

Minutes

Item 1. Welcome and Introduction

Redacted (Chair) opened the meeting.

The attendees introduced themselves and apologies were noted. Redacted, Redacted and Redacted joined via Skype Video conference call from London.

Item 2. Review Actions from The Previous Board Meeting

2.1. Redacted talked the board members through the actions raised during the previous GP Data Programme board. The record of the updated and closed actions can be viewed in a separate Actions Log.

Redacted

ACTION: Redacted

Item 3. Programme Director Update

3.1. Redacted informed the board that the Ministerial Briefing covering GP Data for Secondary Uses (GPDfSU) submitted by Redacted on 14 March had been reviewed and submitted again by DHSC officials to the Secretary of State (SoS) office. Follow up is underway to seek feedback.

3.2. Redacted stated that it is vital the programme is able to answer core questions on the programme purpose as part of the senior stakeholder engagement required to secure agreement to proceed.

ACTION: Redacted to review the key GPDfSU related questions that stakeholders should be aware of and share with the board once approved.

3.4. Redacted expressed reasonable confidence around EMIS and TPP's technical delivery of the GP Dataset. Vision and Microtest have been experiencing challenges with the roadmap delivery and noted it is looking more likely that both Vision and MicroTest will meet the GPDfSU requirement with the launch of their new products in 2020. The programme team will continue to engage with all suppliers.

Redacted

ACTION: Redacted

3.12. Regarding the GP Dataset and the associated risks around milestones, Redacted stated that a dashboard listing key outcomes had been developed.

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3.13. A communications strategy plan had been developed with approval being sought at the April board meeting. The programme was working with NHSE/X stakeholders to resolve the alignment issues.

3.14. **Redacted** advised the board that currently the programme is unable to proceed with the engagement to agree the detailed content of the dataset due to the NHSE/X communications embargo currently in place. If this embargo is not lifted by 20 May the critical path of the programme begins to be impacted.

3.15. **Redacted** fed back the discussions held within National Data Guardian (NDG) noting ongoing work to review the processes which will apply to the GP Dataset e.g. type 1 and national data opt outs process, the scope for GDPR, data protection and the right to object.

3.16. **Redacted** also noted discussions were underway with the Local Health and Care Records (LHCR). More alignment and clarity across different workstreams within LHCR and NHSD is needed in order to avoid confusion of overlapping GP Data activities.

Item 4. GP Connect – Commissioning Informatica for Appointment Management

Redacted

Item 5. GP Connect – Update on Deployment

Redacted

Item 6. GPDfSU – General Practice Extraction Service (GPES)Uplift Phase 1, Step 2 Go Live Update

6.1. **Redacted** gave an update on Phase 1, step 2 of the GPES uplift go-live project.

6.2. **Redacted** explained that step 2 of the deployment would increase capacity within General Practice Extraction Service (GPES), allowing suppliers to support more extracts within a monthly period.

6.3. Following approval to go-live with Step 2 at the extraordinary programme board on 11 April 2019, the uplifted GPES functionality has now been deployed to 90% of the GP estate with a high level of confidence the remaining Vision practices will be deployed ahead of the first scheduled Live extraction.

6.4. A number of issues were identified during an initial smoke test, all of which were investigated and are now resolved. The extractions impacted by these issues will be included in a mop up process on 30 April.

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6.5. Redacted expressed their thanks to Redacted for their leadership and careful management to get the Phase 1 delivery to this point.

Item 7. GPdfSU – Phase 2 Communications Strategy

7.1. Redacted provided an overview of the GPdfSU Communications Strategy noting the challenges the strategy must acknowledge and mitigate. Detailed work on the Communications plan has commenced.

7.2. Redacted stressed the importance of storytelling stating the programme and system narrative must concentrate on current facts rather than future aspirations yet to be proven. The programme had a narrative that was supported by professional groups and is a factual description of the present state.

7.3. Redacted agreed that there were going to be flare ups in the media and SoS permission would be needed to proceed with any counter messages to mitigate these.

7.4. Regarding GDPR, Redacted advised that the organisation could offer a baseline reassurance to the public that the GP Dataset would incorporate anonymous data flows. Additionally, the fact that HSCIC had rebranded itself to be NHS Digital was very important.

7.5. Redacted also recommended that the programme shouldn't overplay any differences with care.data, which was also co-branded with the BMA/RCGP.

7.6. Redacted expressed reasonable confidence around the communications strategy. However, lack of progress in system alignment would negatively impact the GPdfSU phase 2 delivery timelines.

7.7. Redacted believed that an effective comms strategy for the GP Data portfolio, should be scalable across NHS Digital as part of the system alignment challenge.

7.8. Redacted confirmed the board approved the Communications Strategy presented.

DECISION: GPdfSU Communication Strategy approved by GP Data programme board.

Item 8. Continuity of GP records

Redacted

Item 9. Any Other Business

No further business was raised. Redacted thanked all for their time and closed the meeting at 14:00.

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The next Programme Board will be held on Monday 3 June 2019, 13.30 – 15.30, in Room 9, DLA Piper Offices, Princes Exchange, 2 Princes Square, Leeds LS1 4BY / remote location: Skipton House, Room 4.4 (444B), London