

Minutes

Purpose of Meeting: GP Data Programme Board

Date: 28/01/20 **Time:** 12:00 – 14:00

Location: DLA Piper Offices, Leeds with Skype conference call

Attendees	Role	Organisation
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
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Tom Denwood (TD)	Executive Director of Data, Insights & Statistics	NHS Digital
REDACTED	REDACTED	REDACTED
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Apologies	Role	Organisation
REDACTED	REDACTED	REDACTED
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REDACTED	REDACTED	REDACTED
Jackie Gray (JG)	Executive Director of Information Governance	NHS Digital

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, REDACTED, REDACTED and REDACTED joined the meeting via Skype conference call.

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

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

3. Programme Director Update, Part A

- 3.1. REDACTED reported that the key elements around the Local Health and Care Record (LHCR) and GP Data for Planning and Research (GPDfPR) work would be discussed at the Joint GP IT Committee (JGPITC) session on 29 January.
- 3.2. Both LHCR and non – LHCR secondary uses were currently under NHSX' review.
- 3.3. The board members discussed dependencies between GPDfPR and LHCR. TD advised that the first system level conversation with NHSX had been held; there was a need to identify sponsorship.
- 3.4. REDACTED reported ongoing conversations with the NHSX data policy colleagues, who would deliver a briefing to Ministers on 29 January. REDACTED stated there was a need to identify Ministers' appetite regarding a large, general data campaign.
- 3.5. Work around the comms strategy and dataset detail was undergoing. In order to deliver in pace, the comms activities were run separately from delivery workstreams.
- 3.6. With regards to supplier delivery, REDACTED reported continuous monitoring of EMIS' work; at the time of the board, all elements were progressing as expected. The programme team were aiming to deliver to current timeline and were testing a Minimum Viable Product (MVP).
- 3.7. REDACTED raised questions around requirements to be met at a practice level, and the work position with Data Provision Notice (DPN). REDACTED advised that discovery work was undergoing.
- 3.8. REDACTED raised questions around EMIS' delivery plan, querying if it will take time to implement the new capability. REDACTED clarified as this is a back-end data extraction the delivery process does not require software patch updates across the estate. Further confirmation would be sought from the technical delivery team.

ACTION: REDACTED to clarify and confirm EMIS technical rollout plan.

- 3.9. REDACTED updated on discussions held with the National Data Guardian representatives and also Understanding Patient data, which recommended a more sequenced approach during the Discovery Phase (starting with GPs and Practice staff, followed by patients and then to flow data). REDACTED and REDACTED both noted and supported the advice, but also stressed the need to maintain overall programme timeframes as much as possible.
- 3.10. REDACTED reported that delivery confidence was still at AMBER / RED due to the outstanding approval of Full Business Case (FBC). The paper was due to go to the Technology & Data Investment Board (TDIB) in February 2020.

4. For discussion: Type 1 exemption update

- 4.1. REDACTED stated that if Type 1 objections were respected, the new GP dataset could not be used for payment purposes; 1.7 – 1.8 million patients' record would be excluded, resulting in inaccurate payment calculations from that data source. REDACTED continued

that the GP Extraction Services (GPES) needed to be run in parallel with the new dataset until Type 1 objectives could be retired.

- 4.2. REDACTED noted risk associated with the potential of sending mixed messages to the Profession and patients in terms of purpose of Type 1 objections. REDACTED also highlighted risk associated with running GPES alongside the new data collection, incurring additional cost of £4 million per annum; discussions with NHS England were ongoing.
- 4.3. REDACTED informed the board of the proposal in relation to Type 1 exemptions for payment purposes only; The proposal was going to be shared with the National Data Guardian (NDG) officers to seek their advice and support.
- 4.4. REDACTED presented the agenda paper, outlining core assumptions regarding implementation of the service, to include expectations around the Type 1 opt out retirement timeline, and the assumption that exemptions might not be required. Members heard that exemption would only be appropriate if, by October 2021, Type 1 objections were not retired.
- 4.5. REDACTED informed the board that NHSD would seek advice from the NDG panel in March, following consultations with the Department of Health (DH) and NHSX.
- 4.6. TD stressed that from the system point of view, dual running would remain trust and confidence.

5. For discussion: Overview of ask to the JGPITC on 29/01/20

- 5.1. REDACTED informed the board members that the GPDfPR and NHSX delegates would attend the Joint GP IT Committee (JGPITC) session scheduled to be held on 29 January. The NHSX colleagues would drive discussions around Local Health and Care Record (LHCR); the Faculty of Clinical Informatics (FCI) would also present its report and its findings.
- 5.2. REDACTED noted that a response to some of the residual points noted in the FCI report had been developed, and that REDACTED would be talking the committee through these and seeking agreement on how to resolve during the Discovery Phase.
- 5.3. TD offered to support by providing a letter from NHSD CEO confirming our commitments., as an authority with ability to deliver.
- 5.4. REDACTED noted that there was a number of external, non – compliant governance extraction and dissemination processes with the system suppliers and third parties; one of the benefits of having the new data collection was that these external collections could be brought into NHSD, offering additional data security. REDACTED queried if the GPDfPR team should raise this matter at the JGPITC session; REDACTED also queried whether NHSD or other national organisations to commit to switch off other multiple flows of patient data.
- 5.5. REDACTED noted that it would not be practical to mandate that all current flows must cease and move the NHS Digital but that with the support of the BMA and RCGP, a similar outcome could be achieved.
- 5.6. REDACTED stated that there was recognition among the BMA Policy representatives of two points around the new service. Firstly, if successful, it proves to be a high-quality service that would take 1 – 2 years to transition all services should they wish to, where NHSD needed to have a plan. Secondly, these services might be at different organisational levels that could not be fulfilled by GPDfPR, therefore it was important to align work with LHCR.
- 5.7. REDACTED stressed that although the DPN legally obliged practices, there was no alternative plan in case of non – compliance, which would then need to be achieved through GP Extract Services (GPES).
- 5.8. The board discussed a formal sign off process of the final dataset specification.

6. For approval: Milestones to be baselined by DDB

- 6.1. REDACTED stated that the programme delivery plan had been re-baselined and presented to the GP Data Programme Board back in November 2019.

- 6.2. REDACTED advised that the new milestones, shared in the director update slide deck, reflected the November plan; REDACTED asked for the formal approval.
- 6.3. REDACTED confirmed that the milestones were approved.

Decision: Approved that the new GPDfPR milestones should be baselined.

Part B, start time: 13:00

REDACTED, TD, REDACTED and REDACTED left the meeting.

The minutes of the previous board meeting were reviewed; REDACTED noted that regarding para 7.6 in the December minutes, the initials REDACTED should read: 'REDACTED'.

The meeting attendees approved the minutes as an accurate record. The updated actions can be viewed in the separate actions / decision log.

7. Programme Director Update, Part B

Redacted

8. For approval: GP Connect 2.0 business case (20)

Redacted

9. For discussion: GP Appointments Data – scope of private beta options and risks (20)

- 9.1. Item 9 was not discussed due to time constraints.

10. AOB

- 10.1. No other business was raised, the Chair thanked all for their attendance and closed the meeting at 14:02.