Aim of the meeting is to agree and prioritise the options for sprint 5, as below. Decision needs to be made before next Board meeting so re-convene this meeting for 29 Nov.

**Option 1:**
- **Appointment**
- **ServiceRequest**
- **Slot**
- **Schedule**
- **HealthCareService**

**Option 2:**
- **Diagnostic Report**
- **Specimen**
- **ServiceRequest**
- **Observation**

Red = Not curated, Green = Curated, Black = unknown if curated

**No UK Core profile has been developed**

Points raised during discussion:
- Agreed to look at programmes where implementation dates have been set
- Wales prefer option 2 – diagnostics to align with their existing work/plans. Will be scheduled for 2022/3. Will need to do something themselves if not a priority. Possible option is to offer resource to DC to help development. DC, RJ and MF to discuss offline if viable option.
- Maternity and Child Health could be used - need to check status of the programme and the potential implementation dates. Could be used for later sprints (after sprint 5)
- Noted that Option 1 and 2 do not align. Would be 2 consecutive sprints but still difficult.
- Referrals potentially easier as is more admin related
- Pathology not easy although some work has been done
- Potential timescales for each option needed, noted that consultation can extend overall timelines. Technical and clinical assurance sessions need to be factored in
- Observations are more than just pathology reporting – need to be clarify what is meant by observations. Observations can mean different things depending on setting, for instance in medicines it can refer to both requests and reports. Wales want both requests and reports and also in pathology and radiology setting. Most common would-be investigations and clinical observation. Noted there is a scheduled granular development plan with pathology standards covering lab medicine. Good idea would be to identify high level properties that belong to all observations.

Draft until approved at next meeting
• Need to get a viewpoint from CIOs – a frontline perspective.
• Need minimum viable APIs and a set of interactions to allow access to definitions of
  and the data. Can then build high quality semantic interoperability. Need to be aware that it will take a long time to cover all options.
• Broad set of standards API capabilities defined in FHIR; the capability statement is refining the capabilities of the API
• Discussion around whether option 5 (search parameters, capability statement and reference implementation) could be done in lieu or in parallel with options 1 & 2. Another area to look at is moving profiles on STU3 forward to R4. Uses cases and implementation dates would be needed. Also, to look again at the spreadsheet to highlight the areas still in STU3/Care Connect.
• Still need to consider dependencies. The number of dependencies can be too many to make it a priority
• Timescales for sprint 6 would help with decisions on option 1 or 2. Estimated timescales for sprint 5 are impacted by Easter and sprint 6 by summer holiday

ACTIONS:
• DC, RJ and MF to discuss offline Wales offer for resources to help with development
• Check status of Maternity and Child Health programme may have implementation dates that could suit for later sprints (after sprint 5)
• Need a statement from NHSX and NHSD on consequences of doing option 1 then 2 or option 2 then 1.
• Wales to provide statement on consequences of doing option 1, then option 2