Priorities for discussion at meeting was the scope of sprint 5 items for sign off by FHIR Board and process for prioritised maintained backlog for UK Core.

Previous sprints covered basic core requirements. Sprint 4 – message header, operation outcome, episode of care, encounter, composition, condition, procedure, lists and related person. Decided based on ‘left over’ Care Connect and community requirements. Post sprint review where community asked what is still wanted, etc also used to decide. Results of review are available online. Most requirements still needed are Care Connect related and linked together.

Points raised during discussion:
- Care plans are complicated because of architecture
- Size of sprint 5 depends on if brand new or if curated
- 15-18 care connect profiles not been through (see attached list) – some are large and complex eg consent. Not all are clear requirements
- Have use cases but also need a set of criteria to review against. More information about how it is going to be used is better for use cases/logical models.
- Need to be aware of ‘language’ used as different interpretations can be used
- Some may need to be progressed without clinical etc assurance.
- Dependencies need to be lined up. The number of dependencies can be too many to enable timely implementation.
- Is there a programme already set up that needs it?
- Need to be aware of UK wide view.
- Need to ensure that there are implementation plans for more than one area.

ACTIONS:
- Munish to provide links (or copies) to previous review responses and questions, Link attached
  https://jamboard.google.com/d/1MWWrTLuM8nWkjGj8xc8pTM4cXhr0V9ELh0Qh8mb7XU/edit?usp=sharing
- Dave C to provide list of remaining 15 – 18 Care Connect profiles, attached.

FHIR Matrix spreadsheet:
Ben explained the matrix spreadsheet
First tab is initial list of groups and subgroups
Second tab is a complete listing of the HL7 International FHIR resources (not necessarily UK usable)
Third tab has list of implementation guides and use case documents

Resources are grouped into categories - mutually exclusive to HL7. Need to group UK requirements and use cases which would identify what is specifically needed for UK. Closest to BARS seems to be Workflow, for example.
Need to consider use of language when making decisions. May not be an overarching programme that needs the profile, eg investigations, requests and reports. But there is a clinical need.
Spreadsheet needs to be completed in a language that clinical people will understand – based on the grouping and subgroups and status criteria.

Need a description to ensure that there is clarification of what is meant. Use case need to define problem that use of FHIR will solve – a lightweight clinical use case would be helpful. Can also use the user story to identify what is missing.

Also needed is an understanding of what version is being used and/or question why specific versions are not being used STU3 for example. Implementation and wanting to implement is key.

Note that a lot of work done previously was for national programmes or mandated – top down rather than ‘bottom up’. No need to prioritise. Will need better engagement to enable ‘bottom’ up. Engagement going forward is key.

JK to define the different the implementation ‘models’ into different levels of requirement, eg mandated – JK

A potential reason why pathology was not used could be because of unresolved dependencies. Any dependencies on implementation must be a key criterion for deciding priorities. No point prioritising until all dependencies are in place – need to be resolved first.

Need to ensure that local share care record is included. PRSB core information standard links to this
A nursing standard is being developed which will need FHIR development within their work. From a social care perspective, their suppliers will be looking the standards roadmap, particularly the PRSB standards.
Health and Social Care working groups want to align with this work

Next steps
Getting scope for sprint 5 – probably overlap with care connect profiles and existing work (BARS, possibly)
Continue work on matrix spreadsheet - add user stories, what is missing (clinically led), add any related programmes and update columns to include dependencies, implementation models and plans, and language etc. Ben to start off and then circulate to members. Raise with Board for NI, Scotland, and Wales requirements
Need to look beyond next 12 - 18-month view after defining sprint 5.

ACTIONS:

- Define the different the implementation ‘models’ into different levels of requirement, eg mandated – JK
- Continue work on matrix spreadsheet - add user stories, what is missing (clinically led), add any related programmes and update columns to include dependencies, implementation models and plans, and language etc. Ben to start off and then circulate to members.
- Set up another meeting within the next 2 weeks - AQ
- Provide some candidate packages for discussion at FHIR Board meeting – Dave C
- Kelly and Taffy to add social care requirements to spreadsheet

Draft until approved at next meeting