

# Minutes

**Purpose of Meeting:** GP Data Programme Board

**Date:** 31/03/20 **Time:** 11.45 – 12.45

**Location:** MS Teams conference call

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

## 1. Welcome, introduction and agenda

- 1.1. REDACTED (Chair) welcomed the meeting attendees, noting that the number of absences was due to the Covid-19 pressures.

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

- 2.1. **REDACTED** advised that the minutes of the January meeting would be circulated after the session and provided an update on the open actions.

### 3. Programme Director Update

- 3.1. GP Connect (GPC) Update

**Redacted**

- 3.2. GP Appointments Data (GPAD) Update

**Redacted**

- 3.3. GP Data for Planning and Research (GPDfPR) Update

- 3.3.1. **REDACTED** informed that positive sessions had been held with the programme stakeholders, including NDG, Understanding Patients Data (UPD) and NHSX. In addition, the agreement with the British Medical Association (BMA) and Royal College of General Practitioners (RCGP) was reached that the discovery phase would commence in parallel with work on the final shape of GP dataset.
- 3.3.2. On 11 March, a meeting had taken place at leadership and comms levels to ensure that the programme communications set out a broader GP data usage context, provided by NHSX; considerations involved: transparency, commercial uses of data, media attention and work on a strategy to handle comms in the media. An agreement had been reached not to commence engagement with practices until the Covid-19 response period was over.
- 3.3.3. **REDACTED** continued that the discovery phase work, engagement with practices and patient groups were on hold. However, internal work was progressing, including technical builds and engagement with GP System Suppliers (GPSS).
- 3.3.4. **REDACTED** advised that suppliers had reprioritised planned activities in response to the Covid-19 emergency.
- 3.3.5. Members heard that a number of requests to access data had been made across NHS. The GP Extraction Service (GPES) team had responded to the pandemic pressures by running cohort extracts available within days, however there was sense of a NHSD capacity issue to support those requests; conversations, including tactical considerations, with stakeholders were held to understand the needs within the system.
- 3.3.6. **REDACTED** queried if the GPDfPR programme had been approached to accelerate the delivery pace. TD confirmed that was the case and shared examples of the use cases, including studies and outcome planning in relation to immunotherapies, vascular diseases and viral genomics.
- 3.3.7. **REDACTED** informed that Clinical Commissioning Groups (CCGs) had requested access to GP data from NHSD as a result of not being able to obtain required data locally. There was a need to understand what could be done at a national level to make the data flow, having IG cover through NHSD, and not via the practice participation compliance with a specific request.
- 3.3.8. **REDACTED** queried if the requests regarding GP data were tracked; TD confirmed that was the case. **REDACTED** stressed the importance of exit strategy in relation to changes made in response to the Covid-19 environment; it was vital that the response process was transparent with ability to backtrack. **REDACTED** added that the evidence and outcome information would support timely decision making to either retain or revert changes.

### 4. Any Other Business (AOB)

- 4.1. **Redacted**

- 4.2. The call attendees discussed implications of running parallel extracts. REDACTED highlighted that the GPDfPR programme benefits could be at risk. REDACTED advised that a general response from other extracting services, including the Clinical Practice Research Datalink (CPRD), indicated that once GPDfPR was up and running, users would move to the new collection.
- 4.3. REDACTED noted that if and when general practice decided to pass the data controller responsibilities to NHSD, the handover might be forced onto some users who currently obtained GP data directly. REDACTED suggested that REDACTED and REDACTED consider that as a programme risk.
- 4.4. REDACTED thanked everyone for their hard work and closed the session at 12.41pm.

**Details of the next GP Data Programme Board meeting to be confirmed.**