

# Minutes

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

**Date: 24 January 2018**

Attendees	Initials	Role
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Apologies	Initials	Role
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## 1. Welcome and introductions (Redacted)

Redacted welcomed attendees. Redacted noted that he would chair the meeting on behalf of Redacted.

## 2. Review of Minutes and Actions (Redacted)

The previous board minutes and decisions were reviewed and approved by the board.

Actions A92, A95 and A96 were discussed and Redacted stated they could be closed.

## 3. GPDI Update (Redacted)

### Phase 1 – GPES Uplift Update (SK)

Redacted presented the GPES Uplift Project Status Update section of the slide pack (slides 3 – 4). The update covered the presentation of the Plan On A Page (POAP) to the board, as well as progress updates since the last board.

#### Schedule 15

Redacted then gave the board an update on the progress of work on the Schedule 15. The schedule is expected to be finalised at the end of February, and currently three (EMIS, TPP, Mircotest) of the four suppliers have provided final costs.

Redacted asked when the team expected Vision costs back.

Redacted responded that final costs from Vision are required no later than the end of February.

The suppliers have also now been briefed on the new transition approach, which means the GPSS will only be required to do minimal development in the first stage and much of their development would now fall into the second stage following the DDC backward compatible functionality to replace GPET-Q going live.

Redacted presented key changes to Schedule 15.

The first change is the Schedule 15 will include a risk and reward scheme, which has been designed to incentivise the GPSS to deliver early. The scheme will call out major development milestones, and either increase or decrease the payments to the GPSS if they deliver or fail to deliver to these milestones.

The second change will be to include assurance and governance tracking – so that the GPSS are made aware of where they are in relation to the other suppliers (anonymised) in their development. It will also involve NHS Digital nominating a product owner for each supplier who shall attend supplier meetings including stand ups and report back to the programme team.

The last major change is that of the proposed commercial transition approach. Schedule 14 will be running as Schedule 15 is implemented, so discussions are taking place to determine the best way to transition from Schedule 14 to Schedule 15. Currently the plan is to continue to run 18/19 extracts on Schedule 14 then switch to run all 19/20 extracts on Schedule 15. This is being proposed as it de-risks the potential issue of trying to cut over before the 19/20 extracts and impacting QOF year end. Also if there was a early cut across to the new schedule prior to the 19/20

extract cycle, many of the 18/19 extracts would need to be recertified which is a resource intensive process.

Redacted noted that the transition approach would be reviewed with the operational team, service management and solutions assurance before a final decision would be made.

Redacted queried what was the risk element of the risk and reward scheme.

Redacted answered that any delay from the suppliers would result in a percentage reduction in milestone payment.

Redacted asked what assurance has been done on the risk and reward scheme.

Redacted responded that the risk and reward scheme was still in its early stages of development and review.

#### Schedule 14

EMIS has signed the Schedule 14 CCN, and the CCNs for the other suppliers have been signed by Redacted and will be signed by Vision, Microtest and TPP in line with the end of their GPET-E contracts.

#### DDC Development

Development work with the DDC has started and is on target.

#### **Phase 2 – GP Data** (Redacted)

Redacted presented the GP Data Project Status Update section of the slide pack (slides 6 – 8). The update covered the presentation of the Plan On A Page (POAP) to the board, as well as progress updates since the last board.

#### GP Profession Engagement

Redacted updated the board on the status of the GP Profession engagement. The next meeting with the profession is planned to take place in March. However, the BMA are still not willing to engage until the Memorandum of Understanding (MOU) issue is resolved. The MOU in question is between NHSD, DH and the Home Office which states that NHSD will pass non-clinical information to the Home Office for immigration offences. The BMA sees this passing of the information to be unethical and therefore will not engage with NHSD until it is resolved. This is a major issue for the programme as it has prevented formal engagement with the BMA on the Standard GP Dataset.

Redacted stated that Redacted had presented the issue to the Domain C board earlier in the week and it was decided that the issue would be escalated to the Digital Delivery Board (DDB).

Redacted then queried if a clear set of objectives and appropriate governance has been set up for the engagement with the profession.

Redacted replied that the team are keeping note of all the principles discussed in the meetings and this would be condensed into a paper to be presented to the Board.

**ACTION: Redacted to present a paper to the Board on the principles discussed with the Profession.**

#### Risks and Issues to GP Data

Redacted then went through the key risks and issues of the programme (slide 8).

Redacted commented that he thought there was a key risk missing – that of the lack of an overall data sharing narrative.

Redacted acknowledged this was a risk and that it would be brought out in future board packs. Work is underway with NHSE colleagues to align with the wider data sharing narrative.

Redacted also asked to see the end to end governance for the GP Dataset and the programme.

Redacted then raised a risk around alignment with the DSP and a risk about lack of funding for the programme.

Redacted replied that they was confident that the programme was aligned with DSP and that the risks would be reviewed to ensure the lack of funding risk was clearly articulated.

Redacted raised a risk around patients' attitude to data sharing and the programme needs to work together with NHSE to align communications, as there should be reactive communications and mitigations ready for when the health media hear about this programme.

Redacted asked how the programme was ensuring that local, as well as, national organisations will be able to benefit from the implementation of a Standard GP Dataset.

Redacted raised the issue that an NHSE initiative of regional data hubs seems to be overlapping with what the Standard GP Dataset is trying to achieve.

Redacted stated that they were aware of this and has been working with NHSE to understand how the programmes will work together, it has been discussed that the Standard GP Dataset may 'top up' the regional hubs. There is currently a lack of communications alignment, which the team is working on.

Redacted stated that this was a governance issue not a communications issue, they queried who has the responsibility for these regional hubs.

Redacted stated the need for a cross programme group to work through these issues together and provide guidance.

Redacted reiterated that they wanted to see this issue raised at the GP data cross programme group and would like to attend.

**ACTION – Redacted and Redacted to raise this requirement (communications alignment) at the next GP data cross programme group, which includes NHSE's regional hubs team.**

#### **4. ATOS CCN approval (Redacted)**

Redacted presented the CCN papers (4a, b, c). He summarised the key points to be:

- The programme team are not expecting to have to run the ATOS extension for the full 12 months.
- ATOS is continuing the GPET-Q service on an as-is basis.
- ATOS has provided the GPES team with a macro that will allow GPES to manage SNOMED terminology.

- There will be some changes to the service levels as currently these are not fit for purpose. These changes are being worked through by the Service Management team and ATOS.
- The monthly cost will increase from £56,750 per month to £71,500 per month, this is within the cost envelope approved in the Business Case.
- The legal team are due to review the CCN and it will also be presented to FCAP.

Redacted asked when the team planned to be exiting the ATOS contract.

Redacted replied that the plan was to transition off ATOS's GPET-Q solution in September and then exit the contract in October 2018.

Redacted added that they wanted legal clarity on the notice period needed to exit the contract.

Redacted asked if the team were confident that they would be able to move onto the DDC developed GPET-Q solution in September.

Redacted stated that they were confident in DDC's ability to develop a viable solution in that time, the main risk is delays to GPSS development.

Redacted asked if any of the five open problem records highlighted in the papers were major.

Redacted replied that four of the problem records could now be closed and the only outstanding one was around SEFT issues, which would likely be resolved soon.

**Decision: The board approved the ATOS CCN.**

## 5. Delivery Strategy (Redacted)

Redacted presented GP Data Project Delivery Strategy Slide pack (paper 5).

Redacted covered the strategic context of the project and the drivers for change. She then described the need for project to get the GPSS to build the new capability to flow a bulk feed of GP Data.

Redacted stated there were two ways to do this, via procurement or mandation (Information Standard Notice - ISN).

The delivery strategy recommends the route of mandation via an ISN as this would ensure that all suppliers handling GP Data would have to comply.

Redacted stated that he agreed with the ISN approach but notes that it will require careful handling through the DSAS process, as they have never created an information standard for a data processor before.

Redacted stated that this route of mandation will not just include an ISN but will be a package of measures: including an ISN, a DPN, and an NHSE mandate (Direction).

Redacted added that this approach had been discussed with the GP Profession and their feedback was positive. They stated that it would be helpful for the flow to be mandated as it provided clarity to the GP community. They also stated that they would like to see levers applied to ensure that data users move to use the new Standard GP Dataset disseminated via NHSD so that local flows of GP Data could be reduced.

Redacted asked whose team would be taking the GP Dataset through DSAS.

Redacted replied that the GP Data team would be taking on this piece of work.

Redacted asked if this ISN package would cover subsidiary suppliers.

Redacted replied that it would cover both subsidiary and principle suppliers.

Redacted commented that he would like more information on the ISN approach prior to the board approving the proposal.

Redacted stated the slide deck was presented to initiate discussion rather than approval. Redacted and Redacted would present the strategy for approval at the following board.

**ACTION: Redacted / Redacted to present the delivery strategy for approval at the following board (7th March).**

## 6. Dataset Approach (Redacted)

Redacted presented the dataset approach slide deck (paper 6).

Redacted noted to the board that this dataset approach had been presented to the Profession at an engagement session at the end of 2017. They then summarised the key points of the presentation. The dataset was being developed by collecting and analysing existing national and local use cases. The use cases have been collated into an excel spreadsheet and the data items have been consolidated into a single GP Dataset. This draft data specification will now be validated using a series of engagement sessions with local and national data customers (shadowing informatics teams, workshops). This will be followed by engagement with the GPSS, which is currently planned to start from May.

Redacted highlighted to the board that currently the programme is not planning to flow sensitive codes. However, this stance will be re-evaluated following release of the conclusions of a public consultation, which completed in January 2018.

Redacted noted that the current stance of the programme was to behave in a legally unambiguous way and align to NHSE and PHE decisions regarding sensitive codes.

Redacted added that he was meeting Redacted (NHSE) to discuss the content of the dataset.

Redacted queried who was going to be approving the content of the dataset.

Redacted stated that the mandate would be formed by NHSE and then that would be approved by the NHSD Board.

Redacted stated there needed to be more clarity about who was signing the dataset specification off.

Redacted added there needed to be more work done with NHSE colleagues to understand how NHSD will come up with the proposed dataset specification and who will then approve it.

Redacted stated that the CCIO would need a briefing session as he will have to sign it off.

**ACTION: Redacted to brief the CCIO on the dataset development approach and proposal for who will approve the dataset content.**

**Decision: The Board agreed the approach to the dataset development.**

## 7. MOU discussion (Redacted)

Redacted gave the board an update on the MOU issue.

Redacted presented the issue to the Cross-Domain Board earlier in the week to inform key stakeholders about the what the risk was to NHSD and possible implications of the MOU issue.

The main result of the BMA and NHSD disagreeing over the MOU is that the BMA are not actively engaging with the programme about the Standard GP Dataset. They have attended profession sessions so far, but only as observers rather than actively participating.

If they continue to not engage and subsequently not give their support to the Standard GP Dataset, then there is a risk that when this programme receives media attention this lack of support will leave the programme vulnerable to negative publicity. The reputational risk to NHSD is very significant.

The board yesterday recommended that the risk was escalated to the DDB and key senior EMT should be briefed about the potential impact of this issue.

The impact of the issue means that the programme will either have to proceed at risk or will have to push out timescales as many key project areas will be inhibited by an embargo on public engagement about the Dataset.

Redacted asked how developed the programme's mitigation plans were.

Redacted stated that the team have started to work with the Domain C communications team to develop a narrative and reactive lines. That is as far as the mitigation plans have got. Redacted would like to develop the mitigations with input from the board.

Redacted asked how much of a blocker is the lack BMA support to the programme. She asked if the lack of support would require the programme to close or if there were smaller pieces of work that could be pursued while waiting for the MOU issue to be resolved.

Redacted said that the programme could move forward without the BMA support, but it would be at risk of reputational damage to NHSD as extensive engagement is needed for the development of the dataset.

Redacted added that without the BMA's engagement there would be no formal negotiation and a perception to the media that the BMA were taking a negative position and they had a lack of trust in NHSD.

Redacted noted that engagement between NHSD and the BMA was needed at the highest level and the DDB paper needs to highlight all the mitigating actions.

Redacted commented that during these discussions with the BMA and NHSD it would be important to also engage with the RCGP.

Redacted added that the GPES programme presented to both the BMA and RCGP ethics committees and perhaps this is something that the GPDI programme could consider.

**ACTION: Redacted to escalate MOU issue to the Digital Delivery Board and present the issue and any possible mitigations.**

**8. Review of risk and issues (Redacted)**

Redacted asked board to review the risk and issue report and feedback any concerns.

**9. AOB (Redacted)**

There was no AOB.

DRAFT



### Open actions table

<p><b>24/01/2018</b> <b>A97</b></p>	<p><b>Redacted</b> to present a paper to the Board on the principles discussed with the Profession.</p>	<p><b>Redacted</b></p>
<p><b>24/01/2018</b> <b>A98</b></p>	<p><b>Redacted</b> and <b>Redacted</b> to raise this requirement (communications alignment) at the next GP data cross programme group, which includes NHSE's regional hubs team.</p>	<p><b>Redacted</b></p>
<p><b>24/01/2018</b> <b>A99</b></p>	<p><b>Redacted</b> to present the delivery strategy for approval at the following board (7<sup>th</sup> March).</p>	<p><b>Redacted</b></p>
<p><b>24/01/2018</b> <b>A100</b></p>	<p><b>Redacted</b> to brief the CCIO on the dataset development approach and proposal for who will approve the dataset content.</p>	<p><b>Redacted</b></p>
<p><b>24/01/2018</b> <b>A101</b></p>	<p><b>Redacted</b> to escalate MOU issue to the Digital Delivery Board and present the issue and any possible mitigations.</p>	<p><b>Redacted</b></p>

GP Data Implementation Project Board Decisions		
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
D7	A decision was made to endorse contingency option 2b	01 <sup>st</sup> March 2017
D8	A decision was made to endorse Procurements Approach for GPES Uplift	05 <sup>th</sup> April 2017
D9	A decision was made to endorse the RACI process for the GPES Uplift requirements	05 <sup>th</sup> April 2017
D10	GP Data for Secondary Uses Revised OBC and FBC approved ahead of submission to the Investment Committee.	15 <sup>th</sup> November 2017
D11	Schedule 14 approved by the board.	06 <sup>th</sup> December 2017
D12	The board approved the ATOS CCN.	24 <sup>th</sup> January 2018
D13	The Board agreed the approach to the Standard GP dataset development.	24 <sup>th</sup> January 2018

GP Data Interim Strategy Board Assumptions		
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
A3	DSP MVP 1.0 will not be available before March 2019 and will contain functionality to meet the GP Data for Secondary Uses requirements (informal confirmation provided by Redacted)	01 <sup>st</sup> March 2017
A4	Delivery of contingency option will be done in such a way that it can be consumed by the DSP	01 <sup>st</sup> March 2017