

## Clinical Advisory Group meeting for WSIC Dashboards 15 Marylebone Road 7<sup>th</sup> July 2016

### Attendees:

Representative	Organisation
Amanda Lucas	NWL CCGs
Angeleca Silversides	NWL Lay Partner, Chair of Kensington & Chelsea Healthwatch
Dr Laurie Slater	GP, IG Lead for Hammersmith & Fulham
Dr Richard Baxter	GP, Co-chair of NWL Digital IG Governance Group
Dr Nilesh Bharakhada	GP, Hillingdon CCG Clinical & IT Lead for WSIC
Dr Tony Willis	GP, Clinical Lead for Diabetes NWL CCGs
Steven Bentley	NWL CCGs
Adrian Shentall	NWL CCGs
Oluwole Olusoga	NWL CCGs
Olivia Walicki	NWL CCGs

### Summary of Key Decisions:

Action ref	Key Decisions
1	Agreed that un-costed version of the Care Professional dashboard will be the default with the option to switch to the costed version to drill down for further information.
2	Care plan out of date watch list should aim to specify which care plan is out of date.
3	Patient overview should show the date of the most recent care plan.
4	PARR 30 is a useful tool currently used by Hillingdon Hospital. Would be beneficial to encourage other hospitals to use this measure as well so that it can then be incorporated into the dashboard. Need to agree how this is being taken forward in the contracts with providers.
5	For Hillingdon to use the dashboard as a stand-alone risk stratification tool incorporation of other scores would be useful, especially Q -Admissions. WSIC team to investigate how to include Q-Admissions and EFI into the dashboards.
6	Initial feedback suggests Caldicott 3 supports risk stratification objectives is defined as direct care.
7	Release 4: Where the PAM score is displayed on the patient's record, the date of the last PAM score should be shown.
8	Release 4: Ventolin dosage is recorded in different ways in prescriptions therefore should not be recorded in the Asthma watch list. Investigate inclusion of number of inhalers prescribed per year instead.
9	Release 4: Investigate if attendance at Respiratory Clinics and also the Asthma Self-Management Plan code could be recorded in Asthma watch list.
10	Release 4: As ITU attendance is not available, showing emergency admissions to hospital could be included in Asthma watch list. Also, there is value in a follow up discussion with Tony Willis on specific requirements for the asthma watch list.
11	Release 5: There should be an option to export list maker information.
12	Agreed that diabetes watch list will be the focus of the next Clinical Advisory Group meeting on 04/08/2016.

**Summary of actions arising:**

Action ref	Action	Owner	Due date
1	Look into making care plan out of date watch list more specific to LTCs, and adding date of last care plan review.	Steven/Olu	
2	Encourage hospitals in NWL to start using PARR 30 as a risk stratification measure.	Owner to be confirmed – to add to contract discussions with providers	
3	Look into adding Q-Admissions and EFI to dashboard from GP read codes or directly from algorithm	Adrian/ Steven	
4	Release 4: Look into the suggested changes (decisions 7-11 above) to the asthma watch list and consult with Tony Willis.	Steven/Olu/Adrian	
5	Release 5: Look into making it possible to export information from the list maker.	Steven/Olu/Adrian	
6	Agreed that diabetes watch list will be the focus of the next Clinical Advisory Group meeting on 04/08/2016. Looking to invite other clinicians who are involved with the diabetes watch list to attend the next meeting.	Tony Willis	04/08/2016