

Scottish Pathology Network – Steering Group Meeting

Thursday 6th September 2007 10.45am

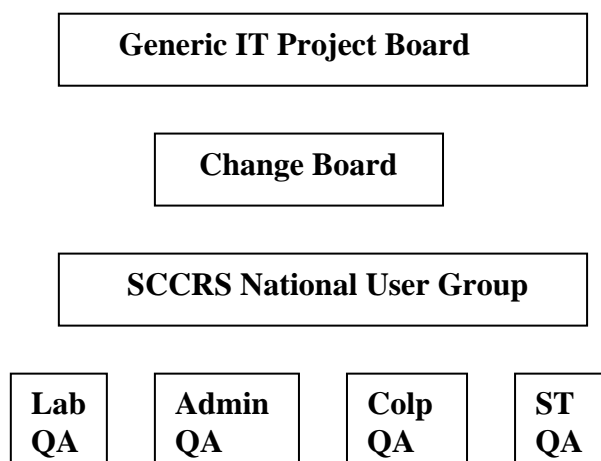
SCCRS Update

Rolled out across NHS Scotland end of May 2007

Approximately 6,000 users have logged into SCCRS with 122129 smears reported as at beginning of this month. Interesting to note that 87% of these requests are completed online by smear takers.

New system the biggest of its kind to be introduced across NHSScotland with approx. 12,000 user names and passwords being issued - challenges not anticipated, not with the allocation but with the distribution of these. Because of the size and complexity of the SCCRS application it is extremely important to control changes and consider the impact of such changes across 4 modules e.g. a change to Colposcopy functionality may impact laboratories.

Formal Change Control Process being established



- The existing Generic IT Project Board will allocate resource and development time across screening systems as before.
- The Change Board and the SCCRS National User Group (NUG) are to be established and will consist of a minimum of one representative from each professional area. It will be the remit of these groups to ensure that the change requests are detailed and to approve the classification/priority proposed by individual stakeholder (SH) groups.
- It is proposed that the currently established QA Groups for Colposcopy, Administration and Laboratory areas will take on board the role of the stakeholder groups.
- The QA Group for smear takers is to be established

Class A - clinical risk that a woman will not be called or treated appropriately and no work around

Class B - clinical risk that a woman will not be called or treated appropriately but there is a work around

Class C - no clinical risk but detrimental to efficient management or monitoring of the screening programme and no work around

Class D - no clinical risk but detrimental to efficient management or monitoring of the screening programme and a work around

Class E - neither clinical risk or detriment to screening programme but inefficient and solution would reduce key strokes /mouse movements required to carry out task or make system easier or more intuitive to use

Lab QA have already collated a list of enhancements and prioritised these as above so that any class A can be progressed prior to establishment of the NUG expected by Autumn.

At last planning meeting 74 current CRs 4xA and 15xB. Plan to implement Priority A then BO then B

Plan to schedule releases twice per year. Prior to release AO unit integration and system testing and UAT. Resource to carry out UAT by NHS must not be underestimated.

Biopsy Issues with dataload

an 'orphaned' file was created where records contained in the biopsy file provided by your laboratory failed to match one or more criteria. The enclosed 'orphaned' file contains details of records that failed to be incorporated into SCCRS.

a number of multiple records were contained for the same patient/same sample/same date in your submitted file(s) which resulted in several morphology codes being applied to patient records. This resulted in the possibility of an incorrect 'most significant' morphology code being displayed. The affected patient records have now been removed and details have now been included in the 'multiple records' file.

Labs have been notified

Reports via Mobius

- > Turnround Time/Average Reporting Time
- > Laboratory Reporting Profile (Received Samples Falling Into Result Categories)
- > Laboratory Results by Screener Opinion Role
- > Laboratory Primary Screener Sensitivity
- > Laboratory Cytology:Histology Correlation

- > Laboratory Correlation of Opinions
- > Labs Special Flags Reporting - Where Used
- > Cancer Audit Report
- > Full Screening History
- > Laboratory Results Reporting by Age Band
- > Direct Referral Report

Alternative mechanism to view these being progressed but in the interim
Mobius is available