

Minutes

Purpose of Meeting: GP Data Implementation Programme Board Meeting

Date: 7th March 2018

Attendees	Initials	Role
Redacted	Redacted	Redacted

Apologies		
Redacted	Redacted	Redacted

1. Welcome and introductions (Redacted)

Redacted welcomed attendees. Redacted noted that they would chair the meeting on behalf of Redacted. They stated this was a shortened board meeting organised to get key approvals from the board needed before the end of March. Due the specific nature of this board, the approval of the previous board minutes and action updates would be left for the next full board, which will be held on 28th March.

2. GPES Uplift Update (Redacted and Redacted)

Redacted presented the GPES Uplift Update slide pack, which covered the following topics:

Approval of the Business Case (Redacted)

Redacted announced that the GP Data for Secondary Uses combined revised OBC and FBC had received ministerial approval on the 26th February. She explained that this approval had come with two conditions and asked the board to accept them. The conditions are as follows:

1. The team returns to Cabinet Office for further approval by August 2018 for a separate FBC to cover enhancements to the service. This phase will deliver a third data stream, a patient level data feed using a standard GP data set.
2. The team will provide monthly updates to GDS on progress of this work and work on the FBC for the next phase.

Decision: The board accepts the conditions of the approval of the GP Data for Secondary Uses combined revised OBC and FBC.

Atos CCN (Redacted)

At the 24th January board the Atos CCN was approved with the following caveats:

- Agreement from Service Management in the terms of the CCN
- Legal review and confirmation of the legal position, financial penalties and notice period on early exit from the extension.

Redacted gave the board an update on the progress in these two areas.

Legal guidance has been sought from the NHS Digital team. Their response was as follows: Due to the new CCN not including any notice period information and the original time periods within previous agreements have expired, it would be reasonable for the programme to terminate by providing written notice in reasonable time (at the programme's discretion e.g. 30 days).

Redacted stated that the programme is seeking approval from the board to act as per the legal advice. The programme will write to Atos once the team have clarity on it would be feasible to terminate the Atos contract. This would give the programme the flexibility to continue with the Atos extension on a month by month basis up to July 2019.

Redacted asked if there was a business risk associated with taking this position.

Redacted stated that there was a risk that NHS Digital would have to pay Atos additional months of service charges so that Atos would keep their service running until the DDC and GPET-E solutions were ready to replace it.

Redacted asked for this risk to be added to the risk register.

Action: Redacted to add the risk of Atos responding to a shorter notice period than 6 months by requesting payment for a full 6 months of ongoing service.

Redacted asked the board to endorse the programme's recommendation of giving reasonable written notice to Atos.

Decision: Board endorsed the programme's approach to the Atos notice period (written notice at the programme's discretion). This endorsement had a caveat that approval would also be obtained from Redacted and Redacted.

Action: Redacted to get approval for the approach with the Atos CCN notice period from Redacted and Redacted.

Redacted then updated the board on the work done against the second caveat (service management approval).

The service management team made some small changes to the CCN and Atos have agreed to the service management changes.

Redacted then asked the board if they agreed that the caveats on their approval of the Atos CCN had been met.

Decision: The board agreed the caveats from the 24th January board have been completed. The Atos CCN is approved by the board.

Redacted stated that the Atos CCN is due to be presented to FCAP on the 14th March and following FCAP approval it would be signed by Atos and NHS Digital.

Schedule 15 CCN (Redacted)

Redacted gave the board a recap on the two steps of GPSoC Schedule 15:

Step 1: replacing Atos's GPET-Q with the DDC developed solution

Step 2: Enhancements to the GPET-E solutions and new operational service arrangements (updated SLAs etc).

Redacted presented the risk and reward scheme table, which laid out the percentage rewards and penalties in terms of suppliers ability to meet NHS Digital Dates v. Backstop dates. . All the suppliers have accepted in principle the risk and reward model.

Redacted asked if the figures being proposed were amounts that suppliers would react to.

Redacted added that the risk and reward scheme was a way for NHS Digital to manage the risk of late delivery by the suppliers, and it could be used in concert with other measures, such as switching off GPET-Q, to incentivise the suppliers to deliver on time.

Redacted joined the meeting at this point.

Redacted stated his concern that the incentives and penalty amounts may not be enough to incentivise suppliers to deliver by the backstop date and there was a substantial reputational risk to NHS Digital of turning off GPET -Q. He asked for the risk around missing the backstop dates and the risk around service continuity should be set out with clear mitigation plans.

Action: Once schedule 15 dates are clear, Redacted to look at risk mitigation plan for missing the backstop dates and turning off GPET-Q.

Redacted asked for the board to approve the risk and reward model.

Decision: The board approved the risk and reward model for Schedule 15.

Risk to Schedule 15 (Redacted)

Redacted outlined the risk that the Schedule 15 would not be completed and signed before the GPSoC framework expires at the end of March 2018. Due to this risk, several contingencies have been developed.

Redacted set out the following options:

Option 1 – Proceed Backward Compatible (step 1) only under a different commercial arrangement

Option 2 – Proceed with Backward Compatible (step 1) and GPES Uplift (step 2) but under a different commercial arrangement

Redacted then set out the benefits case and financial position of both options (slides 16-21).

Redacted stated that the programme is proposing that they build flexibility into schedule 15, this will enable the programme team and the board to decide whether to stop at Step 1, proceed to step 2 and descope certain requirements of Step 2.

The programme recommended to the board the following commercial options for each step:

Step 1 – Option B - Deliver step 1 under a flexible schedule 15 with the option to stop at step 1

Step 2 – Option B - Deliver elements of step 2 under a flexible schedule 15 so that we can descope elements of the schedule as required.

Redacted asked if the capacity and resources were confirmed with the suppliers for Step 2.

Redacted replied that they had.

Redacted then asked if this capacity, that is currently assigned to Step 2 of GPES Uplift, could be used to deliver GP Data development work.

Redacted stated that the programme wanted to keep the various options open. If the programme chose not to proceed with Step 2 then the team would try and use this freed-up supplier capacity to deliver some GP Data Alpha work. However, the programme could not be assured that the supplier capacity would be absorbed by the suppliers working on other things in their backlog.

Redacted asked if wording could be added to the contracts to secure the supplier capacity to be used for the GPDI Programme.

Redacted said he would investigate the potential of adding wording to retain capacity for the GPDI programme.

Action: Redacted to look at adding wording to repurpose any unused capacity from schedule 15 CCN for the GPSoC Continuity Capacity on Demand.

Redacted asked if the programme wanted the board to make a decision about these options to ensure flexibility. Redacted needs to be brought into this discussion. Redacted stated that they would brief Redacted following this meeting.

Action: Redacted to brief Redacted on Schedule 15.

Redacted described the next steps to the board. Both the Atos CCN and the Schedule 15 CCN are going to the FCAP board on 14th March. Once the documents are finalised they will be circulated to the board. The finalised Atos CCN would then be signed by Redacted and the finalised Schedule 15 contracts would be signed by Department of Health.

Redacted stated he would like the FCAP briefing notes to brief Redacted (executive sponsor).

Action: Redacted to share the FCAP briefing notes for Schedule 15 and the Atos CCN.

3. AOB (Redacted)

There was no AOB.

Next board meeting will be on the 28th March 2018 (12.00-14.00).

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Open actions table

<p>24/01/2018 A97</p>	<p>Redacted to present a paper to the Board on the principles discussed with the Profession.</p>	<p>Redacted</p>
<p>24/01/2018 A98</p>	<p>Redacted and Redacted to organise a cross programme group, which is to include NHSE's regional hubs team.</p>	<p>Redacted</p>
<p>24/01/2018 A99</p>	<p>Redacted to present the delivery strategy for approval at the following board (7th March).</p>	<p>Redacted</p>
<p>24/01/2018 A100</p>	<p>Redacted to brief the CCIO on the dataset development approach and proposal for who will approve the dataset content.</p>	<p>Redacted</p>
<p>24/01/2018 A101</p>	<p>Redacted to escalate MOU issue to DDB and present the issue and any possible mitigations.</p>	<p>Redacted</p>
<p>07/03/2018 A102</p>	<p>Redacted to add the risk of Atos responding to a shorter notice period than 6 months by requesting payment for a full 6 months of ongoing service.</p>	<p>Redacted</p>
<p>07/03/2018 A103</p>	<p>Redacted to get approval for the approach with the Atos CCN notice period from Redacted and Redacted</p>	<p>Redacted</p>
<p>07/03/2018 A104</p>	<p>Redacted to add the risks around the suppliers missing the backstop dates and the risk around turning off GPET-Q to the programme risk log.</p>	<p>Redacted</p>

<p>07/03/2018 A105</p>	<p>Redacted to look at adding wording to repurpose any unused capacity from schedule 15 CCN for the GPSoC Continuity Capacity on Demand.</p>	<p>Redacted</p>
<p>07/03/2018 A106</p>	<p>Redacted to brief Redacted on Schedule 15.</p>	<p>Redacted</p>
<p>07/03/2018 A107</p>	<p>Redacted to share the FCAP briefing notes for the Schedule 15 and the Atos CCN.</p>	<p>Redacted</p>

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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 th 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 th May 2016
D3	A decision was made to approve procurement with 3 rd party suppliers to support VfM comparisons on options developed in the business case.	20 th May 2016
D4	A decision was made to approve in principle a separate feed of aggregate data for payment purposes.	14 th September 2016
D5	A decision was made to endorse Tolerance Exception Report 1	14 th September 2016
D6	A decision was made to endorse OBC	19 th October 2016
D7	A decision was made to endorse contingency option 2b	01 st March 2017
D8	A decision was made to endorse Procurements Approach for GPES Uplift	05 th April 2017
D9	A decision was made to endorse the RACI process for the GPES Uplift requirements	05 th April 2017
D10	GP Data for Secondary Uses Revised OBC and FBC approved ahead of submission to the Investment Committee.	15 th November 2017
D11	Schedule 14 approved by the board.	06 th December 2017
D12	The board approved the ATOS CCN.	24 th January 2018
D13	The Board agreed the approach to the Standard GP dataset development.	24 th January 2018
D14	The board accepts the conditions of the approval of the GP Data for Secondary Uses combined revised OBC and FBC.	07 th March 2018
D15	Board endorsed the programme's approach to the Atos notice period (written notice at the programme's discretion). This endorsement had a caveat that approval would also be obtained from Redacted and Redacted.	07 th March 2018
D16	The board agreed the caveats from the 24th January board have been completed. The Atos CCN is approved by the board.	07 th March 2018
D17	The board approved the risk and reward model for Schedule 15.	07 th March 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 th January 2017
A2	QOF will continue for at least the next two years.	19 th 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 st March 2017
A4	Delivery of contingency option will be done in such a way that it can be consumed by the DSP	01 st March 2017

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