Mr Mike Gray	*Health Care Science National Lead Life Sciences, Scottish Government*
Dr Janet Horner	*Consultant Biochemist, NHS GG&C*
Mr Brian McConnell	*Business Analyst - Information Management Service, NSD*
Dr Lynn Manson	*Consultant Haematologist (representing Blood Banking)*
Linda Mulhern	*Operational Science Manager, Microbiology, NHS Lothian*
Dr Sai Murng	*Consultant Immunologist, NHS GG&C*
Dr Ewan Olson	*Consultant Microbiologist, NHS Lothian*
Dr Steve Rogers	*Consultant Haematologist, CMO Speciality Advisor, NHS Fife*
Mrs Alexandra Speirs	*Programme Manager, NSD*
Ms Karen Stewart	*Healthcare Science Officer, Scottish Government*
Dr David Stirling	*Director of Healthcare Science, NHS NSS*
Dr Craig Wheelans	*National Medical Advisor (PCF SBU), NSS*

Apologies;

Mrs Liz Blackman	*Senior Programme Manager, NSD*
Dr Raj Burgul	*Consultant Radiologist, NHS Forth Valley*
Fiona Hawke	*SCIN Manager, NMNS*
Chris Hind	*Clinical Laboratory Manager, NHS Tayside*
Dr Anne Katrin Lampe	*PhD, FRCPEd, Consultant in Clinical Genetics, NHS Lothian*
Mr Andy Munro	*Quality Manager for NHS Tayside (Deputy for Mr David Topping)*
Dr John O'Donnell	*Consultant Biochemist, NHS Borders*
Mr David Topping	*Clinical Lab Manager/Lead BMS for NHS Tayside Pathology*
Dr Gregor Smith	*Deputy Chief Medical Officer, Scottish Government*

In attendance;

Dr Angus Cameron	*Medical Director, NHS Dumfries & Galloway*

1. Welcome and introductions

Dr Croal welcomed everyone to the second meeting of the group; introductions were given for the benefit of those who were attending the meeting for the first time or deputising. Apologies were noted as above and John Connelly attended in place of Chris Hind.

2. **Minutes from NDOG meeting 22nd January 2016**

The minutes were agreed as an accurate representation of the meeting with Dr Croal noting that Dr Raj Burgul had made two comments in relation to national data acquisition and demand optimisation and provided an overview of these comments in which Dr Burgul had pointed out that there was already work being carried out in radiology in relation to the collection of national data and existing work was being carried out for decision support in radiology. Dr Croal noted that the work that was being carried out in radiology needed to be recognised when statements were being made in relation to these two areas and there was a need to remember that they were two distinct areas of work; there were recognised differences in the laboratory and imaging disciplines. The Scottish Clinical Imaging Network has a Demand Optimisation subgroup who would continue to feed back into the national group on their progress.

- Decision support

Dr Croal asked Mr Gray to update on this later in the meeting.

3. **Developments since last meeting**
    - Amendment to project scope
    - Revised Project Initiation Document
    - Summary paper identifying and agreeing group purpose and aims

Following a review of the project scope and proposed current time scale it had been agreed that the Scottish Atlas of Variation would now be a long term goal of the group as it was recognised that it was not possible to achieve within the current project timescale. Ms Stewart noted that there may be future funding for this group / project but this had not been confirmed as yet.

The group reviewed the revised Project Initiation Document (PID) and were happy with the proposed changes; Ms Stewart noted that there may be further changes to be made to this document going forward.

Dr Croal provided an overview of the work that had been carried out in England on the English Atlas of Variation, and it was noted that whilst the Atlas contained substantial data it was not a working reference atlas and due to funding issues no further progress had been made on it. In order to gain the best possible outcome for the Scottish Atlas it was agreed that there would be benefit in forming a small steering group whose aim would be to look at what work would be required in order to produce a Scottish Atlas of Variation. It was agreed that the group would look to set up a smaller steering group to review and report on this. The suggestion was made that a pilot data collection/proof of concept could be carried out by NHS Grampian and Tayside.

Action: Dr Croal, Dr Bartlett, Ms Stewart, Mr Gray, NSS

Dr Stirling noted that within NSS, ISD (Information Services Division) there was a discovery tool being trialled which effectively had a year to demonstrate its worth, with the Chief Executives having signed up to this system to display their data so it could be beneficial to review this also.

Mr Gray questioned if a lot of the work being proposed to be carried out by the group was in fact already being carried out under the shared services initiative and if there was a way to cross reference the work to ensure that there was not duplicate work being done. Mr Gray also highlighted that there were already data analysis tools in place that could be utilised that it was important to review these. Dr Stirling advised that he was looking at the shared services project.

Mr Gray added that there was an opportunity for this group to raise the profile of this data to try and start making improvements; suggesting that it would be worthwhile asking the questions of how busy were the labs in Scotland, how should the data be labelled and what was the variation. He also added that there was a need to understand the cost of the entire system, the variation of the system and ensure that everyone agreed on the terms adding that there may be scope for ISD to help with this project as they could design questions to ask for data feedback. Dr Bartlett commented that he did not think that it was so important about how busy the labs were as it was the impact on the services and patients and the focus needed to be on what's going on currently in order to review the requirements.

There was discussion on the possible channels for data requests; Dr Croal advised that he believed that each lab should be extracting their own data. This then raised questions in relation to what happened with this data and who would it be sent to for review; it was suggested that there could be a small subgroup within NSS who could collect data to develop a proof of concept, Dr Croal highlighted that the aim of the task was to focus on the extreme not fine tune the majority.

There was discussion on whether the subgroup should focus on one discipline or take examples from several disciplines and pull data for review. Dr Olson suggested that it may be worthwhile to look at the English Atlas in order to review where there was vast variation and then use these as examples to review.

Dr Manson asked if there was anything to be gained by looking at variation across assays, looking at variation where the unit cost was greater, Dr Croal advised that this was something that a small subgroup could look at. Dr Croal added that the choice of tests needs to be made from several angles including perceived variation issues, clinical impact, test cost and knock on clinical costs. The issue of postcode availability of new tests should also be considered. The group agreed that a small subgroup would be formed to review the requirements for this and agree works going forward. Dr Croal agreed to seek representatives from the relevant disciplines for this work.

Action: Dr Croal

Dr Croal reiterated that as per the revised PID moving towards a full Atlas for Scottish Diagnostic testing is not going to be in this group's scope but it would be beneficial to have a small group who could put together a case for this. There was also a need to try and develop some sort of statement around IT requirements; the National group was not going to be able to influence decisions on any IT systems but could provide some guidance to the boards as to what was important to consider when choosing and implementing IT infrastructure/systems from a demand optimisation perspective. It was noted that many of the LIMS providers where already developing such modules within their systems.

4. **Communications**
    - Highlight report
    - Bulletin
    - DO Website

Miss Fairley provided an overview of the bulletin and highlight report and advised that the bulletin reports would be sent to the group after each meeting to provide a brief update on developments from the meeting and inform on upcoming meetings, the bulletins would also be provided if there were any changes / updates between meetings. The group were asked that they in turn ensure that they use these bulletins within their own areas to help communicate the work that was being carried out. The highlight report is used to advise of the project status, this would be sent to the group to advise on any changes in the project RAG status (Red, Amber, Green project status).

Miss Fairley also advised the group that a National Demand Optimisation website had been designed, this was at an initial stage presently and work would be on going. An email would be sent to the group with the website address in due course. It was hoped that the website would be developed to have a member log in section where documents could be accessed and any relevant links to papers or other sites would be displayed.

Action: Miss Fairley

Mr Paul discussed the communications document for the project; this showed the suggested communication and responsibilities of the group. Ms Stewart commented that she thought that the governance structure in the communication document should mirror the governance in the PID document; Mr Paul explained that the governance structure in the report was for the Comms Strategy itself, not the governance of the group. Following further discussion it was agreed that Mr Paul would amend the document to reflect that.

Action: Mr Paul

Dr Rogers highlighted that there was currently no network in place for the Haematology service and as such it may be difficult for the service to provide continued representation in the group or for any

subgroups. Ms Furrie added that Immunology did not have a network either although they did have a Scottish clinical immunology group that meet regularly.

It was agreed that Dr Rogers would email the Haematology Society with updates from this group and communication updates could be circulated to them this way. Whilst Dr Furrie would email NSS the Immunology distribution list and NSS would email Immunology with communications updates.

Action: Dr Rogers / Dr Furrie

It was agreed that any updates for the bulletin would be sent to Dr Croal, Ms Stewart and Mr Gray for initial review and approval before circulation. Ms Stewart asked that there was a contact section added to the website for anyone who wanted to provide comment, Miss Fairley agreed to add this to the website development and communicate back when complete.

Action: Miss Fairley

Dr Bartlett asked that the boards themselves were added as shareholders to the PID.

Action: Miss Fairley

5. Demand Optimisation Survey Report

A Demand Optimisation survey had been carried out following the first meeting of the group, it had been hoped that this would give an oversight of any current demand optimisation work being carried out within the boards in order to give a better understanding of works being carried out and by whom. There had been a reasonable number of full completions and the details of this had been put into a survey report which had been circulated to the group for review, Dr Croal passed on his thanks to Mrs Blackman and the team at NSS for their work on this.

Dr Croal summarised that the main point from the review was that Demand Optimisation was becoming a key item within each health board but there did not appear to be much governance around this. There was also a lack of joined up thinking between the health boards on this; this meant that a case needed to be made that there was a need for national oversight and agreements on how to move forward with this work. It was agreed that a paper should be produced that detailed the outcomes / information and aims that had been recorded from the survey results, Ms Stewart agreed to produce an executive summary with a proposal on the actions required following this.

Action: Ms Stewart

Dr Croal added that it was important to stress the need for a national group, for which part of their responsibility would be to provide regular guidance and oversight of demand optimisation strategy between and within the boards.

Dr Olson noted that there needed to be a change made to a statement on page 22, it was agreed that this would be updated.

Action: Miss Fairley

There was discussion regarding the minimum retesting intervals (MRIs) and Mr Gray suggested that it may be worthwhile to put together a questionnaire that requested information from each health boards as to which tests they had either implemented MRIs or would like to. Dr Croal added that it would be advantageous to widen the scope to include other information around demand optimisation strategies. Dr Croal agreed to look at the possible questions to ask and would check these with the group to agree wording / information requests. In order to ensure that there was suitable feedback from this questionnaire the group would be asked to provide contacts to respond, they would also be asked to fully engage these contacts to ensure that they were aware of the completion request in order to fully maximise the survey return.

Action: Dr Croal/NSS

6. Effective Diagnostic Pathways

- Presentation on Effective Care Pathways for discussion
- Review existing lung cancer patient pathway

Dr Wheelans, National Medical Advisor within the Procurement, Commissioning and Facilities strategic business unit within NSS gave a presentation on Effective Care Pathways.

Dr Wheelans advised that as part of this groups work it would be a target aim to demonstrate to the Scottish Government by November 2016 examples of mechanisms to optimise demand for patients, service users and those providing diagnostic services in NHS Scotland. In order to try and achieve these, SMART objectives could be adopted; these are using specific, measurable, achievable, realistic and time scaled actions and tasks. Using objectives under these actions would ensure that there was a clear definition of exactly what needs to be achieved. Setting objectives taking into account relevant factors such as resources and time to ensure that it is realistic and ensuring timescale elements provide a deadline which helps people focus on the tasks required to achieve the objective.

Dr Wheelans added that any output of the group should aim to ensure that patient diagnostics are delivered in a person-centred, safe, effective, efficient, equitable and timely manner and there was a need to consider realistic medicine within this. Following on from this Dr Wheelans suggested that one piece of work that could be undertaken to engage all disciplines would be to carry out work on effective care pathways. Focusing on specific pathways could provide visibility on any variation across the health boards in how the pathways were progressed and managed. Some suggestions of possible pathways that the group could undertake to provide information on were;

- Acute/Chronic Breathlessness
- Bowel Disease
- Acute Confusion
- Deep Venous Thrombosis
- Diagnosis & Monitoring In Diabetes
- Liver Function Tests
- Cancer

The suggested deliverables for this would be

- Collation of examples of best practice
- Engagement with key stakeholders
- Development of key diagnostic pathways
- The development of a framework based upon translational learning for the adoption of demand optimisation to conditions not covered by this process

Dr Wheelans provided further information on some of these pathways and works that had already been carried out including a paper that the University of Bath had produced on breathlessness to ensure that the correct pathway was adopted and followed. Mr Gray agreed that this was the correct approach and added that there was the need for the input of medics as they would be the ones who would be initially requesting.

Dr Croal highlighted that there remains no real mandate across the boards to force availability or specific use of a test or pathway, however this did not mean that a diagnostic pathway suggested by this group could not then be used to show good practise and make suggestions for change. It was agreed that there needed to be an assurance that any new suggestions did not replicate advice that was given within the NICE and SIGN guidelines.

It was noted that work is being carried out by Health Improvement Scotland in relation to Effective Care Pathways and it was agreed that Dr Manson would provide Dr Wheelans with contact details for colleagues in HIS to discuss this further and report back.

Action: Dr Manson / Dr Wheelans

The group agreed that the effective care/diagnostic pathway was a positive approach and would be a suitable project to undertake. Dr Olson advised that he would be able to provide details on a new protocol that had been put in place for HBA1C testing in NHS Lothian. Dr Olson to send this information to Dr Wheelans for review.

Action: Dr Olson / Dr Wheelans

7. Governance – Health Board based Demand Optimisation Infrastructures.

Dr Croal advised that there did not appear to be a comprehensive mature supportive infrastructure within the health boards to support and provide governance to demand optimisation activity and strategy - this had been highlighted in the survey report discussed earlier in the meeting. As noted in the report it was it had also been highlighted that most laboratory services were considering some form of Demand Optimisation however there was variation in the mechanisms being used and the way in which such activity was being delivered.

Dr Croal invited Dr Bartlett to provide a brief overview of the Demand Optimisation group that had been developed in Tayside noting that there was potential to use some of this guidance to communicate to other boards and groups as to how this work had been carried out.

Dr Bartlett had provided a paper titled "Organisational Structures for Managing Demand Optimisation" which had been circulated to the group for review. Dr Bartlett advised that demand optimisation had been a topic of focus within the Managed Diagnostic Networks and it was clear that constituent network members had embraced this to varying degrees, although there was benefit. From an NHS Tayside perspective, the Diagnostics Group had attempted to deliver a focus that had been largely driven from a bottom up approach; the diagnostic services identified initiatives of varying degrees of complexity through an evolving delivery structure, with the programme of work being identified opportunistically and managed via a programme manager. This bottom up approach had raised the profile of demand optimisation within the organisation as a consequence of delivery of some successful initiatives and organisational lobbying. It had become clear that bigger benefits of a broader approach would require the engagement of senior Clinical Staff and Managers across the organisation to enable a combined top down bottom and up approach to delivery.

Dr Bartlett provided further details on the process and identified target work that had been carried out in order to implement and continue these works advising that a Programme Manager had been appointed to oversee the work acting at an organisational level and within the direct access Directorate.

Dr Croal thanked Dr Bartlett adding that it had been very useful to have information on an existing structure that was working successfully. It was agreed that this was an area that this group could formulate an opinion on and should look also look at how engagement outside of acute care could be embraced – thus incorporating input/output to the Integration Joint Boards that have been set up.

It was agreed that Dr Bartlett would develop a paper for general guidance for Health boards as to how such structures could be put in place, the group were asked for volunteers to assist with this and Dr Olson, Dr Manson and Mr Gray volunteered.

Action: Dr Bartlett

8. IT Overview

Decision Support

Dr Croal invited Mr Gray to give his update on Decision Support that had been on the agenda earlier in the meeting. Mr Gray advised that following on from the first meeting of the group there had been discussion around decision support, Mr Gray had been tasked with speaking to Dr Ann Wales in relation to work she had been carrying out on decision support. Following from these discussions Mr Gray had been given access to review the decision support tool, this system gave the user details of the most suitable support, it then provided details of the cost for each test and asked the requester if the test was still required. There was a task to look at the education in the medical pathways; one possibility was to put information into electronic apps that could be used. The app would detail things like diabetes, then show which tests were available, which tests should be taken and what the minimum retesting interval was for these. Mr Gray advised that the next stage was to review what information was required and how to make this available within an app / smart phone application. Mr Gray would continue to follow up on this and report back in due course. It was acknowledged however that the lack of interoperability between health board systems and the lack of flexibility of existing LIMS/Order Comms systems would limit any implementation of these decision support modules.

Action: Mr Gray

Mr McConnell had undertaken a small project to review the role if IT applications within Demand Optimisation. He advised that a lot of what had been discussed within the meeting had mirrored what he had concluded in the meeting which was there was variability across the boards. There were multiple systems being used across the acute and primary care systems; there was also further customisation of these systems which had impacted on functionality as it varied across all systems and posed a challenge to try and roll anything out nationally. There was no standardised Demand Management or Decision Support nationally and the level of development again varied by system and version.

Mr McConnell advised that there was some DO work currently being carried out which involved National PMS (Trak) Group, a NES Decision Support Roadmap, focus on making better use of current features and off the shelf bolt-ons. There had also been some work carried out within National Education Scotland (NES) in relation to mobile apps which were good as they were separate and independent to the main order comms systems however one issue would be that they may not be suitable for high volume tests as not practical to use an app for this. There was discussion around a national TRAK group, Mr McConnell advised that this would require development by Inter systems of the core application and as the current release had already begun roll out it was not possible to now include it; there may be a possibility that it would be included in the 2017/2018 timescale, but realistically this would be the extreme best case scenario.

It was highlighted that there was some functionality within TRAK care order comms currently that allows questions to be asked and vets requests, NHS GGC had started to look at workbenches which is something that is available in TRAK care where it generates a questionnaire that someone else then checks and decides if suitable before the order is placed; this was used more in radiology and low volume environments only though.

Off the shelf bolt ons were also an option for existing LIMS to provide additional functionality. These could be developed by the same supplier as the main system eg the Trak Decision Support module or could be supplied by third parties and integrated into current applications

Mr McConell highlighted that any solution needs to ideally work with the wide variety of systems currently in use, they must also be user friendly and easy to navigate and not seen as a roadblock. It was discussed within the group that while attempts need to be made to try to automatically block inappropriate requesting, this should not be overwhelming as too many block messages can lead to frustration, wasted clinical time and message fatigue.

It was agreed that if a solution was to change or add on to an existing Order Comms system then there would need to be buy in from the individual boards with suitable support to implement. There were associated costs for any IT solution even if the development was in house and the timescales for implementation could be significant as any changes to clinical systems may need approval from multiple boards.

It was agreed that this was something that would need to be reviewed and discussed as the project progressed.

9. Realistic Medicine and The National Clinical Strategy

Dr Croal welcomed Dr Angus Cameron to the group and briefly explained the background of the group and the current aims and objectives. Dr Cameron is a Medical Director in NHS Dumfries & Galloway who has a keen interest in realistic medicine and has contributed to the Scottish Government realistic medicine review which formed part of the National Clinical Strategy launched in February 2016.

Dr Cameron gave an overview and presentation on realistic medicine advising that variation existed across Scotland both in terms of the rates of interventions and in how interventions were provided. There was evidence to suggest that when the wrong decision was made, this then resulted in the provision of services to patients who didn’t need them. To address this there needed to be better understanding of the negative variation and better education for informed decisions.

Dr Cameron highlighted that there was a need to look at patient preferences, it had been shown that if you armed patients with more information then they generally asked for less treatment. It had also been shown that doctors have less treatment for conditions than they advise for patients which was an interesting point to look at.

There was further discussion on the classification of variation, preference sensitive care, supplier sensitive care and the culture impact. Dr Croal highlighted that one of the areas that the National group thought was important was the ability to get good data; within each health board there was existing data that could be utilised within each lab database but it was difficult to get a national picture which is why an Atlas of Variation would be helpful. It was agreed that the best practical way to ensure accurate data was to pull from each health board and then manually collate.

Dr Cameron agreed that there was a need to have a major push on data coming out from all available sources in order to be able to review.

Dr Stirling noted that the local understanding of data should be from the health boards as they needed to understand the input and collection of data; it was not the requirement of ISD (Information Services Division) to check the data is correct. Dr Croal added that there had been discussion around the Governance required at health board level, there would need to be a regular collection of data that could be used and reviewed.

It had been identified that there needed to be a locally based governance structure that could look at demand optimisation that could feed into a whole system approach.

Dr Croal thanked Dr Cameron for his input and presentation.

10. AOCB

There were no additional items to discuss

11. Review of actions from meeting

It was agreed that actions would be agreed and communicated to the group by email for follow up and action.

12. Dates of next meeting

The dates of the next two meetings along with venues were confirmed as;

- Friday 1st July, Glasgow Marriott Hotel, Argyle Street, Glasgow
- Friday 7th October, Boardroom 1, Gyle Square, Edinburgh

Miss Fairley would send out calendar invites for these meetings to the group.

Action: Miss Fairley

Dr Croal thanked everyone for their attendance and input and the meeting was brought to a close.