National Services Division

Area 062
Gyle Square
1 South Gyle Crescent
Edinburgh EH12 9EB
Telephone 0131 275 6575
Fax 0131 275 7614
www.nsd.scot.nhs.uk

Minute

Subject: National Demand Optimisation Group (NDOG) Meeting
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Author: Miss Susan Fairley, Programme Support Officer
Date: 22nd January 2016

Present:

Dr Bernie Croal	*Unit Clinical Director - Laboratory Medicine, Consultant Chemical Pathologist, NHS Grampian (Chair)*
Dr Bill Bartlett	*Consultant Clinical Scientist, NHS Tayside*
Mrs Liz Blackman	*Senior Programme Manager, NSD*
Dr Raj Burgul	*Consultant Radiologist, NHS Forth Valley*
Caroline Clark	*Consultant Clinical Scientist, Honorary Research Fellow, Deputy Head Molecular Genetics, NHS Grampian*
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*
Chris Hind	*Clinical Laboratory Manager, NHS Tayside*
Dr Janet Horner	*Consultant Biochemist, NHS GG&C*
Dr Anne Katrin Lampe	*PhD, FRCPEd, Consultant in Clinical Genetics, NHS Lothian*
Mr Brian McConnell	*Business Analyst - Information Management Service, NSD*
Lorna McLintock	*Consultant Haematologist, NHS Fife (Deputising for Dr Rodgers)*
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 John O'Donnell	*Consultant Biochemist, NHS Borders*
Dr Ewan Olson	*Consultant Microbiologist, NHS Lothian*
Ms Karen Stewart	*Healthcare Science Officer, Scottish Government*
Dr David Stirling	*Director of Healthcare Science, NHS NSS*
Mr David Topping	*Clinical Lab Manager/Lead BMS for NHS Tayside Pathology*
Dr Craig Wheelans	*National Medical Advisor (PCF SBU), NSS*

Apologies;

Dr Steve Rogers	*Consultant Haematologist, CMO Speciality Advisor, NHS Fife*
Dr Gregor Smith	*Deputy CMO Scottish Government*

1. Welcome and introductions

Dr Croal invited group members to introduce themselves and provide a short overview of their background and interest in the group. Following this it was agreed that all attendees would send a few short bullet points on themselves to Miss Fairley detailing their background and interest in demand optimisation. Miss Fairley would then collate these into a reference document for the group.

Action: Group / Miss Fairley

Apologies were noted as above and Ms Lorna McLintock attended in place of Dr Steve Rogers.

2. Overview of the National Demand Optimisation Group (NDOG)

Mr Gray provided an overview of the Scottish Governments Healthcare Science National Delivery plan (2015 – 2020), one of the deliverables is around Demand Optimisation. Demand optimisation is defined as the application process and tools to maximize the "return" of effectiveness of healthcare science interventions, consequently freeing-up capacity, particularly in the life sciences stream with an aim to provide the right test at the right time to the right person in the right way, reducing or eliminating unnecessary testing and enhancing decision making in patient care.

Ambitions
The ambitions within the HCS NDP are:

- Reduce unnecessary testing
- Free capacity to address rising demands
- Reduce hospital referrals and admissions by developing robust preventative testing that promotes primary care delivery

The NHS Boards will:

- Support healthcare science leads, managers and heads of service to work with the national healthcare science leads and National Managed Diagnostic Networks [1](NMDNs) in collectively progressing this improvement work

National healthcare science leads, NHS board healthcare science leads, managers and heads of sciences will:

- Work with NHS Boards and NMDNs to reduce unnecessary testing and measure overall impacts on patient outcomes

It was highlighted that it would be important to have visibility / branding and involvement of procurement and IT throughout this process.

It was hoped that the information collated would be useful to all interested parties. There was a requirement to have clear concise accurate data that could be reviewed in order to ensure that all NHS Boards and associated services were working to the same set of guidelines and producing the same results in the provision of diagnostic tests. It was important to have this information readily available, to support delivery of this work.

It was noted that the benefits from such a body of evidence and a defined work programme for the NDOG would be clarity on how many people were required to carry out certain tests and subsequently what the costs were to carry out these tests. This would lead to the delivery of better value.

It was noted that primarily this work would be patient focused and there would be a potential benefit / risk to workforce but this would all be part of the ongoing review process.

It was highlighted that an interface with shared services would be necessary. Ms Stewart added that the demand optimisation was about bringing services together in order to collaborate and share each other's experiences. There was a need to understand what the balancing measures are and a review of where there were work streams in different areas how these impacted on other areas and services.

3. Overview of potential workstreams

[1] Current NMDNs are the Scottish Clinical Imaging Network (SCIN), the Scottish Clinical Biochemistry Network (SCBMDN), the Scottish Pathology Network (SPAN) and the Scottish Microbiology and Virology Network (SMVN). They are nationally commissioned by the National Specialist Services Committee (NSSC) and managed by the National Network Management Service (NNMS)

Dr Croal gave a presentation to the group on the potential workstreams, highlighting that the bottom line was financial efficiency and optimising patient care.

3.1 Routine Data Collection

Dr Croal advised that the initial main focus needed to be on routine data collection so that the level of variation across diagnostic services, both on what was being provided and what was being used, could be identified. He provided a presentation detailing this further.

a. Scottish Diagnostic Atlas of Variation

Dr Croal advised that NHS England had carried out a project which had collated data on diagnostic test use from 151 Primary Care Trusts and collated this in the publication "The NHS Atlas of Variation in Diagnostic Services" in 2013. This Atlas provided an excellent analysis of how specific diagnostic tests were used across Primary Care in England however nothing much had happened since given the lack of implementation infrastructure to actually deliver change. It was hoped that, if produced, a Scottish Atlas of Variation would be kept up to date with current data, would highlight variation and would be used as a planning tool going forward – the difference being that with the existence of the NDOG, the Diagnostic Networks and a variety of emerging health board based demand optimisation groups, there would be appropriate infrastructure to define, deliver and implement any strategy

It was highlighted that in Scotland data was already collected for Keele benchmarking, however some NHS Boards had discussed withdrawal from Keele. In some cases this has been supplemented by more useful NMDN data collection; for example SPAN had a considerable data set. Thus, this data collection would obviate the need for much of the Keele activity and may even sanction withdrawal with the considerable costs diverted for Atlas purposes.

b. Requesting Rate Feedback (Primary Care)

The purpose of this was to provide a service to GP's that presented them with activity data around diagnostic test use. This would also be provided with comparison to other practices and maybe national averages – cost data could also be added. Dr Croal advised that this was something that had been trialled some 10 years ago in Grampian but only now, with the advent of good electronic links, was it feasible to provide this service routinely. Dr Croal added that there had been a new data extraction engine designed which pulled information from the Laboratory Information Management Systems (LIMS) and collated it in individualised electronic feedback booklets for GP practices. A live sharepoint database was also under construction that would allow GPs to obtain more real time data.

Dr Croal highlighted the opportunity to do this across all NHS boards, and indeed this was now being piloted in various forms in three Health Boards. The data collection was not too arduous but in any case would be similar data required to populate a Scottish Atlas of Variation – so dual function. Ethics and permissions were also something that would need to be reviewed but the NDOG agreed this did not present an issue at present.

Dr Stirling highlighted that it was important to look at outcome data as well.. NSS through ISD had an initiative where for the past couple of years they had imbedded information scientists into boards to help with this sort of data collection. It was suggested that these information scientists could be a useful resource to ensure that the data was consistent.

3.2 Classical Demand Optimisation Strategies

a. Demand Optimisation Guidance

It was highlighted that in terms of demand optimisation guidance, there was an opportunity for the group to define some basic ground rules that could then feed into NMDNs and associated steering groups if available locally at health board level.

Work had already been carried out in this area. Dr Croal advised that a lab toolkit had been published by Prof Tony Fryer and Dr Stuart Smellie which gave recommendations on various aspects of

demand optimisation. There was a need to ensure that each NHS Board was part of this demand optimisation work and that the NMDNs drove any discipline specific input that would be required

b. Minimum Retesting Intervals

Minimum retesting intervals were used to define when it was appropriate to carry out repeat tests. Dr Croal and Dr Lang had recently produced a final publication for consensus recommendations for minimum retesting intervals across pathology. Part of the challenge was implementation given that most of the available LIMS and order comms systems were not able to fully implement this guidance.

c. Common Repertoires

Dr Croal provided a short presentation on common repertoires to the group – aimed at identifying tests that were not universally available across all health boards, with potential strategies to ease further roll out – linked to the shared services agenda.

It was agreed that a selection of the top ten tests (where availability was questionable) would be selected in order to report on initially. Dr Croal advised that it would be up to each discipline (via their MDN) to advise what the most suitable tests were to review and report on.

It was then agreed through further discussion that each discipline would provide a vision statement of what they wanted to achieve. These were to be sent to Miss Fairley for collation.

Action: Group/ Miss Fairley

3.3 Effective Diagnostic Pathways (EDPs)

Dr Croal advised that there was the opportunity to choose specific patient pathways that incorporated a lot of diagnostic tests and define a common standard that could consistently be applied across the whole country. This drive for consistency and appropriate use of tests would impact on patient care and help ensure that availability of tests could be standardised.

The group also discussed the possibilities of software systems that would assist with test ordering and in turn assist with optimisation. Dr Croal highlighted that these types of systems were not something that was likely to be available in the near future but were something that could be explored in future meetings

4 Input and likely Governance around workstreams

Dr Croal highlighted the importance of any demand optimisation strategy being supported by an infrastructure both to contribute to the work but also facilitate in the implementation of the various workstreams. Scotland was fortunate in that with the existence of the NMDNs, a strong RCPath presence, and emerging DO groups at health board level, then much of this infrastructure was already present.

Dr Croal envisaged that the members of the NDOG would participate with the workstreams and liaise with their respective NMDNs and other stakeholders to allow discipline specific input and output to be actioned. In addition, the NMDNs would also be able to utilise their health board representation to facilitate implementation at that level – it was emphasised however that a specific health board based DO structure would also require to be developed to ensure a potent action cascade could be achieved.

Demand optimisation workstreams.

The workstreams proposed within the NDOG were:

- Data collection
- Atlas of variation
- Educational and activity feedback

- General DO guidance
- Effective Diagnostic Pathways
- DO cascade structure for implementation
- Decision support and IT Requirements

Next Steps: the following was agreed:

- The need to initiate some sort of data collection process – first steps to identify what needs collecting and gain approval and possible funding – involvement of the Diagnostic Steering Group and others required.
- Involvement of the NMDNs to help identify key testing areas for focus.
- The exploration of how such data could be used to populate a Scottish Atlas of Variation
- The exploration of how this data could be used to better facilitate a regular or even live sharepoint resource for GPs diagnostic activity patterns.
- Development of a Scottish version of a DO toolkit, using the Fryer recommendations as a good starting point. Further information was required on what current DO work was being carried out in each board and this was to be reported back. Miss Fairley would produce a pro forma for this and send out to the group to complete and return – liaison with their respective health board based representatives would be required.

Action: Group / Miss Fairley

- Further develop the concept of Effective Diagnostic Pathways, with initial focus on some of the more obvious pathways that presented availability or variation in implementation and use of particular diagnostic tests.
- Mr Gray to explore links with regard to automated decision support with Anne Wales

Action: Mr Gray

- Dr Bartlett was tasked with identifying some of the necessary structures that would need to be put in at health board level to best facilitate a DO program – drawing on his experience with NHS Tayside developments in this area.

Action: Dr Bartlett

- Produce a summary paper identifying what this group is and what the aims are, highlighting NDOG recommendations and workstreams.

Action: Dr Croal. Mr Gray, Ms Stewart, Mrs Blackman, Miss Fairley

5 Terms of reference of the group

It was agreed that this would be an ongoing review as there would be items to add and agree on at future meetings.

6 Agree frequency and locations of future meetings

It was agreed that the meetings would be held quarterly with the next meeting at the end of April. Future meetings would be held in Glasgow or Edinburgh. Miss Fairley would send further details in due course.

Action: Miss Fairley

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