

## **VERSION 2.0**

		WORI	K BREAI	KDOWN STR	RUCTURE
Proj	ject Title	National Stoma Qu	ality Im	provement	Short Life Working Group (NSQIG)
SUB	GROUP	DATA			
SUB	GROUP	Alice Macleod			
LEA	D				
	orting To	NSQIG Steering Gro	oup		
Aim	l				imum data reporting methods and not project steering group.
Proj	group ject Plan ectives		-		g data across Health Boards and optimal data reporting to drive quality
Star	rt Date	July 2018			
Con	npletion eline	DECEMBER 2018			
QUO	DRATE	<b>50% OF MEMBERS</b>			
Sub	-Group Mer	nbers			
Nan	ne		Role		
Gavi	n McColl		Principle Analyst ISD NHS National Services		
Sara	h Fry		Senior Information Analyst ISD NHS National Services		
	y Melia		Principle Pharmacist ISD NHS National Services		
	d Thomson		Community Pharmacist NHS GG&C		
	y McMeekin		Stoma Care CNS NHS Ayrshire & Arran		
	n Whatton		Lead Prescribing Advisor NHS Fife		
Billy	Hislop		Procure	ement Catego	ry Manager NHS National Service
No		Tasks		Plan Start Date	Comments
1	Progress the format of baseline stoma prescribing data & metrics developed by NSQIG			May 2018	Actions to take forward documented in progress tracker ( pg2)
2	Develop process to review current data reporting			Aug 2018	Actions to take forward documented in progress tracker ( pg2)
4	Develop a minimum data set with agreed metrics that support stoma product trend , variance / patient level data to support consistent stoma data analysis across NHS Scotland.				Combine and amended from v1 3&4
5		ommendations and action group chair by Decemb	•	Dec 2018	Added sub group outcome and timeline for delivery



Task Number Meeting Update	Progress  Data Subgroup meeting 1: Teleconference 17.08.18 Review of sub group work breakdown tasks with amendments made to version 1.0 from comments Actions amendments in version 2 & actions documented in progress tracker to be circulated to sub group:  Consensus from sub group that data format from NSQIG analyst is helpful. Agreement that sub group should work on developing metrics to improve data reporting.  Agreed Long patient analysis does not capture all stoma patients with resulting anomalies of stoma expenditure:  Overall expenditure: circa £30 million includes community spend &	A Macleod
Update	Review of sub group work breakdown tasks with amendments made to version 1.0 from comments  Actions amendments in version 2 & actions documented in progress tracker to be circulated to sub group:  Consensus from sub group that data format from NSQIG analyst is helpful. Agreement that sub group should work on developing metrics to improve data reporting.  Agreed Long patient analysis does not capture all stoma patients with resulting anomalies of stoma expenditure:  Overall expenditure: circa £30 million includes community spend &	A Macleod
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1	service costs from 2016/17).  Going forward is a work in progress for subgroup to develop	
	metrics that would support effective national stoma reporting.  Consensus from sub group that there was a need to review the current	
2	data reporting across Health Boards and identify commonalities & variation.  Agreed Actions  1. Identify key people in each health board who would be responsible for stoma data requesting and reviewing stoma prescribing data.  2. Develop a questionnaire that would identify what metrics each health board uses to enable review and analysis of variance.  3. Approved questionnaire to be circulated to identified Health Board leads to complete and return for analyses across Health Boards  Karen Whatton, David Thomson to draft questionnaire for sub group to review & comment  Link with Graeme Bryson SPAA representative to identify key stakeholders in NHSS Health Boards.	K Whatton D Thomson A Macleod