

Clinical Advisory Group meeting for WSIC Dashboards 15 Marylebone Road 5th July 2018

Attendees:

Representative	Organisation
Dr Tony Willis	GP, Clinical Lead for Diabetes NWL CCGs, Chair
Dr Mark Levy	Respiratory Diseases Lead, Harrow CCG
Julia Wilkins	Analytics Lead at Imperial College Health Partners
Dr Kushal Barai	Integrated Care Lead for Harrow CCG
Dr Brigitte Unger-Graeber	Cardiovascular Lead for Hounslow CCG
Owen Melbourne	Head of Business Intelligence, Strategy & Transformation, NWL CCGs
Ewan Allden	IAPT Analyst, CNWL
Rachel Meadows	Whole Systems Integrated Care, NWL CCGs
Kavitha Saravanakumar	Deputy Director of Business Intelligence and Data Management, NWL CCGs
Ben Treasure	Whole Systems Integrated Care, NWL CCGs
Suhaib Rashid	Whole Systems Integrated Care, NWL CCGs

Summary of Key Decisions:

Decision ref	Key Decisions
1	NWL team to take a paper on the dynamic ETL to the September IG Governance Group. Agreed that development can continue in the meantime, and ETL can be deployed to Production database, but it will not be used until signed off by the IG Group
2	Extra cost required for twice-weekly GP data loads has not been agreed by Central London Finance & planning group. A temporary contract to continue the status quo of one load per week has been signed for the next 2 months
3	An initial scoping meeting for prospective Heart Failure dashboard has taken place, and was agreed to have been very productive. It is currently planned for this dashboard to be an internal WSIC development. Tony Will is would like to feed in with his learnings from the design process for the Diabetes dashboards
4	Tony Willis has volunteered himself as possible clinical lead for prospective Hypertension dashboard
5	Meetings between Mark Levy & Dr Sarah Elkin (Respiratory Consultant, Imperial) have taken place to scope prospective COPD dashboard. These meetings have already produced a detailed list of indicators, read codes & business questions that the prospective dashboard would hope to answer
6	Noted that Clinical Safety Initiative rules will need to be considered for both existing & future dashboards
7	Initial discussions have taken place regarding development of a pan-London cardiovascular Population Health dashboard. The Clinical lead for this would be Professor Huon Gray, National Clinical Director for Cardiac Care, NHS England. Unlike all other WSIC dashboards, this dashboard would be available more widely than just the 8 NWL CCGs – this would be an aggregated Population Health dashboard available for all London STP areas
8	There is also interest in creating similar pan-London dashboards for Mental Health, and for Diabetes. Mark Levy would also be interested in creating one for Asthma

9	<p>Other future developments for Asthma dashboards could include;</p> <ul style="list-style-type: none"> • Prevalence finder dashboard • Management layer for respiratory conditions (combining Asthma & COPD)
10	<p>Agreed to rename previously-developed Multimorbidity radar as 'Frailty dashboard'. A new Multimorbidity radar will be developed focusing on interaction & monitoring of multiple LTCs – Nilesh Bharakhada to act as Clinical Lead. Development to include wider panel of expertise – all existing clinical leads, representation from all NWL areas. Suggested to research & learn from how other system suppliers have approached this or similar tasks.</p>
11	<p>Noted that NWL have already developed the basic outline of a possible Asthma Benchmarking dashboard (similar to that already developed for Diabetes), thought this would need additional work before being ready to be deployed for users. This will need to be discussed with London LMC before publication</p>
12	<p>Current visualisation for Care Homes dashboard is acceptable, but data does not reconcile due to difference in data specification between WSIC & ERNI. Requires all SUS data to be re-issued from DSCRO and reloaded into WSIC to rectify this. Dashboard will be published once new data received and loaded</p>
13	<p>Through work with Concentra & Tableau, NWL have been able to improve user rendering times on the test SMI dashboard from 5 mins per click to 20s per click. The aim is to get this down further, to 2s per click. Next steps will be:</p> <ul style="list-style-type: none"> • Moving calculated fields into the backend database • Removing blank columns from Tableau extracts • Using aggregated data where possible <p>Actions & recommendations arising from this work be used as basis for future Tableau developments</p>
14	<p>Permission has been granted by the NWL Information Governance Data & Access Sub-Group for two new data feeds into WSIC:</p> <ul style="list-style-type: none"> • SLAM data from non-contact providers for NWL patients • Secondary care high-cost drugs & devices data
15	<p>There is widespread desire to include pharmacy data in WSIC. Conversations are on-going with NHSBA, and NWL are also exploring possibility of including ePACT data in short-term. Secondary care prescribing data is also desired, but this is further away from fruition. Possibility to explore direct feeds of prescribing data from secondary care providers</p>
16	<p>Currently, no sensitive drugs are excluded from Apollo primary care data extracts, or from being shown on the Dashboards. For this to be done, a list of sensitive drugs (in code format) would need to be provided to Apollo Medical to be filtered out. Suggested to exclude by BNF chapter, but this cannot be done for technical reasons. Suggested to talk to Medicines Management team, or Medical Protection Services</p>
17	<p>CNWL would like to include IAPT data in WSIC to assess efficiency of the IAPT pathway in preventing further interventions. This would require a clear feed of IAPT data to be flowed into the WSIC Data Warehouse, and for WSIC to develop an ETL to load this.</p>
18	<p>Due to time-based criteria in QOF logic, some patients appearing on Recent Diagnosis watch list may have a Date of Diagnosis in the distant past. Agreed for WSIC team to work with clinical leads for each LTC to alter logic for recent diagnoses in long-term</p>

Summary of actions arising:

Action ref	Action	Owner	Due date
1	Dr Unger-Graeber to contact Nicola Burbidge regarding testing of Hounslow 'white-hand' patients re-appearing in WSIC	Brigitte Unger-Graeber	
2	Mark Levy to put WSIC in touch with Public Health England regarding TB reporting	Mark Levy	
3	WSIC team to share mockups of prospective Care Homes dashboard visualisation	NWL	
4	WSIC team to present statistics on dashboard usage via Web Analytics dashboard at next CAG meeting	NWL	
5	WSIC team to present paper to IG Group on lack of sensitive drug exclusion and get an agreement on how to proceed with this from the IG group	NWL	
6	WSIC team to take paper on IAPT data feed to IG sub-group	NWL	
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