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: Mrs Liz Blackman, Senior Programme Manager
Date: 7th October 2016

Present:

Dr Bernie Croal	*Consultant Chemical Pathologist, NHS Grampian (Chair)*
Dr Bill Bartlett	*Consultant Clinical Scientist, NHS Tayside*
Mrs Liz Blackman	*Senior Programme Manager, National Specialist & Screening Directorate NSD*
Caroline Clark	*Consultant Clinical Scientist, Honorary Research Fellow, Deputy Head Molecular Genetics, NHS Grampian*
Dr Liz Furrie	*Lead Clinical Scientist, Clinical Immunology, NHS Tayside*
Mr Mike Gray	*Health Care Science National Lead Life Sciences, Scottish Government*
Dr Fiona Hawke	*SCIN Imaging Manager*
Chris Hind (T/C)	*Clinical Laboratory Manager, NHS Tayside*
Dr Lynn Manson	*Consultant Haematologist (representing Blood Banking)*
Linda Mulhern	*Operational Science Manager, Microbiology, NHS Lothian*
Dr Sai Murng	*Consultant Immunologist, NHS GG&C*
Ms Fiona Murphy	*Director Designate, National Specialist & Screening Directorate (NSD)*
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:

Mrs Deidre Evans	*Director, NSD*
Dr Gregor Smith	*Deputy CMO Scottish Government*
Miss Susan Fairley	Programme Support Officer, NSD
Dr Anne Katrin Lampe	*PhD, FRCPEd, Consultant in Clinical Genetics, NHS Lothian*
Dr Ewan Olson	*Consultant Microbiologist, NHS Lothian*
Dr Janet Horner	*Consultant Biochemist, NHS GG&C*
Dr John O'Donnell	*Consultant Biochemist, NHS Borders*
Dr Steve Rogers	*Consultant Haematologist, CMO Speciality Advisor, NHS Fife*

1. Welcome and Apologies

Dr Croal welcomed everyone to this, the fourth meeting of the group; acknowledging that significant progress had been made in a changing political climate. He anticipated there would be a great deal of interest in the outputs of the group and highlighted that the majority of the discussion in this meeting would concern the review of the draft final report of the group.

2. Minutes from NDOG meeting 1st July 2016

Dr Hawke highlighted that her job title was inaccurate and that she had sent changes to Miss Fairley which had not been taken on board. There were no other comments on the minutes.

3. DOG Final Report

Dr Croal directed members to the conclusions and recommendations.

3.1 Conclusions

Conclusions had been drawn from work that had already taken place and data that was anticipated shortly.

He took members through the conclusions, highlighting –

- In three - that pilot extraction of data had taken place and this could be organised and focused to be of more use, but that this would require more work.
- There would hopefully be more data in the next few weeks that would be incorporated into the report.
- Second last conclusion was a commentary on the pathway work, highlighting the need for a whole systems pathways approach.
- He felt the final recommendation was the vaguest but highlighted the need for robust governance in order to progress.

He then opened the floor for comments on existing conclusions or any additional points that had been missed. As there were no comments, it was assumed the group was in agreement with the conclusions.

3.2 Recommendations

Further discussion followed on the recommendations:-

Dr Croal highlighted that in the current climate the ideal scenario had to be balanced with what was achievable and this should be borne in mind by members as discussion progressed.

Recommendation One

Recommendation one highlighted the need for Boards to adopt the DO guidance and the IT guidance. It was confirmed this recommendation would remain as it is.

Recommendation Two

Recommendation two was split into five workstreams that would be taken forward as the second phase of the DOG; however the actual process and mechanism remained unknown in terms of resource, support and strategic landscape.

2.1 highlighted the need for improved data collecting and reporting with some national level resource required to provide analysis. It was highlighted there is an issue about how this might work.

It was suggested that ISD may not be well placed at this time to take things forward, highlighting that the usual datamart model might not be ideal. However there were steps to take before this, including manual data collection which then ISD or similar could then analyse and report on, potentially leading to a more automated process in the future. It was suggested there should be further discussion with ISD as they were involved in a current piece of work to improve lab data collection under the banner of shared services.

An alternative option would be to look at Keele benchmarking however some Boards had already pulled out, meaning there would not be a complete dataset at present. A refocused data set, however, would be seen as a game changer and would likely stimulate participation.

Dr Croal commented that it was reasonably straightforward to pull data out and he now had data for Grampian and Tayside that could be mapped to an atlas of sorts.

Members were reminded of the current work to produce a datamart for radiology and that the group should be mindful of data across all diagnostics.

It was agreed that one body producing data reports for labs would be helpful, not focused on the delivery of an IT system but instead focused on consistent reporting. Dr Croal highlighted that Boards could readily pull information required for something similar to an atlas, allowing the appropriate level of interrogation of national data.

It was proposed that the DOG team if moving forward could work with local information support teams (IT personnel) to enable common data collection across each Board. This could then be analysed and modelled while more formal agreements on data collection/reporting were developed.

Dr Bartlett outlined the data work that was about to commence, looking at enabling convergence of data to provide for a future where there was an automated system. Whilst there were frustrations with Keele, it was noted that there was the potential to develop their data collection and analysis into a more useful tool. It was acknowledged there had been a significant shift in how the work was being approached and this was now a significant project to be taken forward.

Links with the ISD work on the Point of Care Atlas were highlighted, noting that this was seen as a fairly straightforward exercise. The questions that needed to be answered were around how this would be developed and supported by NSS.

Through discussion, it emerged that the DOG were looking for two datasets but that there was significant overlap: an atlas of variation, on a set number of tests, focused on Primary Care, could also be used as the basis of an educational feedback model to GPs as is currently being piloted across NHS Grampian. It was noted that the data would be managed in the same systems by the same people, so there would be synergies in the same group focusing on both.

It was highlighted that this recommendation on data collection, enabling accurate and responsive data, was pivotal to the successful implementation of the other recommendations and so its importance should not be underestimated.

It was agreed the need to undertake this work would be taken back to Shared Services for inclusion in their lab data working group’s agenda. In the meantime, a subgroup from DOG would be established to explore what could be collected now, thus offering us an immediate opportunity to examine variation. It was suggested there might be IT resource in Grampian to support this initially.

It was agreed this recommendation would be reworded to clarify how the work would take place, acknowledging that ongoing discussion would be for DSG and Shared Services to take forward, noting the DOG itself was a temporary resource.

Action: Dr Croal

There was then discussion of the relevance of an atlas of variation to radiology and Dr Hawke did not see merit in linking into the work, however highlighted that basic benchmarking data was being collected by shared services with the aim of putting together a case for change in collection of radiology data. SCIN and shared services will be working together to develop a data extraction/system for radiology however this would address wider aspects of data than demand optimisation. A dashboard would be developed to cut across professional silos and board boundaries.

Recommendations 2.2 and 2.3 were discussed, particularly in terms of the educational feedback for GPs, highlighting the need for a project team to provide support if there was to be national spread.

Minimum retesting intervals were then discussed from recommendation 2.4, highlighting that the networks could have a role in taking forward guidance in several key areas. The section in the report that links to this recommendation required further completion however Dr Furie highlighted that the missing information had been sent in. It was agreed this would be picked up.

Action: Miss Fairley

The need to link systems with MRIs was discussed and it was suggested repeat testing was more of an issue in secondary care and that is where improvement should be targeted.

NHS Lothian was piloting the new version of TRAKCare. Mr Gray commented on NHS Lothian's recent engagement with TRAKCare, where reps had been told of the need to apply MRI rules and this had not been prioritised. It was suggested there needed to be engagement between eHealth Leads and the key supplier to ensure this was something that could be taken forward.

It was agreed there was a need to explore how the functionality within the existing IT systems could be fast tracked with regard to demand optimisation in general and minimum retesting intervals in particular. This was to be clarified in recommendation three.

Action: Mrs Blackman

It was agreed 2.4 would be strengthened, noting that there is no place in radiology for minimum retesting intervals, given that there is a human intervention to check re-testing due to IRMER regulations.

Action: Mrs Blackman

Looking at recommendation 2.5, there was a need to ensure links with new tests or new uses of existing tests, with the recent SIGN guidelines on cardiology referenced as an example of lack of a joined-up approach, given they can include something in their guidance without discussion on funding for implementation of associated tests.

It was agreed 2.5 should address tests where there is a requirement to review existing provision as well as new tests. Dr Croal asked the group the extent to which they would like to reference the HIS effective care pathways work and it was agreed this did not need significant mention given the uncertainty around this program.

Recommendation Three

It was highlighted that the lack of interoperability between systems was challenging; opening the doors to further variation, so recommendations at 3 would be challenging to take forward and would require linking to existing national governance structures. It was agreed 3 should be reworded to not specify the need for a group and to add in Read codes.

Action: Mrs Blackman

Dr Bartlett commented that moving to a distributed services model needed common IT as an enabler so this was likely to be a significant new driver for change.

Standardisation of nomenclature was raised, with a suggestion of the need to task networks with taking this forward to develop their part of the data dictionary. The complexities of this seemingly simple task were outlined. It was suggested that the national catalogue could be reviewed to determine if there is anything that could be taken forward from this. An alternative solution was suggested, for the lab IT support to network to develop a solution for Scotland.

It was agreed that standardised catalogues, order comms and LIMS had to be the long term goal. The overall sense for the recommendations would have to be on a national basis and slightly aspirational.

It was agreed recommendation three would be strengthened, highlighting the roles of Shared Services and NMDNs and how they could raise the issues within eHealth governance.

Action: Mrs Blackman

Recommendations Four to Seven

Recommendations four to seven concentrated on how demand optimisation could be rolled out and governed. In relation to the suggestions already made, it was suggested some of them are not realistic, especially given the unknown implications of shared services. Dr Croal asked members if they felt these recommendations should be softened, however the group acknowledged the need to make strong recommendations.

On recommendation five, discussion postulated the need to bring together the clinical director and senior manager for labs from each Board to form a subgroup of the Diagnostic Steering Group – this being essential to ensure that the decision makers and budget holders within each board where involved directly.

Clinical ownership was raised, and it was highlighted that there are issues with ensuring there is buy-in at a local level when a manager is not interested in investing is diagnostic services. It was highlighted this has been an issue in progressing network activity on several occasions. Examples of how work had been taken forward by the UK-wide Gene Testing Network and the Molecular Pathology Evaluation Panel were outlined. An evaluation report is to be returned to the commissioners, which demonstrates the expected health outcomes.

This role would effectively be taken by the proposed DSG subgroup, composed of all the budget holders who effectively become the commissioners. Whilst there were strengths in this proposed group it was highlighted that the issue of silo budgets would still be a weakness, which could be resolved by good links to the Board Chief Executives. It would be for the chair of DSG to take this proposal to the BCEs and ask for involvement.

It was agreed there needed to be a balance between the longer term aims of what the DOG is trying to achieve with what can be achieved in the short term in order to demonstrate the value of the work and ensuring ongoing investment in it.

It was agreed that a paragraph highlighting the financial and patient benefits of demand optimisation should be included at an early stage.

Recommendation Eight

Recommendation eight concerned adding to the test case library and it was agreed this was valid.

Recommendation Nine

Recommendation nine was discussed, acknowledging the need for an oversight group that would bring together the networks, other diagnostic disciplines and users.

It was agreed there was a need to add to recommendation nine to encompass other professional groups, synergies and networks.

Action: Mrs Blackman

Mr Topping highlighted the need for a standardised nurse-led colonoscopy pathway which was being looked at by the SPAN GI Subgroup. There would be feedback from this meeting to look at how other pathways might be reviewed in a similar way, to focus on demand optimisation.

Action: Mr Topping

Recommendation Ten

Recommendation ten reflected that networks should be key to taking this work forward and providing professional guidance. NMDNs should have ownership of some components of the workstreams, with regular reporting via DSG.

Governance of the report itself was discussed and Ms Stewart clarified that the report would be taken to DSG and would highlight the Demand Optimisation work to the Health and Social Care Management Board, via the transformation programme workstream. There was question as to whether elements of the report could be mandated and it was agreed this would be clarified with Scottish Government.

Action: Ms Stewart

There was discussion on the need for a strap line to accompany the report. Dr Croal's suggestions were –

DEMAND OPTIMISATION IN DIAGNOSTICS
Best Test, Best Value, Best Care
Or
DEMAND OPTIMISATION IN DIAGNOSTICS
Best Test, Best Care
Or
DEMAND OPTIMISATION IN DIAGNOSTICS
Making the Right Choice
Or
DEMAND OPTIMISATION IN DIAGNOSTICS
Best Test, Best Care, Best Value
Or
DEMAND OPTIMISATION IN DIAGNOSTICS
Driving Best Choice, Driving Best Care

It was agreed to continue discussion on this via email.

Action: Members

4. Patient Pathway Work

Dr Wheelans updated the group on his latest meetings with HIS concerning their effective care pathways programme. There has been a change in leadership and Gareth Adkins had taken over. The team are looking at identifying high-volume high-cost tests to target their work on the reduction in variation.

It was agreed a further review of the pathways section in the report would be helpful, ensuring the recommendations acknowledge this type of approach.

Action: Dr Croal

5. Test Case Library

It was highlighted that the library is now online and members were thanked for their contributions. It was hoped the library would continue to build and members were encouraged to submit work from themselves and colleagues to help highlight innovative practice.

6. Communications and Engagement Strategy

In terms of the communications strategy, it was agreed there would be conversation with relevant groups including next steps and some detail from the implementation plan would take place before submission of the report.

Ms Stewart requested that a new newsletter be issued, including details of recommendations and the direction of travel.

Action: Miss Fairley

7. **Updates**

- **NES Update**

Dr Croal highlighted the decision support tool being developed by NES and the need to continue to engage with this work as it progressed. It was however acknowledged that this system was likely to take some time to develop, would have a limited scope and would of course be limited in terms of implementation by lack of interoperability between essentially closed IT systems.

8. **Implementation Planning**

Mrs Blackman presented an outline of the implementation plan to the group, focused on the five proposed workstreams and how they would be taken forward. She highlighted that appropriate resource would be needed to ensure that work could be driven and that this was estimated at 0.5wte Programme Manager and 0.5wte Programme Support Officer.

The group agreed:-

- Mrs Blackman's proposed approach should be further developed into a governance paper, which highlighted the role for each workstream, alongside outcome-focused milestones

Action: Mrs Blackman

- Existing groups should be re-used wherever possible
- No new groups should be established, rather implementation workstreams should be tasked with actions
- The Health Improvement Fund should be explored as a possible source of funding

Action: Mr Gray & Mrs Blackman

9. **Phase II membership**

It was agreed that the group should continue however this was contingent on funding. It was noted that a Project Initiation Document had been required last time and it was likely that outcomes would be a focus for the implementation stage.

It was agreed a proposal would be drawn up and submitted to Karen Stewart for onward discussion.

Action: Ms Stewart & Mrs Blackman

The ongoing involvement of radiology was questioned and it was confirmed Dr Hawke would continue to be a part of any main group that continued to feed back to SCIN. It was also acknowledged that there was limited scope for cell path practice; however, benchmarking data and turnaround times would become very important.

Membership would be streamlined going forward, reducing the number of representatives per discipline on the main group. It was also agreed patient representation on subgroups might be helpful, along with other clinical users of the services.

10. **AOCB**

Mrs Blackman noted the group's thanks to Dr Croal for his time and efforts during and between meetings, which had contributed greatly to the progression of the group's aims. Dr Croal acknowledged that it had been very much a team effort and thanked colleagues involved.

11. **Review of actions from meeting**

It was clarified there was a month left to finalise the report before submission to DSG and there were gaps to be completed. Dr Croal confirmed this could be taken forward and he would soon have the pilot data to add.

Action: Dr Croal

References are also missing under the general guidance

Action: Dr Croal

Recommendations will be revised again in line with discussion.

Action: Dr Croal, Mrs Blackman & Mrs Murphy

Group members were asked to ensure a final review of the report and sign off via email.

Action: Members

It was agreed the membership list at the back of the report would to be tidied up and Network & Scottish Government logos were to be included as well as the NSS logo.

Action: Miss Fairley

Publication was discussed and it was agreed that this was to be online only.

Action: Miss Fairley