



## Part A, start time: 12:00

### 1. Welcome, introduction and agenda

- 1.1. **Redacted** (Chair) opened the meeting. The attendees introduced themselves and apologies were noted. **Redacted** and **Redacted** joined the meeting via Skype conference call. **Redacted**, the new **Redacted** for NHS E&I was welcomed to the board.
- 1.2. **Redacted** confirmed that the GP Data for Secondary Uses (GPDfSU) programme had been renamed to GP Data for Planning and Research (GPDfPR).

### 2. Review of Minutes and Actions from the Previous Board Meeting

- 2.1. The open actions were discussed, and updates can be viewed in the separate actions / decisions log.
- 2.2. The minutes of the last meeting were approved as an accurate record.

### 3. Programme Director Update, Part A

- 3.1. **Redacted** walked the board members through the GPDfPR programme updates.
- 3.2. **Redacted** advised that two NHSX sponsored sessions, held in July and August, were reassuring re positive collaboration with stakeholders. The main concerns involved the possibility of data re – identification, and establishment of relevant governance / oversight.
- 3.3. The support from Secretary of State (SoS) had been received under the following conditions:
  - Achieve clarity regarding the data controller position; NHSD to be a sole data controller
  - NHS X must have joint supervision of the communications and engagement work
  - NHS X oversight of this work via SRO
  - NHS X oversight of data anonymisation work via Data Processing Services programme SRO
- 3.4. **Redacted** reported continued progress with TPP and EMIS' delivery; Vision was aiming for the same timeframe. Data Processing Services (DPS) and Operational Delivery were progressing as expected.
- 3.5. **Redacted** talked the board through strategic risks, emphasizing the importance of receiving formal support from GP Profession and the Joint GP IT Committee (JGPITC) support in January 2020.
- 3.6. **Redacted** noted that the GP Profession buy-in was critical. He also noted lack of transparency in delivery process, including costs and other implications of the General Practice Extraction Service (GPES) continuity.

**ACTION:** **Redacted** to discuss with **Redacted** costs and other implications of GPES continuity.

- 3.7. **Redacted** thought that NHSD needed to communicate to stakeholders that GPES would remain functional whilst the Type 1 opt out remains in place. He suggested to discuss additional funding required for Data Insights & Statistics (DIS) directorate, in relation to Data Access Request Service (DARS) and Primary Care Domain (PCD) team given that GPES team will need to remain in place.

**ACTION:** **Redacted** and **Redacted** to discuss funding required for DIS directorate, in relation to DARS and Primary Care team outside of the meeting.

- 3.8. **Redacted** shared experience and provided advice regarding activities around the opt out position.

#### 4. For endorsement: Revised Programme Plan

- 4.1. **Redacted** presented revised delivery plan, setting out the key elements and demonstrating how these elements interrelate.
- 4.2. The plan assumed 7-month timeframe from the point of re-commencing delivery activities to data start flowing to NHSD, at which point, it would not be full operation service.
- 4.3. A communications and engagement Taskforce was in the process of being designed and established to ensure coordinated comms and engagement delivery from January 2020.
- 4.4. **Redacted** reported that the GPDfPR team were currently working with key stakeholders to agree the detailed content of the dataset, with a plan to reach consensus and agreement now in place.
- 4.5. **Redacted** believed that the soft launch process should be explained to stakeholders through comms function to clarify at what point the new collections enter full operation service. He also noted the need of identifying how much data should be flowing into NHSD to feel confident that it can be disseminated.

**ACTION:** **Redacted** to review the delivery plan in terms of how much data should be flowing into NHSD to feel confident it can be disseminated.

- 4.6. **Redacted** provided an overview of the draft phased implementation approach which assumed early piloting to prove the capability ahead of the Direction being approved;
- 4.7. In conclusion the board endorsed the revised plan noting the need for:
- 4.7.1. further work on the phased implementation approach to conclude and be incorporated,
  - 4.7.2. the programme team should work to the revised plan,
  - 4.7.3. approval to re-baseline the plan would be sought at the October board meeting alongside the revision to the full business case.

**ACTION:** **Redacted** to update the revised programme plan and seek approval to re-baseline at the October board meeting.

#### 5. For discussion: Reflections on governance and decision making

- 5.1. This item was covered in with the actions update; ongoing discussions between **Redacted** and **Redacted** to be reported back in more detail at the next board meeting.

The part A of the meeting finished at 13:00; **Redacted** and **Redacted** left; **Redacted** joint the session.

#### Part B, start time: 13:00

#### 6. Programme Director Update, Part B

- 6.1. GP Appointments Data (GPAD)

**Redacted**

**6.2. GP Connect (GPC)**

Redacted

**7. For approval: GP Connect Deployment Approach**

Redacted

**8. For approval: SNOMED CT – Project Closure / escalations with MT and Vision / post closure run and maintain**

Redacted

**9. For discussion: GP Data appointments - update or status of phase 2**

9.1. This item was discussed in the Programme Director Update part of the meeting.

**10. Any Other Business**

10.1. No further business was raised, and the chair closed the meeting at 14:04.

The next meeting will be held on Tuesday, 05/11/19, 12:00 – 14:00, at DLA Piper Offices, room 7/8, Leeds