



Minutes Of Scottish National Users' Group National Executive Meeting

**Wednesday 31 October, Gyle Square, Edinburgh
From 2.00pm – 4.00pm**

Present:

- Dr Neil Kelly, Co Chair SNUG and Dumfries and Galloway Regional Co Ordinator
- Alexandra De Franco, SNUG Business Manager
- Louise Mc Taggart, Treasurer, Lead Facilitator for GG&C
- Dr Chris Arnold, Tayside Regional Co Ordinator and Locum Representative
- Dr Alastair Taylor, SGPC Representative
- Dr Andrew Cowie, SGPC Representative
- Elaine Henderson, NSS IT Representative.
- Dr Keith Burns, Lothian GP and EMIS Representative
- Dr Iain Thompson, Lothian Joint Co- Ordinator and SCIMP Chair
- Geraldine Arthur, Ayrshire and Arran Regional Co Ordinator Ayrshire and Arran
- Maureen Ireland, SPIRE Training Lead
- Dr Paul Miller, Clinical Lead for SCIMP and GP in GG&C

Via VC: Dr David Cooper, Regional Co Ordinator for Grampian

Teleconference: Dr Chris Weatherburn, GP IN Tayside and SCIMP Representative

1.	Welcome and Introductions	Action
	Welcomed all to the meeting with round the room introductions.	
2.	Apologies Dr C Toellner, Sarah Everett, Morag Christie, Sharon Wishart, Robert Hutton, Dr A McElhinney, Dr J Campbell	
3.	Minutes of Meeting June Minutes were agreed with no further actions.	
4.	<p>Matters Arising</p> <p>SCI Gateway governance and future development: NK touched on the need for SNUG input was discussed. Lesly Donovan continues to chair a SLWG which was set up to look at the governance around Gateway and its future developments and functionality e.g. clinical dialogue and the duration of this. Uncertainty continues as the governance arrangements for the whole of eHealth is still an emerging picture which currently has a senior level eHealth Strategy portfolio group but unclear links below this to specific projects which are less active.</p> <p>The eHealth leads have questioned how much resource Scotland should put into SCI Gateway and IT noted the potential for development in other nations like Wales and Northern Ireland. So for a variety of reasons, prioritising developments has been difficult and these seem to have been shelved. PM noted the importance of the referral system and there is concern about the need to have an ongoing strategy and involve SNUG in this. IT noted the need for local protocols to be maintained and improved. The Gateway Users Group previously allowed sharing of protocols but there is no current way for boards to share information. NK thought that SNUG should contact LD again to clarify what is currently happening and copy to SGPC, and would also ask for it to be added to the CCLG agenda. NK is keen for some SNUG representation at the Meetings and asked those on the Executive try get involved if possible. Meetings are Fife based and clinicians are preferred, let ADF know if interested. NK to share the letter SNUG wrote to Lesley Donovan with AC and he shall in turn share this with his team.</p> <p>ACTION: NK to circulate minutes from the SWLG</p>	NK

	<p>ACTION: AC to share SNUG Letter to LD with Joint GP IT Committee</p> <p>Scottish Joint GP IT Committee: AC reported that the idea seemed popular as many contacts have been received suggesting a need to address GP IT related issues, however the group does not have sufficient resource to act as an “engine room” for projects. The next meeting will feature discussions on the future of GP IT and also data sharing. There has been one meeting so far and the future role of the group has yet to be defined. There is a need to encourage younger GPs to develop interest and training in clinical informatics and become more involved in GP IT as a number of key senior figures have retired recently. If anyone is interested please let AC know.</p> <p>GDPR: Penni Rocks replied to a letter from SNUG regarding GDPR confirming a working group has been set up for standardised documentation, appointment of DPOs and SARs and will eventually provide a report. PM shared progress with preparing an overarching Information Sharing Agreement to fulfil the needs of the GMS contract for health boards and GPs to share data. A draft agreement will be prepared on behalf of SC IMP by the end of December and The Scottish Government and Information Governance leads will then take it forward. In addition to expanding the general principles around joint data controllership (e.g. responsibility to SARs and appointment of data protection officers) there will need to be specific work constructions to give details around specific arrangements needed for some clinicians.</p> <p>The timescale for delivery is likely to be first quarter of next year.</p> <p>EMIS Patient Access: EH provided an update as EMIS had visited the CAB so it was felt unnecessary to ask them to attend a SNUG meeting. Patient Access is an optional function and there is no charge for using it, NSS has confirmed with EMIS that appropriate processes are in place to maintain the interface and communicate with health boards. Patient Access is provided by an EMIS subsidiary and is managed in an agile way which means developments are small but frequent. Boards need access to details about current issues, EMIS are trying to deliver this. A patient complaint had been received about the difficulty registering their family because of the need for the email address to be a unique identifier. This had been escalated by NSS and EMIS are investigating alternatives so families who share an email address can access the service. EMIS said that users can set up proxy accounts themselves but this seems an impractical solution. If users had an ID before the upgrade they can continue to use this. However, the email address is required for any new registrations. There are guidelines regarding safeguards for vulnerable groups or whenever parents and children may access services using the same email address. EH said she was told by EMIS that all issues had been resolved but she has queried the accuracy of this information. Publicity materials regarding the upgrade should have been received by all practices. A support desk is available for patients to reduce the need to contact the practice but it is unclear whether many patients actually know about this. Detail regarding this needs to be made clearer.</p>	AC
5.	<p>Primary Care and Community Highlights</p> <p>EH reported the ongoing problems with EMIS specifically regarding the roll out of new releases. The Change Advisory Board had approved progression with release E, which includes flu and shingles searches, code and drug updates. EMIS were able to fast track the flu searches, however initial UAT implementation failed. LMcT noted that a robust process for checking releases and testing schedules had been promised. A complete rebuilding of UAT may be needed but more information is required before a decision is made. AC asked what effect the delays would have on practices and EH advised the drug dictionary would become out of date and flu searches would not be provided making it challenging for practices to organise their flu clinics.. SPIRE can provide a list of recall patients and it could provide a list to text patients via MJOG but can't mail merge with PCS or update read codes. PM asked what Practices were doing with a discussion round the room it was found a mixture of solutions including EMIS Web searches and use of MJOG, but many Boards have generally left Practices to find their own solutions. AC noted Practice complaints about shortages of flu vaccinations and other issues interfering with delivery of the service which is likely to result in decreased attainment figures. SGPC has informed the SG of this and would expect this to be taken into account when looking at payment. EH advised EMIS were looking at making a generic flu search available for Practices in the future to prevent recurrence of this years issue. These searches would not be tied to specific dates as current searches are.</p> <p>Vision: Releases are going out well but some Boards like Lothian have been delayed in using them due to their internal infrastructure. DLM 610 has been halted because of installation issues which Vision are investigating. EH provided an update on the seven outstanding historic requests for changes.. Three of the changes have been prioritised with one being delivered and one almost ready to deliver. Vision suggested putting the remaining improvements into Vision Anywhere rather than</p>	

	<p>the current system (V3), which will be discussed further at the CAB. If the improvements cannot be delivered via the contracted 100 development days, EH suggested that compensation should be made by the supplier.</p> <p>LMcT shared her involvement in a e-Fit project board, a proof of concept involving around 70 EMIS Practices to use SCI Gateway to send information to the Department of Work and Pensions for patients requiring support for a healthy return to work. A GP representative for the group is sought with KB showing interest.</p> <p>Action: ADF to share details of the group with KB</p> <p>GP IT Re-Provisioning: The evaluation of the three bidders has been completed and there is now a clarifications process. It is expected contracts will be signed at the end of November to take suppliers onto the Framework, they then have 12 months to complete developments for Tranche 1 requirements. The full business case is also being developed, this is the mechanism where the service agrees to progress and financially support the whole process. SGPC and RCGP have been advising the Programme Board and NK suggested it would also be appropriate for SNUG to emphasize that this is an essential project to deliver.</p> <p>AT asked for clarification on the procedure for mini competitions with EH clarifying a need to wait for the Framework and see if there will be more than 1 supplier.. If there is, cohorts of practices will have to come together to negotiate with suppliers. Cohort formation will go ahead over the next year. Direct award can only happen if there is just one supplier.</p>	ADF
6.	<p>GP IT Re Provisioning Update</p> <p>There was no official update from the team for this meeting.</p>	
7.	<p>SPIRE Update</p> <p>MI from SPIRE Team confirmed 60% Practices have now received training; progress in different regions was described. Reports and queries developed – encounters available for Vision only, NSAIDs and anti platelets in Nov, e-frailty index (EFI) – HPS have been working on a pilot version of a search. Bluebay has an English version embedded which may be designed differently. 3.6.9 is being tested in Glasgow – this allows practices to separate out reports between practices with a shared database. LMcT note problems with the registration date being wrong so INPS may not get till January. AC asked how many practices would be covered by the end of March as information on workload, e.g. appts and workforce information will need to be extracted for GMS Contract developments. The server rollout in Lothian has created delay. NK asked how Practices can be encouraged to use data in cluster, are Practices really engaged and can we up the ante to encourage practices to make use of the data. If there isn't a dividend of a massive time and effort then it is a failure on the work carried out. PM questioned if it can be a contractual with AC denying this can be the case at the moment. MI confirmed it is close to 90% rolled out by the end of March.</p>	
8.	<p>Chair Report</p> <p style="text-align: right;">Appendix 1</p> <p>NK and IT reflected on an email the group had received from the SCIMP Conference Chairman in regards to the Annual SCIMP SNUG Conference. It was felt a year out to reflect and come back is the best option for the two groups. SNUG continue to have a relationship with SCIMP and shall pause for a year and reconvene. Reasons for doing so included group felt the audience of the conference was changing with Practice Staff not attending as much as before, possibly due to the success and overlap of the SNUG Members Day in May. As the audience for SCIMP is so diverse it is challenging to find subjects that appeal to all with both informatics and Practice staff attending. AT felt one large GP IT Conference is the way forward and everyone knows this is the ONE stop place for GP IT information and support but he agreed for the plan for 2019 and supports the SNUG Members Day.</p> <p>SNUG Members Day is a huge success and shall continue in 2019, ADF is looking into venues and dates and shall report back. The Group agreed that May is a good date due to holidays.</p> <p>NK report is detailed below.</p>	
	<p>Report from EMIS National Users' Group Representatives</p> <p>There was no update to be shared at this time.</p>	

9.	<p>Regional Update</p> <p>ADF confirmed there had been a number of local regional Meetings arranged but cancelled near to the meeting date due to low numbers confirming attendance. ADF shall work with the Regional Co-ordinators to ensure we have any local meeting organised well in advance for February 2019. This gives Practices plenty time to arrange attendance and is past the busy flu season.</p> <p>SNUG are working on February Meetings in Ayrshire and Arran, Borders and Fife and March Meetings in Tayside, Glasgow and Grampian. Co-ordinators to contact ADF in December to begin organisation.</p> <p>Action: Co-ordinators in Regions due a meeting to contact ADF in December</p>	ALL
10.	<p>Finance Report Appendix 2</p> <p>Report shared in detail below. LMT reported she felt a booking fee should be applied for delegates to the SNUG Members Day, we feel that a small non refundable booking fee is required and would avoid Practices booking a space and then not turning up. It is important we avoid those booking but not attending as it is unfair on those interested, the sponsors and empty seats are not what the group want to see at an event with a waiting list. The Group agreed this would be a good idea and the Members Day planning committee shall look at this further and put into place. There were no objections.</p>	
	<p>SNUG Business Managers Report Appendix 3</p> <p>ADF reported year after year there are a number of practices that pay their subscriptions fees late or incorrectly. I aim to have all our members on standing order or at least a bacs payment by April 2019, This would mean cheques are no longer accepted, we hope this will cut down on time and postage sending these on to the bank. Having a standing order come out</p> <p>The SNUG Members Day Committee seeks volunteers, there isn't much to do but remotely agree or suggest speakers and assist on the format of the day. If anyone is interested let Alex know. We are still looking at a May event but not necessarily the same venue.</p> <p>After careful consideration SNUG will no longer accept cheques for payment in 2019, this is to encourage a BACS or standing order as method of payment cutting postage and admin costs whilst ensuring the correct amount is received.</p>	
13.	<p>AOCB</p> <p>None</p>	
14.	<p>Date of next Meeting</p> <p>NK suggested a SNUG Sessions on 19th of December in LMC Building in Glasgow from 2pm onwards with an opportunity to enjoy festive merriment afterwards.</p>	

ACTIONS IDENTIFIED

	Action	For	Status
1.	NK to circulate minutes from the SWLG	NK	
2.	AC to share SNUG Letter to LD with Joint GP IT Committee	AC	
3.	ADF/LMT to share details of the group with KB	ADF/LMT	
4.	Co-ordinators in Regions due a meeting to contact ADF in December	ADF	ongoing

PAPERS FROM MEETING

Chairman's Report

Many of our active SNUG members have been busy this month with the rather gruelling process of evaluating the final submissions from suppliers for the Re-provisioning of the existing GPIT systems. It does feel as though we are getting nearer the end but it is hard to believe that the process has taken more than 2 years already and realistically will be another 18 months until new systems are deployed. Given the current pace of technology change you can't help but wonder if the proposed systems will already be out of date! I hope that whatever agreement is signed with suppliers, that there is a far better way of incorporating and keeping pace with digital changes that improve the ability to deliver a service to our patients.

Our ability to deliver some of that depends on how the new [Health and Care Digital Strategy](#) is implemented over the next 4 years. The clear direction to more cloud based technology with effective data sharing and the use of mobile devices creates opportunities for significant change in the way we work with people. Equally important is the need to have more standardised approaches reflecting the need of the 'once for Scotland' principle. The aim to develop a digital platform for Scotland, which enables much of this to happen, presents a real opportunity for a more cohesive approach to development and integrated care. Perhaps most importantly for users however must be a commitment to good leadership and the need for support and training for all practitioners and their ever-extending teams, allowing them to get the best from their systems. As a Users Group when we are asked to participate in some of the evolving governance associated with the strategy we will continue to emphasise the importance of this.

While the Strategy is relatively high level and aspirational there are still some fairly fundamental deficiencies and gaps in our current systems. SNUG are participating in a Primary Care Digital Implementation group led by the Primary Care Division of Scottish Government. We already have a list of things that require attention. If you have pet irritations in relation to your IT then please let us know so we can feed this back into the service. Send your ideas and thoughts to Alex De Franco.

Last month saw the arrival of the report Delivering Improving Together: A National Quality Improvement Support Programme for GP Clusters. This is a useful amalgam of ideas to help practices and clusters develop sustainable and safe services into the future. It is supported by a useful [website](#) which makes reference to some now well recognised services like [LIST](#) and [SPIRE](#). Both have made a lot of progress in last year to provide information that potentially supports the significant transformation expected of General Practice.

After a slightly anxious lead up to the September SCIMP/ SNUG conference we ended up with a good crowd and some excellent content with a broad range of topics covered. The plenary session videos are now available on the [SNUG web site](#) along with the slides from most of the presentations. They are worth another look for those who need to refresh their memories or indeed for those who missed out.

For those of you interested in Informatics and how this is evolving both nationally and internationally a small plug for the recently established Faculty of Medical Informatics. They have recruited 140 fellows across the UK and for those interested it provides a good [website](#) and a program of support and learning.

Finally a thank you to Beena who has been brave enough to take on a chairman's role for SNUG and then been even braver to contemplate a life at sea! She has embarked on some further training which will allow her to go and be a ships Doctor. All very exciting and we wish her luck.

Dr Neil Kelly
Co-Chair SNUG
October 2018

BUSINESS MANAGER REPORT –October 2018**Membership**

Current total SNUG members = 365
EMIS – 208
INPS - 157

I am finding there are still Practices outstanding in payments for SNUG and I have since sent another reminder. It is difficult as although I don't want to remove, we cannot let Practices receive Membership benefits if they have not paid. Another reminder shall go out in the form of a telephone call and this should help bring the subscriptions outstanding in. Usually non payment is due to a new contact at the Practice and emails not being picked up. For 2019 we have decided to no longer accept cheques, only BACS and standing orders will be accepted. I shall send correspondence via email to inform Practices of this with a standing order form

attached and again in January a letter shall be sent to member Practices. This should help keep the subscription payments regular and on time.

Regional Meetings

Regional Meetings for 2019 are underway; unfortunately we had to cancel a few due various reasons and I hope in 2019 we can get these areas confirmed in good time and a great attendance as a result.

The forecast for the next few months is snow, snow and more snow. I would suggest we shelf any plans for December/ early January Meetings as the safety of our delegates and speakers are paramount.

I still seek a Shetlands and Western Isles Regional Co Ordinator so please let me know if you are aware of anyone with an interest in GP IT in the area.

Member's Day

The SNUG Members Day 2019 is under discussion at the moment and shall be covered elsewhere in the Agenda. I seek volunteers to help make this event the best yet! There is little work involved as all meetings are held 30minutes before SNUG Executive, with few emails throughout the year to discuss speakers and ideas. I would really appreciate anyone with any suggestions or enthusiasm to let me know. Cake is included for Members Day planning meeting attendees 😊

Website

The SNUG Members Day and SCIMP | SNUG Conference videos are available to download now! Please encourage colleagues to view and enjoy these, perhaps send a link to a particular workshop you think would be of interest and enjoyment to the Practice.

Alexandra De Franco, SNUG Business Manager

October 2018

Treasurer's Report – October 2018

Appendix 3

<u>Current Account</u>	£
Accounts Year Opening Bal @ 1st August 2018	91916.16

Bank Balance as @ 29/10/2018	£81,563.52

Monthly Breakdown to date:

August Income	1000.00		
August Expenditure		646.70	
Monthly Bal			353.30
Closing Bal			92269.46
September Income	2300.00		
September Expenditure		12309.34	
Monthly Bal			-10009.34

Closing Bal			82260.12
October Income	350.00		
October Expenditure		1046.60	
Monthly Bal		-696.60	
Closing Bal			81563.52

Louise McTaggart – Treasurer – 29/10/2018