

Minutes

Purpose of Meeting: **GPES Interim Strategy Board**

Date: **19 October 2016**

Time: **14:00-16:00**

Location: **Leeds, BWP 807**

Attendees	Initials	Role
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted

Apologies		
James Hawkins		HSCIC – Executive Director and Interim SRO (Chair)
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted
Redacted	Redacted	Redacted

1. Welcome and introductions

The chair welcomed attendees. **Redacted** joined the meeting via dial-in.

The chair requested that an action be raised to discuss NHS England representation from a Domain C and clinical perspective at the GP Data Implementation Board in November with **Redacted**.

ACTION: MS to have a discussion with **Redacted regarding GP Data Implementation Board membership.**

2. Review of minutes, actions and decisions

The minutes of the previous meeting were agreed as an accurate record with 2 minor changes (typos).

Updates were given on the following actions:

- A8 – Naming of the project becomes incidental, move to a structure that is GP Data Implementation Project – To close
- A12 – DSP has placed a change freeze on requirements to focus on defining epics for procurement. **Redacted** stated a new roadmap has been released with new dates, confirmed 8 month slip but confirmed timescales for a GPES replacement by August 2018 will still be met.

MS confirmed that joint checkpoint calls have started.

- A13 – No update following NDSB Programme Board, August 2018 date still achievable.

Action: SK to circulate updated NDSB roadmap

- A17 – Following a workshop on 6th Oct the communications team is now fully aware of sensitivities. No agreed position on GP data and no statement to be made before NDG decision, options given around possible NDG decision – all based on respecting type 1s. All of these factors could delay the start of procurement.

SK stated that the Board has previously recorded a decision that the working assumption for the business case is that patient consent will be handled in a central platform, rather than at practice level. Should this assumption prove to be invalid it would have an impact on the new service.

- A29 – Assumption – there will be a direction for the GP Dataset. DR confirmed that a person is available to complete this work.
- A34 – To be shared at the next project board. The Data Coordination Group to sign off the Customer Requirements document.
- A35 – Covered by agenda item.
- A36 – Carried forward.
- A37 – Complete. Closed.
- A38 - No imminent changes to QOF or plans to discontinue in the next 2 years. **REDACTED** / **REDACTED** to test at Payments board 20/10. As a result of including additional requirement for the business feed the payment extract has increased the cost of OBC (to take us over July "Deep Dive" baselined position).

- A39 – Endorsement of OBC by board confirmed. To Close.
- A40 – Action owner to be changed to REDACTED.

REDACTED suggested that there are a number of possible options for MIQUEST including looking at whether the new service would meet the needs of MIQUEST users.

3. A) 1) Plan on a Page

REDACTED presented the plan on a page raising salient points for discussion.

- SOC approval date has been moved out to 11th November due to decision to complete the final step of SOC approval with the OBC, REDACTED approval. All other approval steps have been cleared.
- The OBC has moved out by a few days due to the delayed TDIB meeting from 18th to 21st.
- New milestones have been added in requirements swim lane – procurement pack, functional and non-functional requirements for NDS and GP system suppliers, stakeholder benefit document, contingency options and GP data set.
- New dependency - GP Connect FHIR work modelling with suppliers – with the potential to use work to cover mapping of the data set for GP secondary uses.
- New constraint – aggregate data feed. Due to decision to continue with separate payment feeds, this requires us to continue with elements of the current GPES process e.g. supplying a specification. Timescales cannot be guaranteed to be reduced for these extractions. Risk added to allow for impact on spending objectives in business case.

The chair noted that the project must look at ways to improve the process/contract/system and move away from running multiple aggregate extracts.

The chair requested an action be raised to discuss which business case the aggregate data feed should sit in, and a pros/cons paper to be presented at the next board – REDACTED /REDACTED.

ACTION: SK/AS to present aggregate data feed update at next board.

- Regarding NDS dependencies the release 0.9 date is incorrect, REDACTED to correct.
- Concerns were raised around the ability to preserve parallel running with the legacy system (GPET-Q) for a 6 month period, due to potential slippages on DSP delivery and also the fact that once we're delivering aggregate payment data through the new process, there will be nothing to parallel run against. It was agreed that there would be value in maintaining some provision in the project's planning for parallel running against some non-payment extracts, e.g. diabetic retinopathy, during the cut over to the new service.

A) 2) Risks and Issues Report

The following risks were brought to the board's attention:

- 17945 (Resourcing) – All resource requests are now in ABR. The team is currently in the process of finalising a resourced procurement plan which will highlight the impact of delays in meeting resource requests. Commercial and procurement resources are the key requirements.
- REDACTED informed the board that the programme is currently running at risk due to resource not being available.

The chair requested a resource plan paper to be presented to him ASAP. Need to be clear on who is needed, by when and consequences of not meeting these requests.

ACTION – REDACTED to confirm what allocation he has to the project and any additional resource needed.

ACTION – REDACTED to prepare resource paper and share with REDACTED ASAP.

- 18329 (Delay on GP System suppliers) contingency planning options needed to be looked at regarding GP System suppliers.

The chair requested for more time to be allocated to risks and issues at next board.

B) Future Operating Model

This item was presented by REDACTED.

REDACTED requested ALL to review and return comments ASAP.

REDACTED stated the current scope of the Operating Model is the standard GP dataset but takes into account the aggregate data feeds.

The board discussed assumptions around the collection of aggregate data. REDACTED challenged the wording of the presentation of the assumption in the Operating Model paper. REDACTED stated need to clarify in the Operating Model that aggregate accounts for payments only – raise with NHS if there is not a payment associated with it we will be taking it from the standard GP dataset.

REDACTED stated operating model includes an assumption that we will also collect ophthalmic, dental data and other data.

The chair stated that one assumption that needs to be taken into consideration is whatever model is decided upon needs to fit in the constraints of DSP operating model and their thinking around datasets DSP will hold and need to align this model within that. REDACTED stated that this had not been put in as an assumption but put in the deliverables in terms of the Operating Model.

REDACTED highlighted the assumption that the current constraint around all extracts running through the SCCI approval process will move to a single approval process which will reduce the current resource and time burden around SCCI.

There was some discussion about whether stage 1 and stage 2 notifications (GP practice opt out) would continue, REDACTED stated that there should be a separate document to cover IG principles similar to the GPES IG principles and reflect the principles of the National Opt Out model and the Health and Social Care Act.

The chair raised a point around the operating model making a provision for external audit around the no. of requests for data received, processed and data shared each year. REDACTED confirmed that no provision for external audit was in place, but the DARS process does include internal audit of disseminated data.

REDACTED asked whether the operating model would be subject to external gateway review prior to going live. **REDACTED** stated that the project would be but the board also discussed and agreed that the provision of data through the new service should be part of the ongoing annual PWC data sharing audit. DR to consider whether to include a provision for external audit into operating model.

ACTION – ALL to review circulated ‘Future Operating Model’ and return comments ASAP.

C) Update on contingency planning

This item was presented by **REDACTED**

- Plan A – explanatory
- Plan B – explanatory

The board discussed the viability of plan C around looking at an alternative provider to develop the data platform. **REDACTED** advised that the board needed to look at this contingency, in the context of DSP not meeting expected delivery deadline. Plan C option is to look into an alternative route to processing inbound data, which could be expanding scope of customer systems, e.g. GDIT or using an alternate provide e.g. DDC.

REDACTED advised that NDS are currently looking at using the DDC to develop the DSP platform as part of their current review of options to mitigate risk of late delivery.

ACTION – Paper covering costs and timescales at the next board to be presented by REDACTED.

D) GP Data Implementation project governance

This item was presented by **REDACTED**.

REDACTED stated the following:

- One change had been made to the current Domain C governance structure – name of this board changed to GP Data Implementation project board.
- The proposal to the board is to move from the GPES interim strategy board to new GP Data Implementation Project Board as of November. Draft ToR under development, including confirming membership, meeting dates and carrying forward open actions.

This was agreed.

The chair stated that there was a need to highlight the link between GP Data Implementation and Domain H. MS stated the first draft of ToR will be out for review w/c 31/10, for discussion at November Board.

The chair discussed the need for representation from NHS England Clinical Lead, DSP, Comms, NDG, Domain J (Opt-out/Consent) and requested an action for MS to discuss this with **REDACTED** (Action as previously raised above). The chair requested **REDACTED** to attend the November board from NDS.

Board discussed new members to be added in stages and to look at supplier attendance in the future.

ACTION – REDACTED to circulate draft Terms of Reference

ACTION – ALL to review Terms of Reference and bring comments to next board

ACTION – REDACTED to attend next board

4. AOB

No

5. Date of next meeting

17th November 2016 – DLA Piper, Leeds

Open actions table		
Ref	Action	Owner
08/04/16 A8	<p>Agenda item: GP Data For Secondary Uses Plan on a Page</p> <p>REDACTED to speak to the Head of Strategic Communication about naming the project.</p> <p><i>There has been one meeting with the Head of Strategic Communication and this action continues.</i></p> <p>It has been agreed that the business case should keep the GP Data for Secondary Uses name and that there will be a GP Data Implementation Project</p> <p>Naming of the project becomes incidental, move to a structure that is GP Data Implementation Project – Closed</p>	REDACTED
20/05/2016 A12	<p>NDSD Roadmap</p> <p>Provide confirmation that the NDSD procurement includes the replacement of the GPET-Q.</p> <p>In progress – Requirements provided to NDSD, awaiting confirmation of inclusion in release 0.9 (first major NDSD release).</p> <p>Update - DSP has placed a change freeze on requirements to focus on defining epics for procurement. REDACTED stated a new roadmap has been released with new dates, confirmed 8 month slip but confirmed timescales for a GPES replacement by August 2018 will still be met.</p>	REDACTED

<p>20/05/2016 A13</p>	<p>NDSD Roadmap</p> <p>Confirm level of confidence in NDSD road map and timescales.</p> <p>In progress – Assurance received from NDSD Programme Director REDACTED on timescales included in the OBC for technical delivery (July 2018) prior to OBC submission to ISG on 26th September.</p> <p>Further update required from REDACTED following NDSD programme boards w/c 19th September.</p> <p>No update following NDSD Programme Board, August 2018 date still achievable. NEW ACTION - REDACTED to circulate updated NDSD roadmap</p>	<p>REDACTED</p>
<p>29/06/2016 A17</p>	<p>Plan on a Page – GP System Suppliers</p> <p>Consult with REDACTED on the reactive lines to take with external bodies on engagement regarding national data set at different stages in the project and REDACTED to speak to REDACTED to ascertain whether a strategic communications plan exists around the national data set.</p> <p>Open – REDACTED has spoken to REDACTED and agreed that REDACTED will provide an update on this action given that she is leading on consultation and engagement</p> <p>Update from REDACTED - The Communications team for Paperless 2020 are focussing on the strategy for data sharing and plan to present it to the Secretary of State on 19 September. In the meantime we are minimising communications on this subject with stakeholders and suppliers.</p> <p>Following a workshop on 6th Oct the communications team is now fully aware of sensitivities. No agreed position on GP data and no statement to be made before NDG decision, options given around possible NDG decision – all based on respecting type 1s. All of these factors could delay the start of procurement.</p>	<p>REDACTED</p>

<p>29/06/2016 A26</p>	<p>NIB Domain C Governance</p> <p>Consult with REDACTED on NIB Domain C governance paper and circulate to the board.</p> <p>Open. A paper covering off this item would be brought to the October Board. It was decided that REDACTED would be replaced by REDACTED of the GP Data Implementation Project as action owner.</p> <p>Update – Please see board minutes. Further actions regarding governance – A47, A48, A49</p>	<p>REDACTED</p>
<p>04/08/2016 A29</p>	<p>GP Data for Secondary Uses Highlight Report</p> <p>REDACTED to speak to REDACTED about seeking a direction for the GP Dataset and what it would mean for the programme</p> <p>In progress – initial discussion completed with REDACTED. Further discussion required with REDACTED on whether this will be taken forward under the GP Data Implementation project.</p> <p>Update – Assumption – there will be a direction for the GP Dataset. REDACTED confirmed that a person is available to</p>	<p>REDACTED</p>
<p>14/09/2016 A33</p>	<p>Plan on a Page – Requirements</p> <p>Chair to speak with REDACTED to confirm what we can do in terms of supplier engagement etc. while we are waiting for DH response to the NDG Review.</p> <p>Open</p>	<p>REDACTED</p>
<p>14/09/2016 A34</p>	<p>Plan on a page</p> <p>REDACTED to share Customer Requirements document at a future Board.</p> <p>Open</p> <p>Update - To be shared at the next project board. The Data Coordination Group to sign off the Customer Requirements document.</p>	<p>REDACTED</p>

<p>14/09/2016 A35</p>	<p>Risks and Issues Reports</p> <p>The Chair to engage with REDACTED on a technical contingency against the risk that DSP would not be able to support a GPES replacement by August 2018</p> <p>Open</p> <p>Update – Covered by agenda item. See board minutes. Further actions regarding Risks and Issues – A43, A44.</p>	<p>REDACTED</p>
<p>14/09/2016 A36</p>	<p>Risks and Issues Report</p> <p>The Chair to ask REDACTED for guidance on treatment of Type 1 objections and proceeding on the basis of the earlier board decision (D2)</p> <p>Carried forward</p>	<p>REDACTED</p>
<p>14/09/2016 A37</p>	<p>Revised Tolerance Exception Report</p> <p>REDACTED to note in the final version of TER 1 that NHS Digital Portfolio team have advised that the TER does not need to be submitted to ISG and the OBC will suffice. Final TER 1 to be circulated with papers for the next board.</p> <p>Closed – TER circulated with papers</p>	<p>REDACTED</p>
<p>14/09/2016 A38</p>	<p>Position update on supplier engagement around the continuity of Service Support for practices</p> <p>REDACTED to engage REDACTED on NHS England’s position on future reporting requirements and the future of QOF REDACTED to engage REDACTED on NHS England’s position on future reporting requirements and the future of QOF</p> <p>Update - No imminent changes to QOF or plans to discontinue in the next 2 years. REDACTED / REDACTED to test at Payments board 20/10. As a result of including additional requirement for the business feed the payment extract has increased the cost of OBC (to take us over July “Deep Dive” baselined position).</p>	<p>REDACTED</p>

<p>14/09/2016 A39</p>	<p>Outline Business Case briefing</p> <p>REDACTED to seek endorsement from the Board for the OBC via email.</p> <p>Open – Endorsement sought, latest OBC circulated with papers for the meeting. Confirm endorsement via Board meeting on 19th October.</p> <p>Update - Endorsement of OBC by board confirmed. Closed.</p>	<p>REDACTED</p>
<p>14/09/2016 A40</p>	<p>AOB</p> <p>Chair to speak with Programme Director REDACTED about which Board REDACTED should be involved in in terms of MIQUEST.</p> <p>Open</p> <p>Update – The chair requested the action owner to be changed to REDACTED .</p>	<p>REDACTED</p>
<p>19/10/2016 A41</p>	<p>GP Implementation Board membership</p> <p>REDACTED to have a discussion with REDACTED regarding GP Implementation Board membership.</p>	<p>REDACTED</p>
<p>19/10/2016 A42</p>	<p>Plan on a Page</p> <p>REDACTED to present aggregate data feed update at next board.</p>	<p>REDACTED</p>
<p>19/10/2016 A43</p>	<p>Risks and Issues</p> <p>REDACTED to confirm what allocation he has to the project and any additional resource needed.</p>	<p>REDACTED</p>
<p>19/10/2016 A44</p>	<p>Risks and Issues</p> <p>REDACTED to prepare resource paper and share with REDACTED ASAP.</p>	<p>REDACTED</p>

19/10/2016 A45	Future Operating Model ALL to review circulated 'Future Operating Model' and return comments ASAP.	REDACTED
19/10/2016 A46	Contingency Planning Paper covering costs and timescales of contingency options to be presented at the next board.	REDACTED
19/10/2016 A47	GP Data Implementation project governance REDACTED to circulate draft Terms of Reference.	REDACTED
19/10/2016 A48	GP Data Implementation project governance ALL to review Terms of Reference and bring comments to next board	REDACTED
19/10/2016 A49	GP Data Implementation project governance REDACTED to be asked to attend next board	REDACTED

GPES Interim Strategy 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.	14th September 2016
D5	A decision was made to endorse Tolerance Exception Report 1	14th September 2016
D6	A decision was made to endorse OBC	19th October 2016

CONFIDENTIAL