

# Minutes

Purpose of Meeting: **GP Data Implementation Project Board**

Date: **19 January 2017**

Time: **10:00-12:00**

Location: **Leeds, DLA Piper Room 9**

Attendees	Initials	Role
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
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Apologies		
James Hawkins	JH	HSCIC – Executive Director and Interim SRO (Chair)
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED

## 1. Welcome and introductions

REDACTED welcomed attendees and introduced REDACTED as the new Programme Head taking over from REDACTED.

## 2. Review of minutes, actions and decisions

The minutes of the previous meeting were not discussed and will be circulated for comment.

Updates were given on the following actions:

- A12/13 – Both actions were closed and a follow up action was opened – A58.
- A17 – Authorised to proceed but further understanding of engagement approach is needed prior to external communications. REDACTED presented to the Digital Delivery Board and they agreed that GP Data Implementation should proceed but they recognised the dependency on having clarity on the narrative and communications and engagement plan. Further discussions are taking place – REDACTED with REDACTED and REDACTED with REDACTED
- A29 – REDACTED expectation that a Direction is required. REDACTED to determine with REDACTED on how the decision on which organisation the direction comes through
- A33 - Caution is needed with supplier engagement. Before any engagement commences REDACTED to be clear what and why.
- A34 – To close.
- A35 – Action owner changed to REDACTED.
- A36 - Pseudo at source moving forward internally, not tested externally. REDACTED working on identifying options. REDACTED has asked REDACTED to own the requirements that GP Data needs to implement in relation to Type 1 objection. There is an external dependency on REDACTED to confirm the working assumption.
- A38 - To be closed.
- A52 – There is a working assumption that REDACTED has responsibility for a GPES replacement under Domain C. The project that delivers the GPES replacement is GP Data Implementation project which is governed under REDACTED (Domain J). View from REDACTED was that this may not necessarily be clear and REDACTED to take to the Domain C board to request assistance from REDACTED and REDACTED
- A56 – Action owner changed to REDACTED to pick this up as a priority.

### 3. GPES Uplift Proposal

**REDACTED** presented GPES Uplift proposal raising salient points for discussion.

**REDACTED** took the Board through a significant number of red/amber-red risks to the next stage of delivery, and key decisions that need to be made, that may delay proceeding to procurement where some are external and GP Data Implementation have little control over.

Main impact of all of these risks is to the timescales of delivery of the new service, currently looking at extending GP supplier contracts to July 2018 to bring in line with ATOS update.

The paper looks at the minimum needed to continue a service for GPES customers past July 2018, if the strategic solution via DSP is not available, replacing GPET-Q with an in-house developed solution and moving GP system supplier requirement onto GPSoC.

Key benefits would include delivering continuity of service while keeping the scope restricted allowing us to deliver improvements and potentially increased capacity, moving GP suppliers to GPSoC would allow for better contractual arrangements, delivering the payment extracts and aggregate feed would allow for early work to be done with the GP systems suppliers ahead of strategic solution. Concerns that were highlighted included GP system supplier resource and the life span of GPES uplift.

**REDACTED** stated that there are two ways to move forward; 1. Continue beyond July 2018 as it stands or 2. Alternate route to maximum benefits vs. cost vs. time, making changes that would provide benefits in terms of capacity. **REDACTED** addressed the question of why we would choose to follow this alternate route rather than extend the contracts and she highlighted that the current service has come under scrutiny by NAO and PAC and replacing GPET-Q would be replacing the most controversial part would be removed.

**REDACTED** presented GPES Uplift timeline and raised key dependencies noting, GPSoC ongoing work and CQRS decision on extending current contract which is ending in July 2018. **REDACTED** stated that the current preferred way forward is an extension to current contracts until at least financial year 19/20. Also assuming GP Payment Futures is available financial year 19/20.

**REDACTED** stated GP Data Implementation timeline is currently uncertain, replanning is required due to OBC delay, DSP timelines currently unknown and the operational service will be available financial year 19/20 with communications and engagement running alongside.

**REDACTED** asked as to why the GPES Uplift would align with financial year 19/20 and noted that it would be advisable to run GPES Uplift in parallel with existing system for assurance.

**REDACTED** stated the July start was in align with ATOS contract and agreed a piloting session is required. In response to a question from **REDACTED**, **REDACTED** talked about the work that has been done to identify improvements and streamlining.

**REDACTED** stated that options around the scope of the data set and the technical solution were key in terms of understanding how far to take the uplift.

**REDACTED** posed some key questions to be addressed:

- What is the proposition for the uplift, what would need to change, what is the cost and how would it be funded?
- Is there capacity in the internal fulfilment route and internal teams e.g. Solution Assurance?

- What is the scope of the work involved and what are the benefits associated with doing this work?

**ACTION – REDACTED to complete further analysis on benefits case for the GPES Uplift proposal**

**ACTION – REDACTED to discuss with REDACTED decision and approval route for GPES Uplift outside of formal boards due to time limitations.**

#### **4. Data Coordination Board update – REDACTED**

REDACTED provided update on the Data Coordination Board (DCB) and requirements of paper to be submitted. REDACTED noted board chair has changed from NHSE to DH. REDACTED stated the required outcome of presenting to the DCB is authorisation to proceed to SCCI, submission is high level. REDACTED stated REDACTED is still accountable as SRO until retirement date.

REDACTED discussed current NHSE engagement with REDACTED, and awaiting direction on who the key contact would be and what would be required. REDACTED customer facing document is also required in order identify NHSE sponsor to submission. REDACTED noted that due to SCCI being reviewed it has been decided that the DCB are now responsible for prioritising submissions before being reviewed by SCCI. Due to submissions needing to be a high priority NHSE engagement is key. DCB will be the new SCCI committee at the end of the process also. It is important to understand who provides direction – NHSE or SoS.

REDACTED raised a question to the board as to whether the project team were aware of this approval process involving SCCI and if it was within the projects control. This activity needs to be completed in a controlled and structured way within GP Data Implementation.

REDACTED would like to understand what primary care role in this process is, and if more than advisory planning would need to take place.

**ACTION - REDACTED to complete governance plan required around dataset that include:**

- Intent, activity, resource, process, dependencies and how they fit together.
  - Further work to understand the impact of providing information to the public, is it the right time to submit to DCB – who is responsible accountable for this being completed correctly and in context with the projects overall set of objectives.
- REDACTED to seek advice from REDACTED.

REDACTED raised point around unknown governance route, and what is the right process and engagement direction.

**REDACTED to present SCCI process at next board meeting.**

#### **5. Plan on a Page**

REDACTED presented, rising salient points for discussion. OBC risk to be reduced to green/amber.

REDACTED highlighted a blocker in terms of establishing the requirements around practice authorisation (current via stage 1 and stage 2 messaging). REDACTED noted that this was previously agreed via the GPES IG principles with BMA and professional groups, however a new set had not been agreed. In the absence of anything else we need to continue to adhere to the GPES IG Principles. REDACTED stated the working assumption is that seeking a direction and

SCCI process will remove the requirement for the current practice authorisation model (stage 1 and stage 2).

The project was instructed to use this as a working assumption. REDACTED suggested that this be confirmed with the Board in writing.

REDACTED requires further information regarding our ability to start procurement or whether further resource is required and REDACTED will discuss resource priorities with James Hawkins.

**ACTION – REDACTED to provide position on resourcing requirement.**

**ACTION - REDACTED to uplift plan according to Plan A costs, timelines and dependencies and plan critical path on what is currently known.**

REDACTED presented current governance RACI work. REDACTED seeking system wide acknowledgement, and to ensure use cases represent current business need. NHSE and PHE are the main source of use cases.

**ACTION – REDACTED to circulate RACI – board to review and advise on any further groups that may need consulting.**

REDACTED asked if GP Data Implementation Board was the final governance step in approval.

**ACTION – REDACTED to discuss with REDACTED what final approval governance routes is. Dependant on each product.**

REDACTED asked how the RAVE process was factored into requirements of suppliers. REDACTED explained it has been agreed that procurement needs to run before the project goes back into RAVE. REDACTED added that they are using the contractual vehicle to add another service into the contract which is outside of RAVE to drive the change in order to avoid requirement challenges. MW would like supplier to challenge the requirement.

**ACTION - REDACTED to confirm with REDACTED current process is acceptable and look into how RAVE would fit with commercial exercise.**

## 6. AOB

REDACTED noted the OBC is going to NHS digital board 1<sup>st</sup> Feb as the final approval step.

REDACTED also noted a Gateway review is taking place at the end of March. More information to follow.

REDACTED noted that the actions to take away from the meeting for him were to get a sense of resourcing risks / to be clear local data flow approach / to be clear on requirement dataset / to assess risk around DSP and MVP 1.0 / to be clear on our approach to negotiating July 18 contract extension with system suppliers and certainty that this as a minimum is what we can achieve.

## 7. Date of next meeting

1<sup>st</sup> March 2017 – Room 807.

Open actions table

Ref	Action	Owner
<p>29/06/2016 A17</p>	<p><b>Plan on a Page – GP System Suppliers</b></p> <p>Consult with REDACTED on the reactive lines to take with external bodies on engagement regarding national data set at different stages in the project and REDACTED to speak to REDACTED to ascertain whether a strategic communications plan exists around the national data set.</p> <p><b>Update 19/01/2017</b> – Authorised to proceed but further understanding of engagement approach is needed prior to external communications. Further discussions are being had - REDACTED with REDACTED and REDACTED with REDACTED</p>	<p>REDACTED</p>
<p>04/08/2016 A29</p>	<p><b>GP Data for Secondary Uses Highlight Report</b></p> <p>REDACTED to speak to REDACTED about seeking a direction for the GP Dataset and what it would mean for the programme</p> <p>Update 24/11/2016 – No further progression until go-ahead agreed with SCCI. In principal REDACTED happy to lead on work.</p> <p><b>Update 19/01/2017</b> - REDACTED expectation that a Direction is required. REDACTED to determine with REDACTED on how the decision on which organisation the direction comes through</p>	<p>REDACTED</p>
<p>14/09/2016 A33</p>	<p><b>Plan on a Page – Requirements</b></p> <p>Chair to speak with James Hawkins to confirm what we can do in terms of supplier engagement etc. while we are waiting for DH response to the NDG Review.</p> <p>Update 24/11/2016 – No supplier engagement prior to February, including patient preferences</p> <p><b>Update 19/01/2017</b> – REDACTED caution is needed. Before any engagement commences REDACTED to be clear what and why.</p>	<p>REDACTED</p>

<p><b>14/09/2016</b> <b>A35</b></p>	<p><b>Risks and Issues Reports</b></p> <p>The Chair to engage with <b>REDACTED</b> on a technical contingency against the risk that DSP would not be able to support a GPES replacement by August 2018</p> <p>Update 19/10/2016 – Covered by agenda item. See board minutes. Further actions regarding Risks and Issues – A43, A44.</p> <p><b>Update 19/01/2017</b> – Action owner changed to <b>REDACTED</b> .</p>	<p><b>REDACTED</b></p>
<p><b>14/09/2016</b> <b>A36</b></p>	<p><b>Risks and Issues Report</b></p> <p>The Chair to ask James Hawkins for guidance on treatment of Type 1 objections and proceeding on the basis of the earlier board decision (D2).</p> <p>Update 24/11/2016 – Follow current assumption.</p> <p><b>Further action:</b> If type 1s remain – what is impacted by type 1s remaining at source? What is needed? New scenario to be considered.</p> <p><b>Update 19/01/2017</b> – Pseudo at source moving forward internally, not tested externally. <b>REDACTED</b> working on identifying options. <b>REDACTED</b> has asked <b>REDACTED</b> to own the requirements that GP Data needs to implement in relation to Type 1 objection. There is an external dependency on <b>REDACTED</b> to confirm the working assumption.</p>	<p><b>REDACTED</b></p>
<p><b>14/09/2016</b> <b>A40</b></p>	<p><b>AOB</b></p> <p>Chair to speak with Programme Director <b>REDACTED</b> about which Board <b>REDACTED</b> should be involved in in terms of MIQUEST.</p> <p><b>Update 19/01/2017</b> – Action owner changed to <b>REDACTED</b> .</p>	<p><b>REDACTED</b></p>
<p><b>19/10/2016</b> <b>A41</b></p>	<p><b>GP Implementation Board membership</b></p> <p><b>REDACTED</b> to have a discussion with <b>REDACTED</b> regarding GP Implementation Board membership.</p> <p>Update 19/10/2016 – <b>REDACTED</b> to attend on behalf of <b>REDACTED</b></p> <p><b>Update 24/11/2016</b> – <b>REDACTED</b> to confirm with <b>REDACTED</b> who is attending future boards.</p>	<p><b>REDACTED</b></p>

<p>19/10/2016 A44</p>	<p><b>Risks and Issues</b></p> <p>REDACTED to prepare resource paper and share with REDACTED ASAP.</p> <p><b>Update 24/11/2016</b> – Paper shared - work ongoing for Domain C resource.</p> <p><b>Update 19/01/2017</b> – REDACTED to advise REDACTED on what resource is required to move into procurement.</p>	<p>REDACTED</p>
<p>24/11/2016 A51</p>	<p><b>Customer Facing Requirements</b></p> <p>REDACTED to talk to REDACTED regarding governance routes</p>	<p>REDACTED</p>
<p>24/11/2016 A52</p>	<p><b>Customer Facing Requirements</b></p> <p>REDACTED to talk to REDACTED and REDACTED regarding governance routes</p> <p>19/01/2017 – REDACTED has responsibility of GPES replacement – GP Data Implementation project delivers GPES replacement governed under REDACTED . REDACTED to take to the Domain C board to make structure clear.</p>	<p>REDACTED</p>
<p>24/11/2016 A53</p>	<p><b>Customer Facing Requirements</b></p> <p>REDACTED to change ‘Appointments’ to ‘Capacity utilisation’.</p> <p><b>Complete. To Close.</b></p>	<p>REDACTED</p>
<p>24/11/2016 A54</p>	<p><b>Customer Facing Requirements</b></p> <p>REDACTED to discuss with REDACTED / REDACTED if user cases can be strengthened around local more readily.</p>	<p>REDACTED</p>
<p>24/11/2016 A55</p>	<p><b>Customer Facing Requirements</b></p> <p>REDACTED to update paper to include; different examples of frequency, direct and public health care and extraction methods and clear sponsorship. Updated document to be brought to the next board.</p>	<p>REDACTED</p>



<p>24/11/2016 A56</p>	<p><b>Local standardised plan</b></p> <p>REDACTED / REDACTED to further discuss responsibilities regarding standardising local data flows.</p> <p>Update 19/01/2017 – REDACTED to pick up as a priority.</p>	<p>REDACTED</p>
<p>24/11/2016 A57</p>	<p><b>GP Data Implementation Project Brief</b></p> <p>ALL to review and REDACTED to approve GP Data Implementation Project Brief</p> <p>Update 12/12 – REDACTED circulated REDACTED 12/12 – comments to be returned 16/12.</p> <p><b>Complete. To Close.</b></p>	<p>REDACTED</p>
<p>19/01/2017 A58</p>	<p><b>NDSD solution</b></p> <p>Formal confirmation required from the appropriate group in NDSD that MVP (Minimum viable product) 1.0 will contain functionality to replace GPET-Q. Also confirmation of timescales for MVP1.0.</p> <p>REDACTED and REDACTED to consider who should provide formal confirmation.</p>	<p>REDACTED</p>
<p>19/01/2017 A59</p>	<p><b>GPES Uplift proposal</b></p> <p>REDACTED to complete further analysis on benefits case for the GPES Uplift proposal</p>	<p>REDACTED</p>
<p>19/01/2017 A60</p>	<p><b>Governance routes</b></p> <p>REDACTED to discuss with REDACTED decision and approval route for:</p> <ul style="list-style-type: none"> <li>• GPES Uplift outside of formal boards due to time limitations</li> <li>• Final approval governance routes. Dependant on each product.</li> </ul>	<p>REDACTED</p>
<p>19/01/2017 A61</p>	<p><b>Resourcing</b></p> <p>REDACTED to provide position on resourcing requirement.</p>	<p>REDACTED</p>

<p><b>19/01/2017</b> <b>A62</b></p>	<p><b>Governance plan</b></p> <p><b>REDACTED</b> to complete governance plan required around dataset that include:</p> <ul style="list-style-type: none"> <li>• Intent, activity, resource, process, dependencies and how they fit together.</li> <li>• Further work to understand the impact of providing information to the public, is it the right time to submit to DCB – who is responsible and accountable for this being completed correctly and in context with the projects overall set of objectives. <b>REDACTED</b> to seek advice from <b>REDACTED</b> .</li> </ul>	<p><b>REDACTED</b></p>
<p><b>19/01/2017</b> <b>A63</b></p>	<p><b>Plan on a Page</b></p> <p><b>REDACTED</b> to uplift plan according to Plan A costs, timelines and dependencies and plan critical path on what is currently known.</p> <p><b>Complete. To Close.</b></p>	<p><b>REDACTED</b></p>
<p><b>19/01/2017</b> <b>A64</b></p>	<p><b>Governance RACI</b></p> <p><b>REDACTED</b> to circulate governance RACI – board to review and advise on any further groups that may need consulting.</p>	<p><b>REDACTED</b></p>
<p><b>19/01/2017</b> <b>A65</b></p>	<p><b>RAVE process</b></p> <p><b>REDACTED</b> to confirm with <b>REDACTED</b> current process is acceptable and look into how RAVE would fit with commercial exercise.</p>	<p><b>REDACTED</b></p>

<b>GP Data Implementation Project Board Decisions</b>		
D1	A decision was made to approve the terms of reference (subject to the correction identified in action 9).	20 <sup>th</sup> May 2016
D2	A decision was made that the working assumption for the business case is that patient consent will be handled in a central platform, rather than at practice level.	20 <sup>th</sup> May 2016
D3	A decision was made to approve procurement with 3 <sup>rd</sup> party suppliers to support VfM comparisons on options developed in the business case.	20 <sup>th</sup> May 2016
D4	A decision was made to approve in principle a separate feed of aggregate data for payment purposes.	14 <sup>th</sup> September 2016
D5	A decision was made to endorse Tolerance Exception Report 1	14 <sup>th</sup> September 2016
D6	A decision was made to endorse OBC	19 <sup>th</sup> October 2016

<b>GP Data Interim Strategy Board Assumptions</b>		
A1	Seeking a direction for an extract and the SCCI process will remove the requirement for the current practice authorisation model (stage 1 and stage 2).	19 <sup>th</sup> January 2017
A2	QOF will continue for at least the next two years.	19 <sup>th</sup> January 2017

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