Minutes

NHS Digital

Purpose of Meeting: GP Data Programme Board

Date: 5 November 2019   **Time:** 12:00 – 14:00

Location: DLA Piper Offices, Leeds with Skype conference call

Attendees	Role	Organisation
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
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Tom Denwood (TD) *via Skype*	Executive Director of Data and Integration	NHS Digital
Redacted	Redacted	Redacted
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Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Apologies	**Role**	**Organisation**
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
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Redacted	Redacted	Redacted

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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. TD, ==Redacted== and ==Redacted== joined the meeting via Skype conference call.

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 organised into three sections: 1. Alignment of communications and engagement; 2. Establishing end-to-end (E2E) GP data service; 3. Getting this right for General Practice.
   3.1.1.   With regard to alignment of communications and engagement, ==Redacted== reported close collaboration and progress of work with NHSX colleagues in order to understand tensions around strategic approach; there was a need to understand strategic approach of Local Health and Care Record (LHCR) and NHSD at both local and national levels.
   3.1.2.   Establishing E2E GP data service. ==Redacted== reported that GPIT supplier delivery was progressing as expected against the revised plan. Collaborative working across EMIS, GP Data programme team and NHS Digital Data Processing Services team had proven improved approach to data transfer which was now being implemented and offered as route for all suppliers. Development of the DPS pipeline for GP data was also on track.
   3.1.3.   Considerations whether the strategic approach was right for General Practice.
   3.1.3.1.   ==Redacted== reported that work to agree the dataset with stakeholders was progressing as planned. NHSD had commissioned the Faculty of Clinical Informatics (FCI) for independent scrutiny of the proposal on behalf of the GP Profession. Work to discuss the proposal with the ethics committees of both the British Medical Association (BMA) and Royal College of General Practitioners (RCGP) ahead of the Joint GP IT Committee (JGPITC) meeting in January 2020 would re-commence once purdah restrictions are lifted.
   3.1.3.2.   ==Redacted== also confirmed that NHSD had shaped work to improve the information it provides to patients and the workforce on the home website regarding the use of data to tun and improve health and care services. A team was being mobilised to take this forward in support of the timeframes for GP data delivery.
   3.1.3.3.   ==Redacted== reported that conversations with the Information Governance (IG) team had taken place in order to rethink the early adopter approach.
   3.1.4.   ==Redacted== reported that the AMBER / RED rag status reflected the need to gain approval to extend the full business case. A paper outlining the extension would be provided at the December programme board.
   3.1.5.   ==Redacted== raised questions regarding delivery timelines and managing user expectations; ==they== sought information whether the impact on users was clarified and if the timeline for the data submissions by practices was determined. ==Redacted== also queried at what point data would be available for analysis.

Redacted clarified that the early adopter process would start in April / May 2020, followed by further expansion.

3.1.6. Redacted highlighted issue around purdah and the need of obtaining guidance before deciding what level of the stakeholder engagement was acceptable within the next 5 – 6 weeks.

3.1.7. Redacted queried if the prioritisation exercise anticipated funding required to continue with the programme activities. Redacted clarified that prioritisation looked at the business case, however, at the time of the exercise, there was no clarity around programme continuity. Redacted advised that, at the time of the board, funding was available to cover the GP dataset workstreams costs, however there was a need to identify funding required to cover operational costs of running General Practice Extraction Service (GPES).

3.1.8. Members highlighted changes within the RCGP leadership team; they agreed there was a need to ensure that the new leaders are well informed of the programme approach.

ACTION: Redacted *to ensure that the RCGP leaders are well briefed on the GPDfPR strategic approach.*

4. **For approval: Revised delivery plan**
   4.1. Redacted presented the revised delivery plan, setting out the key elements.
   4.2. Redacted shared the paper outlining the approach to delivering communications and engagement.
   4.3. The board discussed the comms / engagement governance, and alignment around the system. Members agreed that there was a need to ensure that the NHSD messages were received by LHCR; it was vital to identify advocates, who would develop unified messages across both organisations.
   4.4. Redacted stated there was a need to identify ownership within NHSX; he believed that the comms and engagement structures should get established within the next few weeks.
   The board agreed that it was crucial to understand how various programmes were positioned against each other. Redacted offered to review and comment on the comms and engagement proposals paper form the National Data Guardian (NDG) point of view.

   ACTION: Redacted *to review and send comments regarding the comms / engagement proposals paper from the National Data Guardian (NDG) point of view.*

   4.5. Redacted stated that the early adopter phase was not just a technical process; she stressed it was important to focus on the needs of GPs to ensure their trust and confidence in the new service.
   4.6. Redacted queried if the early adopters included data collection and dissemination. Redacted confirmed that this was the case for the practices and CCGs taking part in adopter piloting. Redacted stated, there was a need to understand specifics around data quality and advised that the Genomic England offered help in work validation.
   4.7. The board discussed implications of maintaining the Type 1 objection, where finance shortfall was identified. Due to GPES being extended, there was a cost associated with running two programme teams.
   4.8. Redacted queried if the GPES cost was met by NHSE. Redacted confirmed this was the case; the additional cost pressure in the GP Data Full Business Case (FBC) describes the incremental cost of an operational GP Data team running alongside an

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operational GPES team. <mark>Redacted</mark> asked if these costs might be covered under a cost recovery customer charging model. <mark>Redacted</mark> to investigate.

ACTION: <mark>Redacted</mark> *to investigate extent to which GP data will follow NHS Digital cost recovery customer charging model.*

4.9. The board approved the proposed re-baselined plan and agreed DDB milestones should be updated.

Decision: *The board approved the proposed re-baselined delivery plan and agreed DDB milestones should be updated.*

5. For approval: Revised Full Business Case

5.1. This item was discussed with item 4. A paper setting out the revision to the business case will be presented at the next programme board meeting.

Part B, start time: 13:20

<mark>Redacted</mark>, <mark>Redacted</mark>, TD and <mark>Redacted</mark> left the meeting; <mark>Redacted</mark> joined the session.

6. Programme Director Update, Part B

<mark>Redacted</mark>

7. For discussion: GP Connect – Macro level delivery plan.

<mark>Redacted</mark>

8. For discussion: GP Appointment Data – update on status of phase 2

8.1. Discussed with Item 6.

9. Any other business

9.1. No other business was raised, and the Chair closed the meeting at 14:00.

The next meeting will be held on Tuesday, 03/12/19, 12:00 – 14:00, at Bridgewater Place, Room 807.