

Clinical Advisory Group meeting for WSIC Dashboards 15 Marylebone Road 7th September 2017

Attendees:

Representative	Organisation
Dr Tony Willis	GP, Clinical Lead for Diabetes NWL CCGs, Chair
Dr Laurie Slater	GP, IG Lead for Hammersmith & Fulham
Dr Richard Baxter	GP, Chair of NWL Digital IG Governance Group
Andi Orlowski	Senior Population Health Analytics Advisor, Imperial College Health Partners
Dr Koteswara Muralidhara	Consultant Endocrinologist, London North West Healthcare NHS Trust
Laurence Gibson	Consultant in Public Health, London Borough of Hounslow
Abeer Itrakjy	Local Services Clinical Programme Manager, NWL CCGs
Kam Panesar	ACP Information Lead, Hillingdon Health & Care Partners
Chika Nwosu	Analytics Support, My Care My Way
Angeleca Silversides	NWL Lay Partner, Chair of Kensington & Chelsea Healthwatch
John Keating	Deputy IT Director, NWL CCGs
Suhaib Rashid	Whole Systems Integrated Care, NWL CCGs
Amanda Lucas	Whole Systems Integrated Care, NWL CCGs
Ben Treasure	Whole Systems Integrated Care, NWL CCGs
Danielle Zakrison	Whole Systems Integrated Care, NWL CCGs

Summary of Key Decisions:

Decision ref	Key Decisions
1	Agreed to discuss changes to Emergency Care Data Set (ECDS) at next meeting
2	Suggested that, in future, further developments should be added to extra Dashboards, rather than added to existing Dashboards, to reduce complexity & avoid negative impact on user rendering times
3	Advised that dual reporting of SNOMED codes (i.e. in parallel with CTV3/Read Codes) will continue until 2020
4	Noted that there is a risk that opted-out patients may cause unexpected discrepancies between patients counts in clinical systems vs. WSIC tools
5	Noted that RAG-rating on WSIC Dashboards may not be appropriate for use by colour-blind clinicians. Suggested to highlight existing functionality that allows users to highlight all results of a certain colour, to get around this issue
6	Agreed that further investigation is needed into how far back data on deceased patients can be kept. Suggestion would be 5 years for cost purposes, but this will need to be ratified by NWL Information Governance Group
7	Suggestions for Population Health Dashboards <ul style="list-style-type: none"> • Would like to be able to select multiple, specific LTCs to explore (e.g. breakdown of population with both Diabetes & Asthma) • Rotate names on Watch Lists to make them easier to read
8	Agreed to proceed with suggested list of exceptions to administrative codes. This item will be added to the backlog for prioritisation in Release 12
9	Agreed to flow Babylon data into WSIC Data Warehouse. Agreed that there is no

	need to show this data on the Dashboards
10	Agreed to all proposed changes to Watch List screen
11	Proposed to embed PRIMIS GRASP tools within WSIC. Agreed to focus on Diabetes initially, as workstream is more mature & has more immediately-available resource
12	Agreed to proceed with development of Multi-Morbidity Radar in next release, rather than COPD Radar. Suggested to incorporate some COPD-related measures into Multi-Morbidity radar (e.g. breathlessness)
13	Agreed to include EFI filter in Multi-Morbidity Radar if possible, rather than make alterations to Patient Radar screen
14	Suggested to contact Sarah Brice (Imperial Hospital) to request if she would like to be included in scoping of Multi-Morbidity Radar

Summary of actions arising:

Action ref	Action	Owner	Due date
1	NWL to explore possibility of highlighting in Dashboards patients that have been referred to a multidisciplinary team		
2	Laurie Slater to participate in Asthma Radar testing		