

NACSA Project Board Meeting

19th July 2013 10:30 – 12:30

Minutes

Present:

Ben Bridgewater (by phone)	BB	Consultant Cardiothoracic Surgeon	Uni. Hosp S. Manc
Rebecca Cosgriff (Chair)	RC	NACSA Project Manager	NICOR
Joel Dunning	JD	Consultant Cardiothoracic Surgeon	James Cook Uni. Hosp.
Graeme Hickey	GH	Biostatistician	NIBHI
Simon Kendall	SK	Consultant Cardiothoracic Surgeon	James Cook Uni. Hosp.
Sue Manuel	SM	Programmer Developer	NICOR
Sam McAlister (Minutes)	SMc	Administrative Assistant	NICOR

Action

1. Apologies

RC welcomed SM and SMc to the group as the Programme Developer and minute taker respectively.

Apologies were received from Nadeem Fazal, Mike Fisher, Stuart Grant, Emmanuel Lazaridis and Tracy Smailes.

2. Minutes of the last meeting

The minutes were agreed to be an accurate record of the meeting.

Matters arising

a. HES Data

There was no update from DC on progression towards linking HES and NICOR data

b. The E-lab

RC reported that NCAS development had gone on hold pending comprehensive options appraisal. Lotus notes will therefore be used for the foreseeable future.

c. The User Guide's development has been on hold whilst RC and BB have been working on secondment to HQIPRC will resend this to BB to gain clinical input on the existing draft.

d. NACSA Annual Report Schedule

GH and SG have now been awarded honorary contracts with UCL.

HQIP had agreed to take the production of a static, printed/PDF annual report off the list of contractual deliverables for the National Adult Cardiac Surgery Audit, with online reporting replacing this and needs to be expanded to cover all material previously published via the PDF report. HQIP will 'sign off' online reporting during biannual contract review meetings.

e. Database Manager representation

RC

The group agreed that two Database Managers should be members of the project board to ensure that this stakeholder group are represented at each meeting. RC is to go back to others who voiced an interest when the role was advertised previously to see if they would like to join.

RC

3. Stock Take

a) Everyone Counts

(i) Consent

RC stated that 7 out of 10 of the Everyone Counts reports had now been released, including an update to the published NACSA data. The remaining three audits will publish in autumn 2013. The process identified a requirement to gain consent at individual consultant level, although this probably won't be necessary in future iterations of data due to the 'public interest' clause of the Data Protection Act (1998).

(ii) Presentation Format

RC felt that the format of the data could be made more patient friendly. There will be an expectation for data to be presented more uniformly via NHS Choices in future.

It was agreed that NACSA should continue to present the data via SCTS also. A brainstorming ½ day should be organised to discuss how the current format of presentation and accompanying narrative can be improved for the next iteration of publication. Invitees should include GH, SK, MF, RC, BB in addition to a Lightmedia representative and Dave McCormack.

RC suggested we get another Patient Rep on board, as MF understands what we do very well, and we need someone with less of an understanding.

RC

RC stated that the requirement for machine-readable data to be available for download is inevitable. Whilst the group had reservations, it was agreed that this initiative should not be resisted, and that by taking part at an early stage NACSA can help to shape the way that things will proceed. Multiple audits should make data available at the same time.

(iii) Supporting Narrative

The supporting narrative needs some work in order to make it totally patient friendly. This will be discussed during the brainstorming session detailed above (3a (ii)).

b) Database Manager's Meeting

The database manager's meeting was held at the Annual meeting of SCTS in March 2013. RC had run it for the first time with about 40 attendees, and felt it had gone well. The feedback had been generally positive with a lot of good comments from the database managers.

The negative feedback had mainly been that the two workshops at the end of the meeting had felt rushed and they would have preferred more time on these, rather than the presentations. RC confirmed that the meeting would run again next year, and that funding should once again be available from NICOR.

In the meantime 'best practice sharing' would be facilitated via the creation of an online forum to be created using HQIP's NCAF tool.

RC

4. Project Development Updates

a) Governance Tool

RC gave a demonstration of the new Governance Tool and advised that this had not yet

been released widely.

GH then presented an alternative version on which he was still working. BB thought it would be great to have both, but that we needed to release the first version initially. GH explained how his version was not able to run in unison with the first version. To do this a new server would have to be provided from a company based in Spain (R Studio), which has a huge backlog of orders; it would be unlikely to be available for at least 6 months, which gives GH time to develop his tool.

BB stated that the idea was therefore to get the first Governance Tool out there. RC would chase up the issue with regard to the UCL/NWeH servers, which means that the tool cannot generate email notifications for users. BB and RC agreed that they should proceed with the launch, manually generating emails for the time being. RC will ask SMC to assist with this if necessary.

RC

RC asked how the group wanted to organise the launch of the Governance Tool. BB stated that he felt the email and launch should come from SK as he is the honorary SCTS secretary to all SCTS members and database managers. SK confirmed he would be happy to do so if that's what the group wanted, but felt that other stakeholder's should be acknowledged also. It was agreed that SK would send out the letter and RC will send him a draft.

RC

The group agreed that they were happy with both versions of the Governance Tool, and RC stated that she would keep everyone in the loop with regard to the launch date.

GH reported that there have been several requests for analysis of 2012/13 data over the past few weeks, despite the fact the deadline for submission was only 30 June 2013 and inevitably a small number of hospitals are running late with their submission. GH stated that analysis cannot be generated in the short timeframes being requested as the data has not yet been ONS linked or validated. The group agreed that if and when requests come through for analysis of unvalidated data we should say that we are not able to do it, offer to explain why and help them to see how they can check the data themselves.

Analysis of ONS linked 2012/13 data should be available in September 2013.

BB stated that if the data is out by September then we have achieved our target of releasing data 6 months in arrears. Our aspiration should be to publish data no more than 6 months in arrears.

b) Lookup App

GH advised that there were still some minor bugs which should be fixed by next week, and the app had not yet been submitted to Apple. The app is at its final stage, but just needs to be tested for further bugs. GH is adding a new feature to the app at BB's request, so that users will be notified that if they add many filters, the results that they receive will be based upon a small sample.

The group also felt that it was not instantly clear when using the app what buttons to press and that perhaps a 'grey' button should be introduced to make it clearer. GH confirmed he would look at this. BB suggested creating a YouTube video to put on the

SCTS website to aid users.

GH advised that the app will only be available for iPhones, as this is what the majority of cardiac surgeons own. There will also be a web app available too, which would mirror the iPhone app.

The app will be submitted to Apple for approval by the end of July. Approval takes approximately two weeks. GH stated that the hosting arrangements for the web app need to be confirmed with Lightmedia. RC advised that if there were problems with Lightmedia then plan B would be to host the app on the UCL servers. Launch of the app is planned for August 2013. **GH**

GH reported that the app can run slowly on older versions of the iPhone, particularly when working with the larger CABG dataset. Currently data is downloaded and held on the iPhone and doesn't require an internet connection. Pulling information direct from the web could make the app run faster but would limit use of it to areas where WiFi or 3G are available.

GH confirmed that the data are secure, and that the app holds no patient identifiers or means of identifying patient or unit specific data.

BB wanted the group to know that funding for the app is coming from the UHSM endowment fund. RC advised that NACSA received approximately £7000 from HQIP for annual reporting. We may also have further funding from HQIP for the future delivery of Offer 2.

BB and GH suggested that the name of the app would be the SCTS iData App and the group agreed.

b) Blue Book for Patients

RC raised the matter of the release date. BB confirmed that he had been discussing this and was looking at dates. RC confirmed she would call Katie Bennett to see if a date had been agreed so that a press release could be written linking this work to Everyone Counts Offer 2.

The iBook version is complete, and Lightmedia are awaiting a launch date **RC**

5. NACSA contract extension

RC reported that she had completed the contract extension for NACSA, which is funded by HQIP and that the current contract expiry date is April 2014. At present we have no competitors for the contract, and it is likely that it will be extended for another 2 years. After April 2016 however the contract would be open to competitive tender.

RC stated that she had slightly amended the Deliverables in the contract, in particular the reporting section and the removal of the Annual Report. RC asked the group to look through the completed extension and if they have any comments or ideas for the future to let her by **Friday, 26th July** so that she could include these in the extension. **ALL**

The group raised concerns about the availability of GH in the long term to work on the

NACSA contractual deliverable in addition to research. BB stated that he understands the importance of this issue, and is in discussions regarding this and will report back to the group ASAP.

BB

BB suggested that the SCTS send a report to Heart Research UK stating how the grant money has been used and applying for additional funding.

SK

Forward Planning

a) PREMS

The group agreed that it is desirable to collect PREMS data for publication at unit level alongside hospital and consultant level clinical quality measures. However, this is not provided for in the current funding model, so an additional bid would need to be put into HQIP to gain the resources required for this. The current contract extension document states that methodology for delivery of PREMS will be assessed, not delivered within the current funding model. Picker could assist NACSA in costing up this initiative to inform the bid.

RC

PREM collection for adult cardiac surgery should be consistent across units and collected and collated centrally for publication by the audit.

b & c) Dataset Revision/Lotus Notes Validation Checks

RC explained that a dataset wish-list has been created as an evolving document to record desirable additions and amendments to the dataset. RC queried whether implementation of a dataset revision should be scheduled now so that proper consultation and forward planning can take place. The group agreed a date of **1 April 2015** for implementation of a new dataset, which will allow for incorporation of the soon to be developed CQUINs by the CRGs.

As lotus notes is now planned for long term use, more development time needs to be spent to render it fit for purpose. This includes validation checks to ensure that far reaching transcription errors are picked up at the time of entry in addition to being highlighted via analysis available on the elab and as part of the validation process. A half day should be organised to discuss what checks are required with invitees to include SM, RC, GH, SG and TS.

RC

d) Quality Metrics/transparency

To be incorporated into dataset revision April 2015 as per CQUINs defined by CRGs. Further quality measures need to be included in online reporting at unit and consultant level, such as LoS and complications. Additional charts need to be incorporated into the lightmedia template and funding can be acquired via HQIP for this.

f) Data Linkage

RC enquired of BB whether he had any plans on this, and he advised that he was planning to have a more key role at NICOR. He confirmed that he is the Clinical Lead along with Adam Timmins. He hoped that it might be deliverable within 6 months, and we would need to manage that. NICOR have a responsibility to get this done.

6. AOB

GH enquired of RC when she would be back full time at NICOR, and she advised this

should be the end of August, although the length of her secondment at HQIP is still TBC. Doing both jobs simultaneously with no additional support at NICOR is not sustainable so any longer term work will need to be thoroughly planned and resourced.

GH advised that he had been asked for data on a medico-legal case and wanted to know what the policy was, and what our standpoint was. BB stated that we should say 'no': so much data is available freely that we have no obligation to provide it. SK agreed but enquired whether we would consider charging for it? BB said that we may consider this in the future, but not for the time being.

BB expressed his thanks to all members of the group. He felt that we had been making real progress on the core business and governance, and that it was becoming a professional output.

SM stated that if RC was unavailable at any time and the group needed assistance with contacting units, then to please contact her.

Date of next meeting

The date of the next meeting was set as 18 October 2013.