

PARD solution: Outline structure, architecture & deployment option

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Outline

- PARD project vulnerability list for Social Work data
- The PARD process
 - Local Authority Social Work data preparation process
 - NHS National Services Scotland data preparation process
 - Using the data in an emergency situation
- Scottish Borders Council deployment example



Variable	Description
Originating Organisation	Local Authority or Organisation Name
Date of last update	Date the record was last updated
Forename	Forename of client
Surname	Surname of client
Gender	Gender of client
Client ID	Unique client identification number Recommendation to move to CHI number over time
UPRN	Unique Property Reference Number
Address	House name/number, Street, Town
Postcode	Postal Code
Unable to walk unaided	Cannot walk unassisted
Blind	Is registered blind
Bed bound	Is confined to a bed
Wheelchair user	Is not mobile except in a wheelchair
Hearing impaired	Cannot hear or has difficulty hearing
Frail Elderly	Limited physical capability/capacity
Mental Health	Diagnosis is that person requires assistance
Confusion (including Dementia)	Diagnosis is that person requires assistance
Learning Disability (including Asperger's/Autism)	Diagnosis is that person requires assistance
Reliance on Powered Machinery	Reliance on electricity to power equipment at home

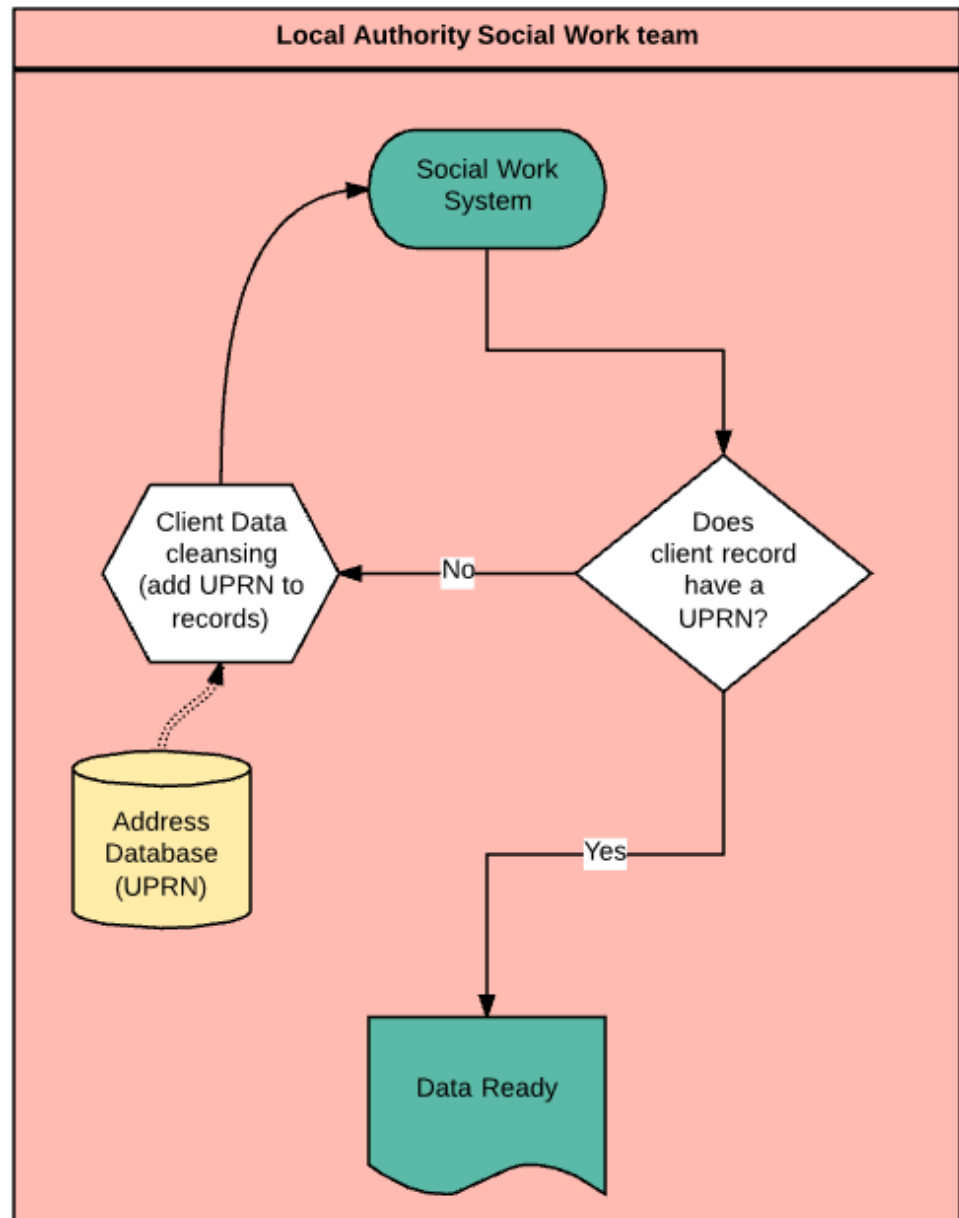
Vulnerability list

- List based on D&G model and has been further developed
- Can be added to by individual LA's, depending on local circumstances



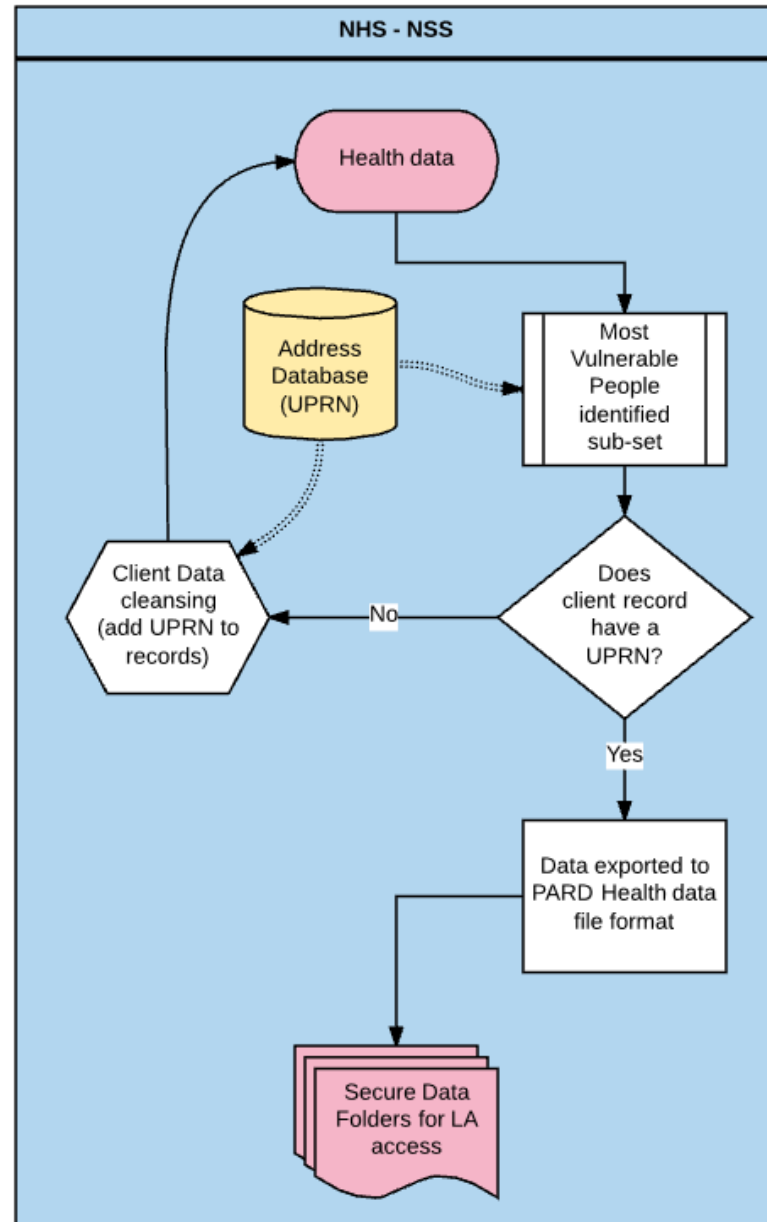
Local Authority Social Work data cleansing

- Each local authority should look to add the UPRN to each of their existing social work client files
 - The UPRN comes from the LA One Scotland Address Gazetteer or OS AddressBase
 - The UPRN will allow their corporate GIS to accurately map the location of the client
- Once this process is complete, the data is ready to be captured to a GIS ready file
 - CSV or Excel spread sheet
- Data can be captured weekly/monthly/quarterly or as agreed so it is always up-to-date and ready to use



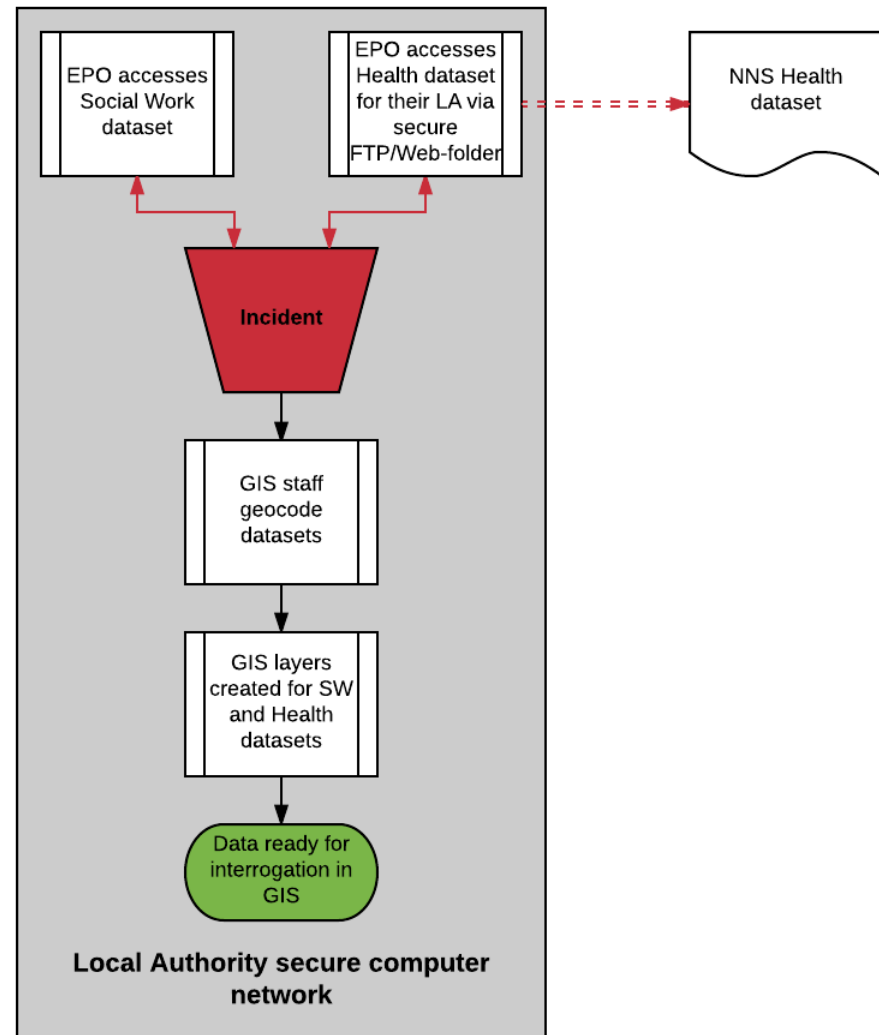
NHS National Services Scotland data preparation

- NSS will create a dataset listing the most vulnerable people in each local authority area
- The data will come from existing Health Board datasets
- This data will have a UPRN added to allow accurate mapping
- Individual datasets will be placed in secure folders within NSS
 - One for each local authority
 - LA's can only access their own folder
 - Monthly update cycle
 - Old data automatically deleted



Using the data during an incident

- The Emergency Planning Officer (or other named person) accesses the health data
 - Social work data can be prepared ahead of time
 - Health data can only be accessed during an incident or for training/testing
- LA GIS system will geocode the two datasets for their local authority
- The data is then displayed in the mapping system
- Data can be printed to show identified vulnerable persons and locations



Key benefits of the process

- Identifies those needing help
 - Rapidly and securely
 - Using existing data
- Good data management
 - Improved accuracy
 - Easier maintenance
 - Data minimisation
- Provides a starting definition to identify vulnerable clients



Scottish Borders Council example

ArcGIS Online - SBC example

Link will only work for authorised users



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Questions & Comments?

Jim Baird

james.baird2@gov.scot

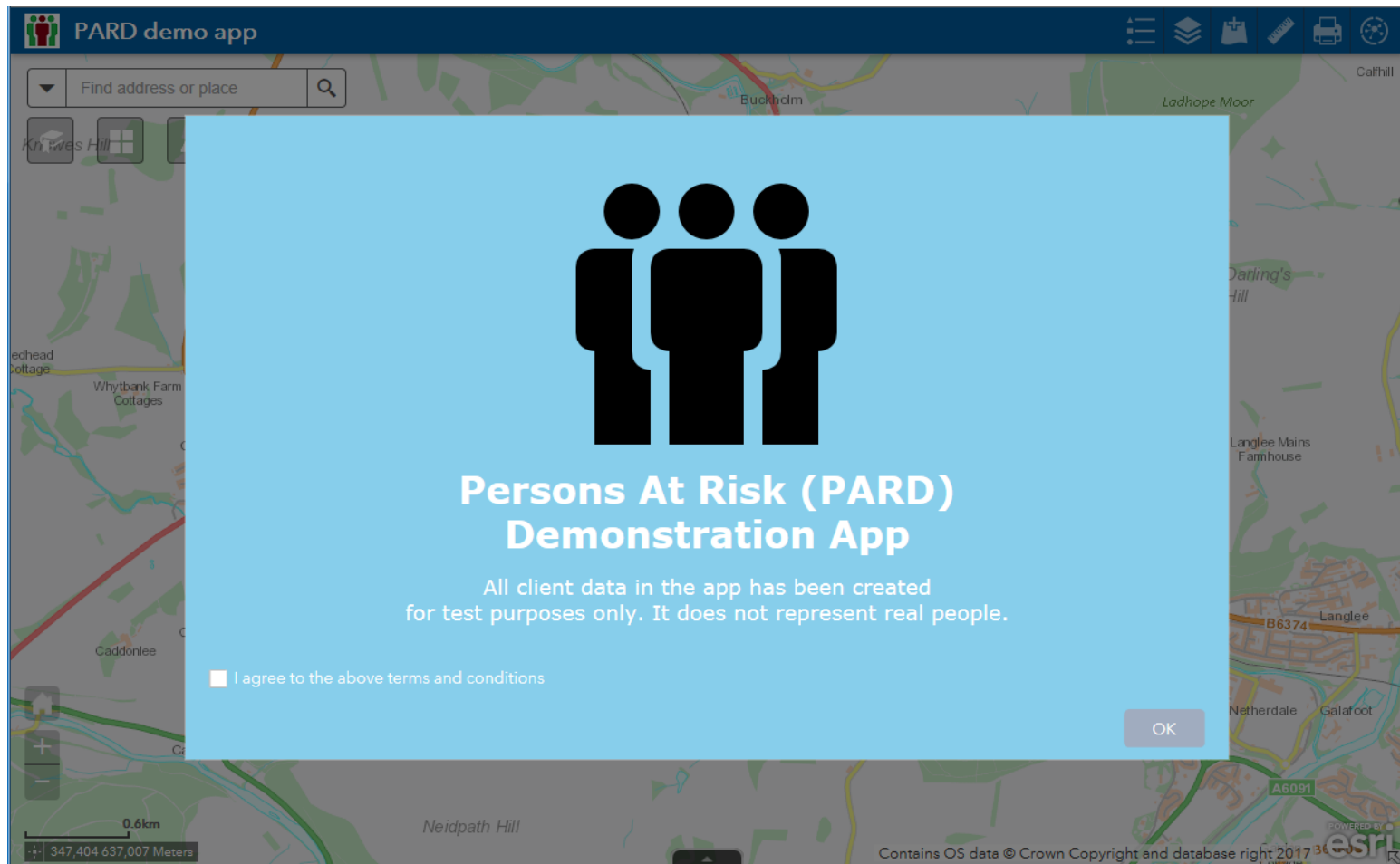
David Grzybowski

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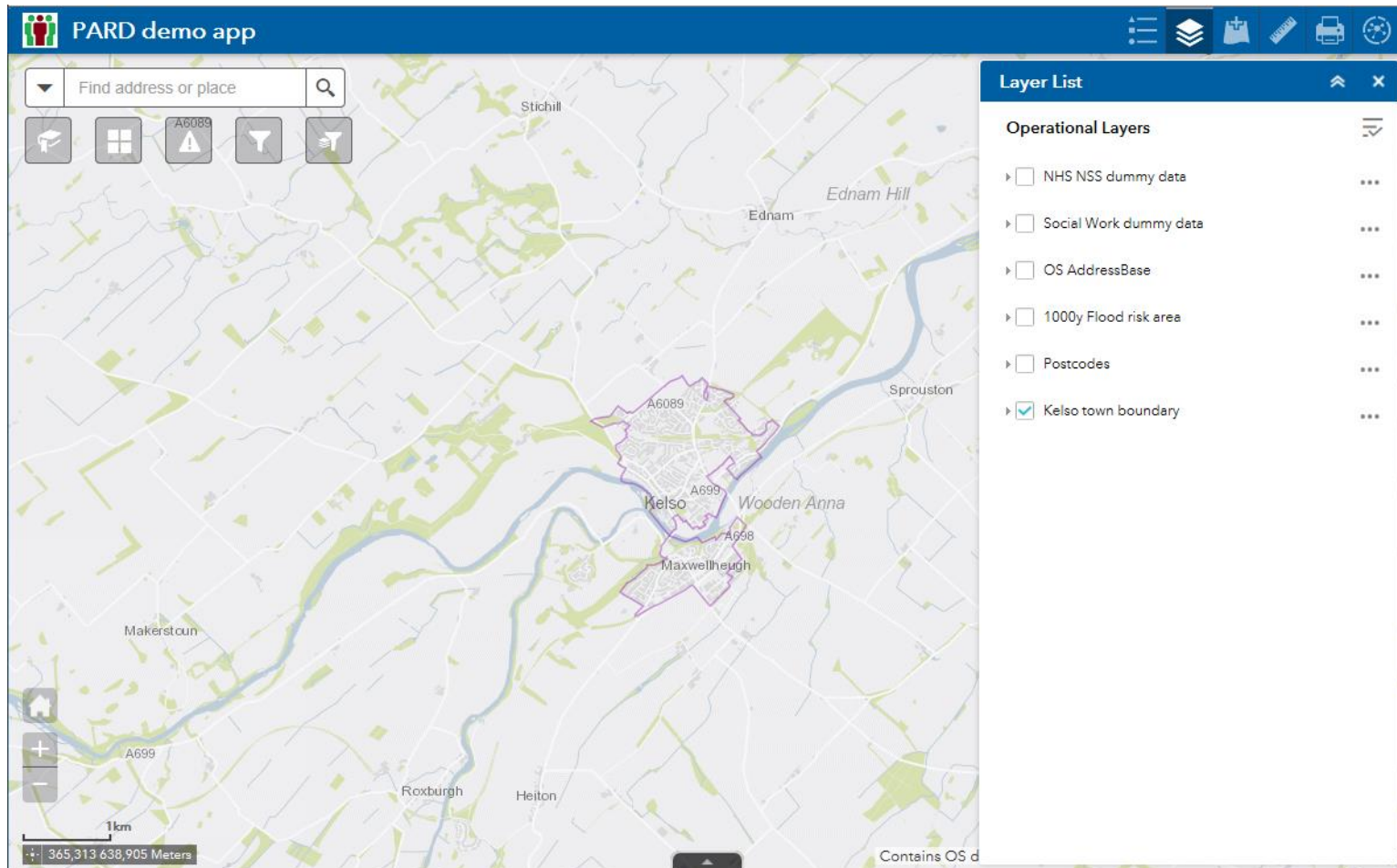


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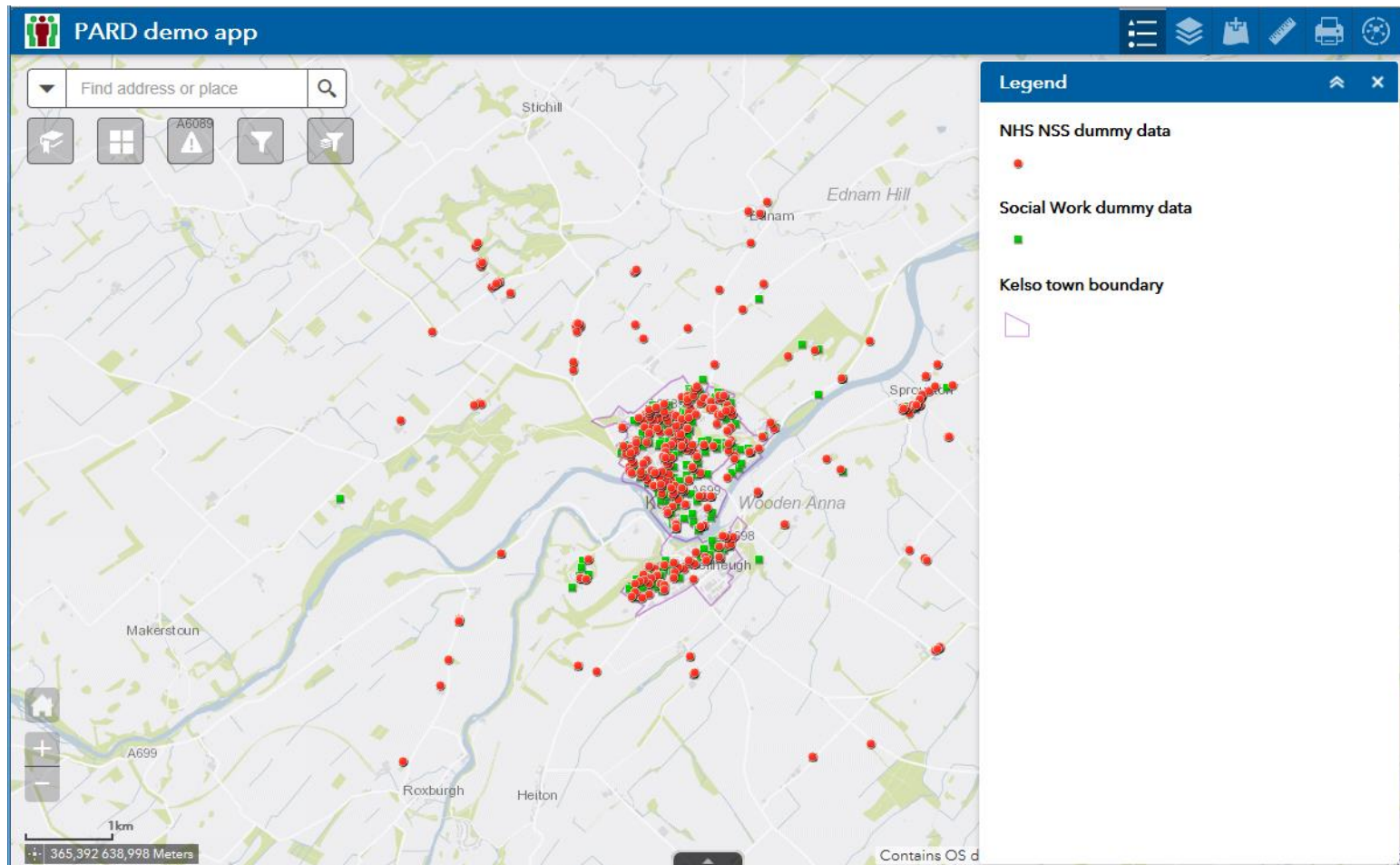
SBC Example



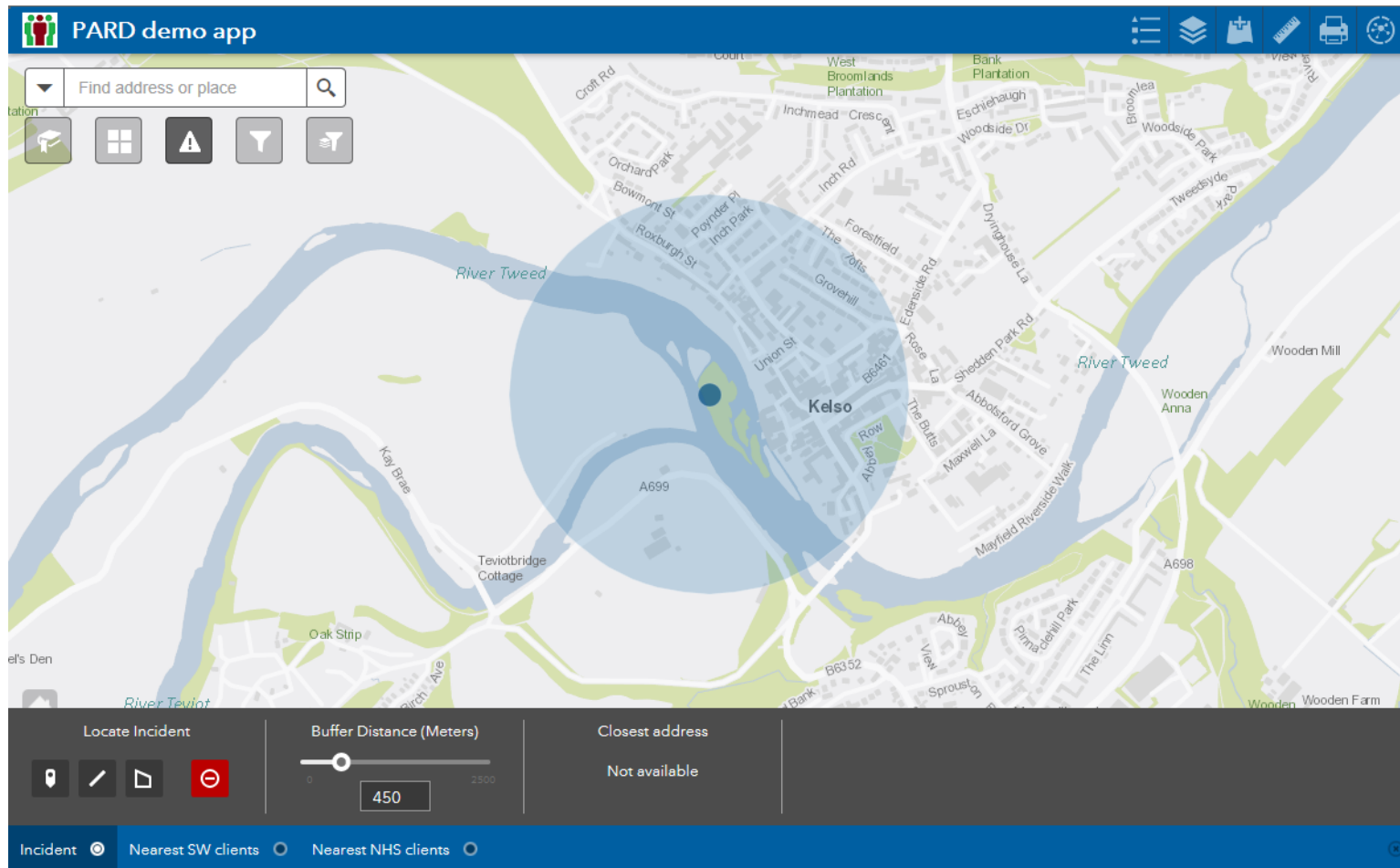
Dataset list



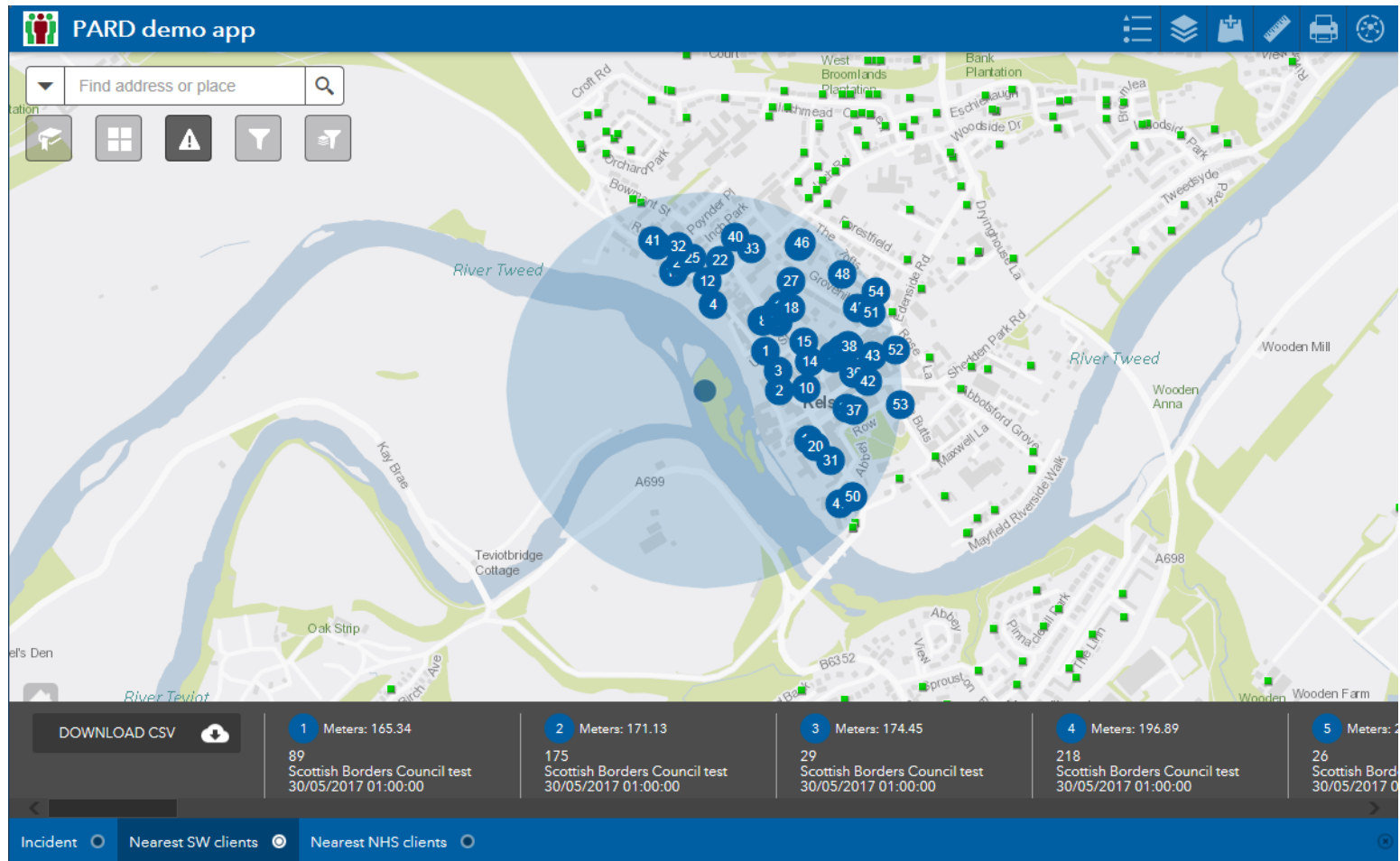
Map legend



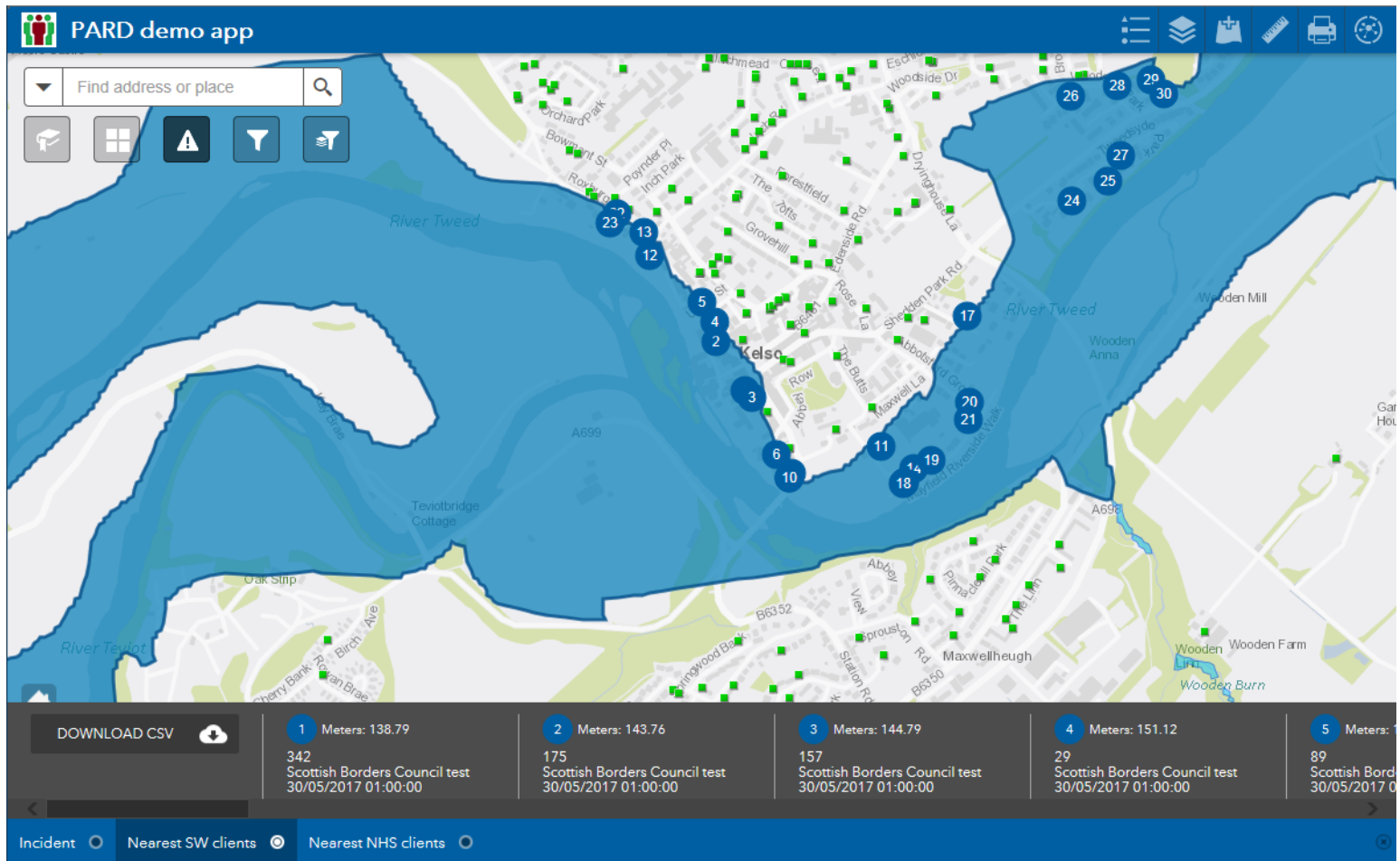
Incident creation tool



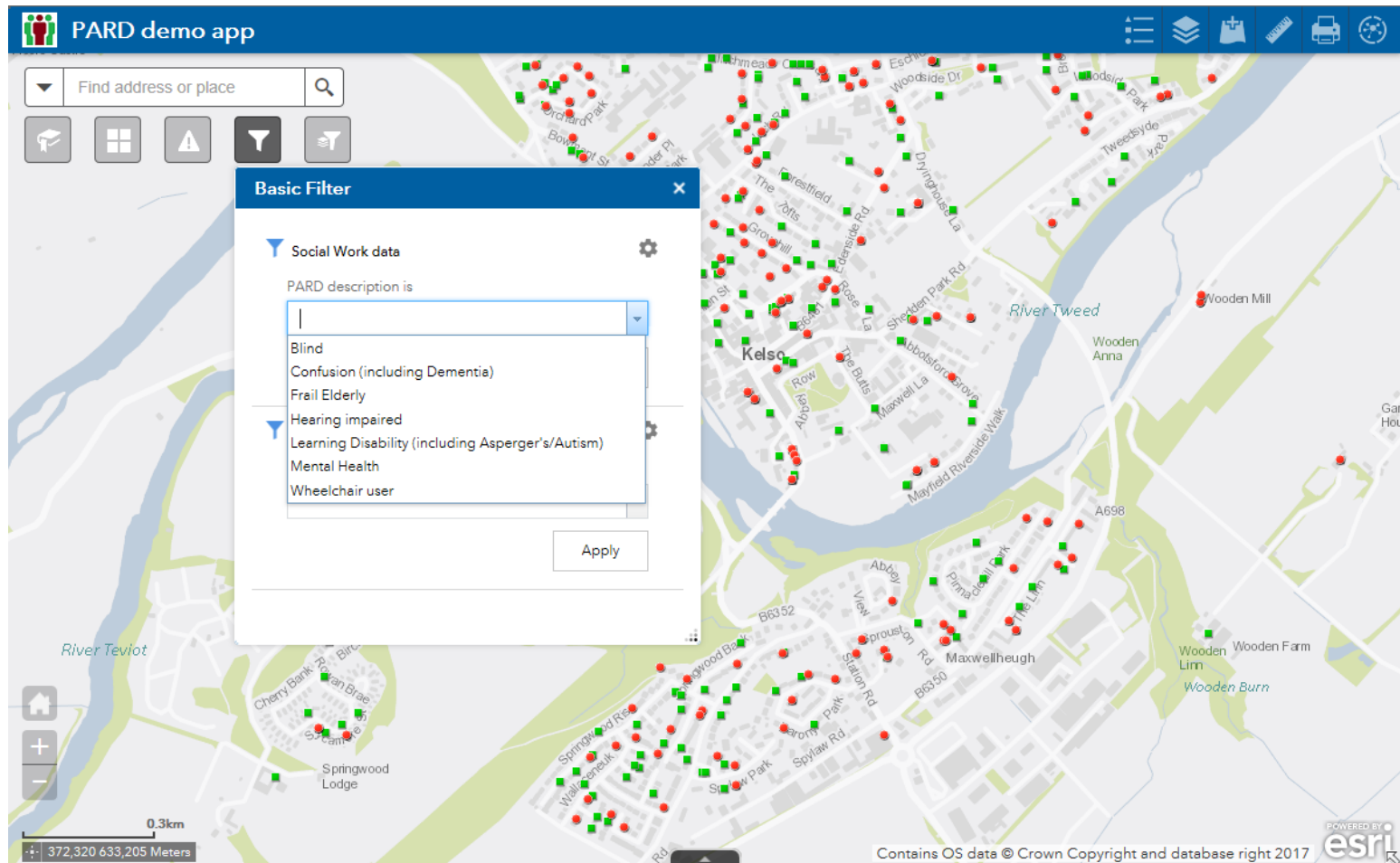
Select by point/buffer



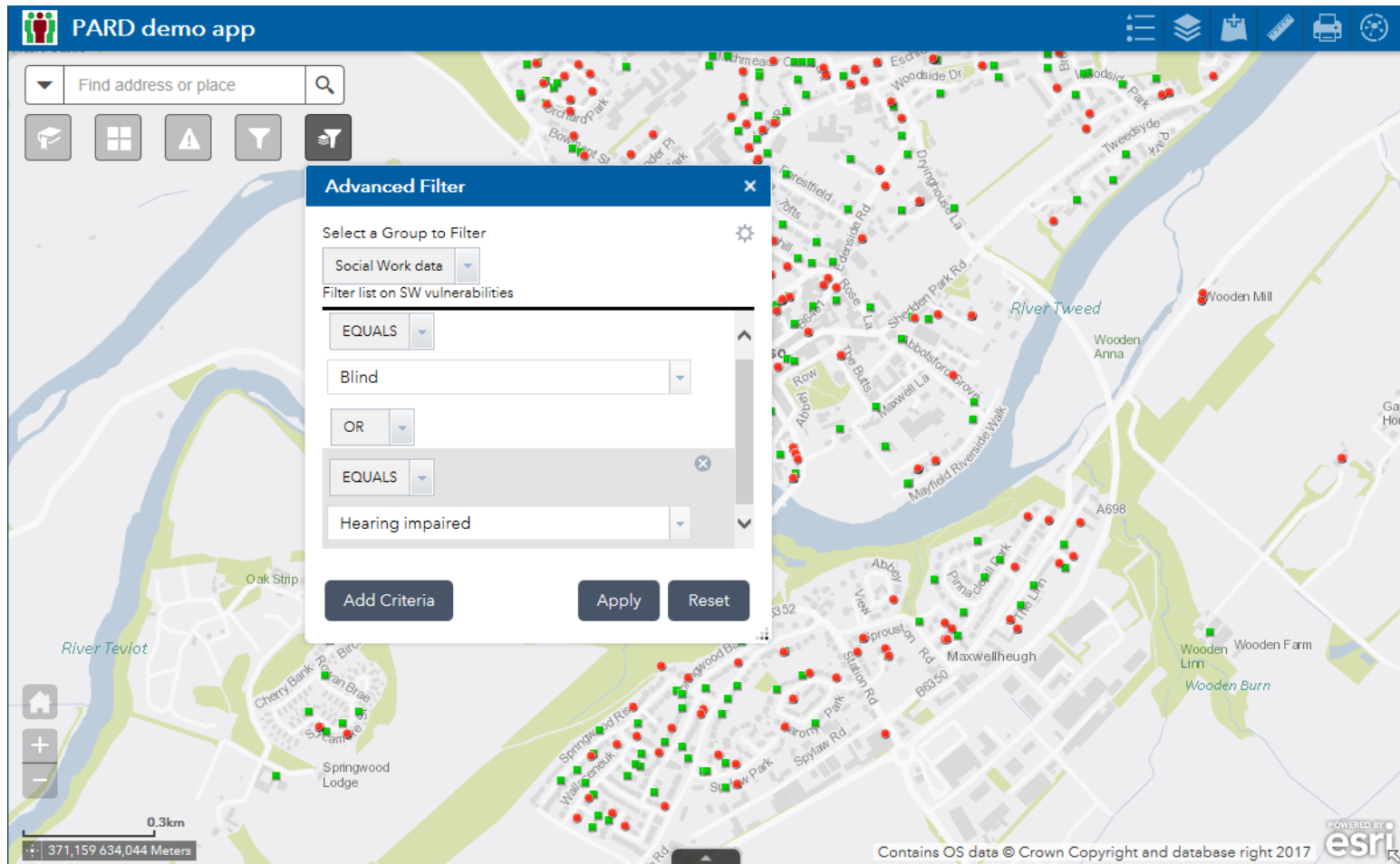
Select by area



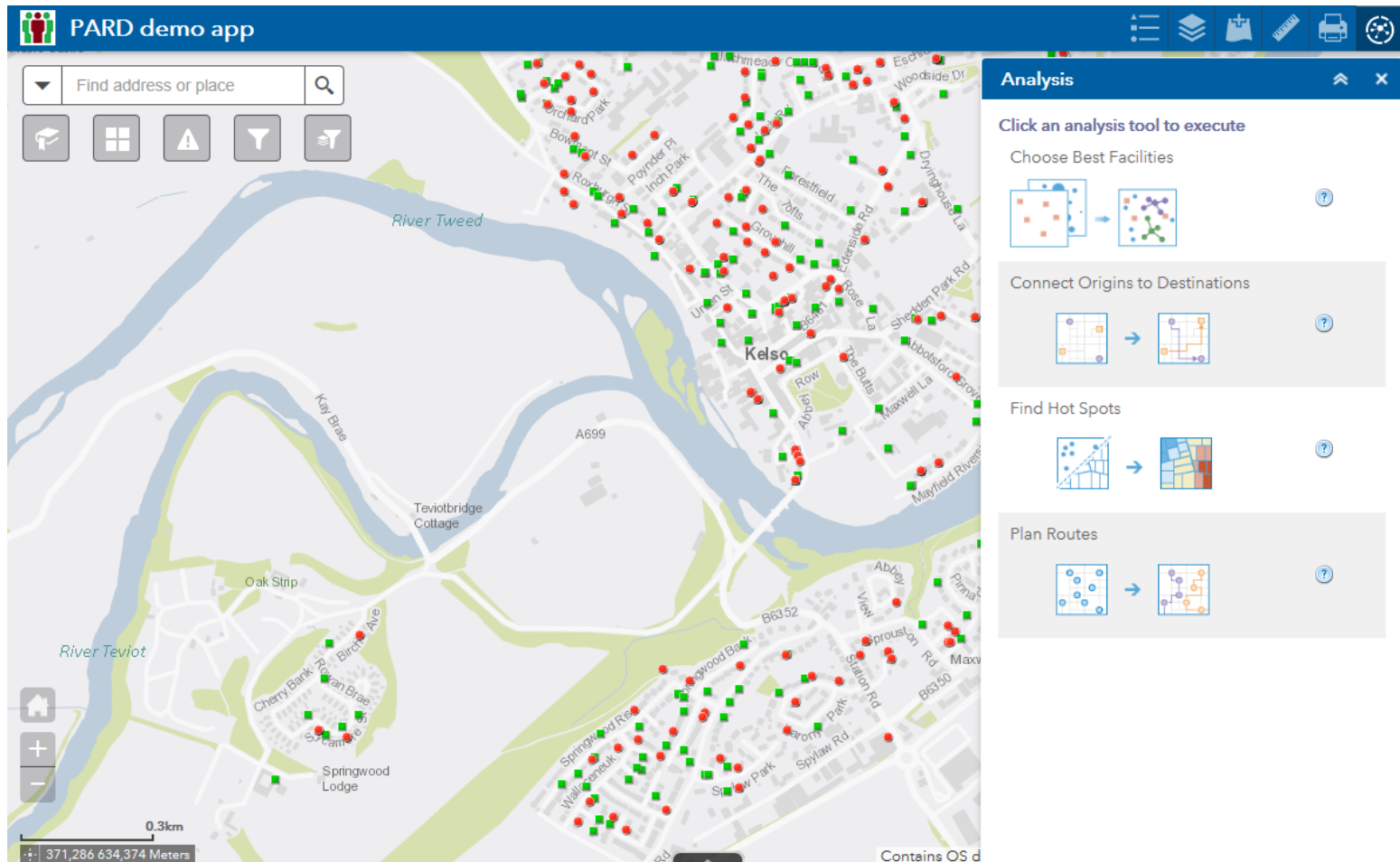
Basic Filter



Advanced Filter



Other Analytical Tools



Questions & Comments?

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From: [REDACTED]

Sent: 24 July 2017 15:38

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: QFIT

Thanks [REDACTED]

This is very helpful

[REDACTED]

From: [REDACTED]

Sent: 24 July 2017 09:53

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: QFIT

Hi [REDACTED]

We send our samples daily by post to Dundee.

Our MLAs organise the send away samples daily anyway and although this adds to our work we have added in the additional MLA time to our cost per test.

The issue of contaminated samples is ongoing and being monitored, I have discussed this with our staff and some contaminated samples have gone to Dundee but we have now decided that if the sample is contaminated it should be rejected by our lab and not sent to Dundee. This means that normally the GP will have this information within 24 hours and can ask the patient to repeat the test rather than waiting for Dundee to reject the sample which could delay this information getting back to the GP. It also gives us the ability to audit how many samples are contaminated and what sources they are coming from to try improve this in the future.

Hope this is helpful.

[REDACTED]

From: [REDACTED]

Sent: 20 July 2017 17:38

To: [REDACTED]

Subject: RE: QFIT

Thanks [REDACTED]

[REDACTED] had sent a really helpful response

Just wondered if you had any additional comments around the practicalities of sending these specimens on from borders lab
Do you have to send them up specially to tayside or do you already have a van going there /
Also how often do you send a batch / weekly / twice weekly / every day ?

As ever there is the vexed question of the contaminated samples . have there been some that you weren't able to send to tayside for that reason ? I know they don't process anything they have concerns around

Best wishes

From: [REDACTED]
Sent: 19 July 2017 22:30
To: [REDACTED]
Subject: RE: QFIT

Hi [REDACTED]

We are likely to be using the same analyser as Dundee, the MH-JACKarc.

From: [REDACTED]
Sent: 19 July 2017 09:42
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: QFIT

Thanks for this detailed response jonathan

Just to complete picture what type of analyser is proposed for the borders ?

From: [REDACTED]
Sent: 18 July 2017 15:53
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: QFIT

Didn't get the meeting dates

GPs have the kits in health centre and give them to the patient
The patient returns it to the health centre
Comes to BGH lab by routine courier
BGH lab send to Dundee (Debbie who is in charge of the BGH labs side of this can tell you more)
BGH lab get result and then send a paper result to GP

From sample handed in to GP to GP getting written result should be 7-10 days max
There were some teething problems but I think we are meeting that

There were some cases of contaminated containers getting discarded by Dundee without the referring GP being aware
We are looking into this (again [REDACTED] may know more)

We are trying to get SCI store access to find a way that the referring GP can view the Dundee lab result directly
Quicker and would allow them to check progress
Any suggestions about how this could be done welcome

I have personally been liaising with primary care
Email circulars, presentations, GP subcommittee meetings etc
Referencing Tayside data but using our own documentation
See attached
We haven't modified the collection instruction leaflet that comes with the kits

From: [REDACTED]
Sent: 18 July 2017 15:02
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: QFIT

Thanks [REDACTED]
Will be great to have your input .
Did you receive the doodle poll from Nicola regarding possible august meeting dates
?

Certainly looks as if your GPs are getting used to using the test

Few queries pl –

Have there been any issues regarding the transportation etc
How do they get to the tayside lab ?

Also can the test be ordered / result read on borders electronic system ?? TRAK

Has it been yourself who has been liaising with GPs and have you used the tayside
documentation or developed your own /

Sorry about all the questions

Best wishes
[REDACTED]

From: [REDACTED]
Sent: 18 July 2017 14:37
To: [REDACTED]
Subject: RE: QFIT

Yes would be delighted to

Our GPs started using QFIT in January
Steady increase in uptake (see below)

Jan	Feb	Mar	Apr	May
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14

37

64

61

119

Lots of work explaining and reassuring GPs around the concept
I am already convinced of its value and expect us to see similar benefits to Tayside

Planning to audit the impact of QFIT for symptomatic patients towards the end of the year and will
be happy to share the results

[REDACTED]
[REDACTED]
[REDACTED]
Borders General Hospital
Melrose
TD6 9BS
[REDACTED]

From: [REDACTED]
Sent: 05 July 2017 16:21
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: QFIT

Thanks [REDACTED]

[REDACTED] are you able to act as the link for the borders as regards potential national
qfit ?

If yes might you also be able to help provide some information on borders
experience with their pilot with tayside as mentioned in my initial email

Many thanks
[REDACTED]

From: [REDACTED]
Sent: 04 July 2017 16:37
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: QFIT

Hi [REDACTED]
Hopefully this will help out communication.
John

From: [REDACTED]
Sent: 04 July 2017 15:28
To: [REDACTED]
Subject: QFIT

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[REDACTED]

Following on from the qfit meeting in may you had indicated that you felt that [REDACTED] ight be better placed to be the main link for borders .

Would you be able to let me have his correct email address as no response from the one I tried

Also would you have access to some details around the results of the boders qfit testing pilot that was mentioned . eg numbers of tests , no of positives , no of unable to be tested plus any comments on issues with the logistics of sending to Dundee please /

Thanks

[REDACTED]

From: [REDACTED]

Sent: 24 July 2017 11:18

To: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Cc: [REDACTED]

Subject: FW: Children and Young People (Information Sharing) (Scotland) Bill

Hi all

Please see email below which has also been shared with the Health Visiting Leads.

Please note the ask for you to engage with the call for evidence and survey and to encourage others to do so.

Thanks

[REDACTED]

[REDACTED] | Chief Nursing Officer's Directorate |
Scottish Government | 2ER St Andrew's House | Regent Road | Edinburgh | EH1 3DG [REDACTED]
[REDACTED]

From: [REDACTED]

Sent: 18 July 2017 14:39

Cc: [REDACTED]
[REDACTED]

Subject: RE: Children and Young People (Information Sharing) (Scotland) Bill

Colleagues

Further to the email below of 20 June regarding introduction of the Children and Young People (Information Sharing) (Scotland) Bill, you may be aware that the Scottish Parliament has issued a call for evidence in relation to the Bill. It has also issued a call for views on the illustrative draft Code of Practice using a short survey.

The call for evidence and survey on the illustrative draft Code of Practice can be found on the Scottish Parliament's website. See link here under 'Evidence'
<http://www.parliament.scot/parliamentarybusiness/CurrentCommittees/105493.aspx>
We would encourage you to engage with the call for evidence and survey and to encourage others to do so.

The call for evidence closes at **5pm on 25th August 2017**. The Parliament have indicated that it appreciates that this consultation is taking place over the summer holidays and so it is amenable to accepting requests for comments to be submitted after the deadline. Further information can be found on the Parliament's website.

The Getting it right of every child Policy Team and the Bill Team will continue to engage widely as the Bill progresses through parliament. If you have any questions about the Bill or would welcome a conversation with us please get in touch via the Bill Team mail box cyp.information.sharing.bill@gov.scot

Regards

[Redacted]

[Redacted]

Children and Young People (Information Sharing) (Scotland) Bill
Area 1D South: Victoria Quay

[Redacted]

From: [REDACTED]

Sent: 24 July 2017 09:16

To: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Cc: [REDACTED]

Subject: FW: GPhC education associate and partner recruitment

Dear colleagues,

I have been requested by the GPhC to flag the link below to access recruitment information for GPhC Associate/Partner roles which have now gone live on their website.

Of particular note are

- * Recently registered pharmacists - Accreditation panel
- * Registration Assessment Question Writers - there is a need to recruit question writers who are pharmacists working in patient-facing practice roles in Scotland

<https://www.pharmacyregulation.org/working-gphc>

The closing date for all roles is 13 August 2017.

Please can you share this with any colleagues who may be interested in the above posts and encourage them to consider applying.

Kindest regards

[REDACTED]

[REDACTED]
[REDACTED] Pharmacy and Medicines Division | Directorate for
Chief Medical Officer | Scottish Government Health Directorates | St Andrews House
| Regent Road | Edinburgh | EH1 3DG

[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: 25 July 2017 14:07
To: [REDACTED]
Subject: RE: GMS Reference Group

[REDACTED]
I am not aware of any work which is ongoing.

I have advised [REDACTED] I can no longer attend this group and I assume she is looking to identify a replacement.

[REDACTED]
[REDACTED]
NHS Borders
Newstead
Melrose TD6 9DA
[REDACTED]

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The Finance Directorate are working to improve our Customer Service, please let us know what we can do to help you.

From: [REDACTED]
Sent: 25 July 2017 10:19
To: [REDACTED]
Subject: GMS Reference Group

WARNING: This email originated from outside of NHS Borders. Do **NOT** click any links or open any attachments unless you are **COMPLETELY** sure they are safe. **Be aware that the sender's address could be forged.**

Hi [REDACTED]

I understand that you have moved on to a new post and will no longer be attending the GMS Contract Reference Group. I am writing to double check if there is any work going on among finance colleagues you previously represented at the group to recommend someone who could take your place.

The reference group is meeting in early August and I'm preparing a short update in case this comes up.

I would be grateful for any help you could provide.

Many thanks, and congratulation on your new post.

[REDACTED]
[REDACTED] | Scottish Government | Primary Medical Services [REDACTED]