GP Data Programme Minutes

Purpose of Meeting: GP Data Programme Board

Date: 22/09/20   **Time:** 12.00 – 14.00

Location: MS Teams conference call

Attendees	Role	Organisation
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
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Jackie Gray (JG)	Executive Director of Information Governance	NHS Digital
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
Apologies		
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
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REDACTED	REDACTED	REDACTED

1. **Welcome, introduction and agenda**
   1.1.   REDACTED (REDACTED - Chair) welcomed the meeting attendees. It is noted by the members that REDACTED has retired from his position in the National Data Guardian and will no longer be representing the organisation on the Board.

2. **Review of Minutes and Actions from the Previous Board Meeting**
   2.1.   The minutes of the last meeting, held on 21 July 2020, were accepted as an accurate record REDACTED provided an update on the open actions, which were presented in the slide deck circulated prior to the meeting.

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2.2. *Action No -160*: This is an ongoing action, relating to the strategic engagement of the senior GP stakeholder bodies. Senior members of the Programme Team have had meetings with the RGCP and BMA to keep them abreast of the situation. The Programme intend to issue a briefing, from the NHS Digital Chief Executive, to seek their endorsement. REDACTED happy with the approach, but asked to have sight, referencing the interest at ministerial level that GPDfPR was receiving. REDACTED issued the current draft of the briefing to REDACTED before the end of the update.

2.3. *Action No - 179*: This action is closed and related to the inclusion of additional data items in national publications. REDACTED reported that data items are starting to flow through the system.

2.4. *Action No - 180:* This is an ongoing action, considering the new governance proposals within GP Data and how they should align with other record sharing programmes and services. REDACTED advised the discussion at section 4.4 will aid the progress of this action. REDACTED added engagement of the senior managers on other programmes was imminent.

2.5. *Action No - 181:* This action was agreed to be closed.

3. Standard Items

3.1. Programme Update – GP Data for Planning and Research

3.1.1. REDACTED provided the update on GPDfPR. The programme plans were put on hold in March, due to pandemic.

3.1.2. In September the programme was advised by NHSX that they had been prioritised and that the work should now be progressed. The scope of the programme is unchanged, but the plans must be condensed, as delivery is still expected by the end of the financial year.

3.1.3. The focus is now on remobilising the team and ensuring full support from the profession and other stakeholders, such as the Information Commissioner's Office.

3.1.4. Key risks are delivering the technical work with the suppliers, with the competing priorities and gaining the support of stakeholders.

3.2. Programme Update – GP Appointment Data

Redacted

4. Items for Approval, Endorsement, Update or Seek Support

4.1. GPES Data for Pandemic Planning and Research – September review

Redacted

4.2. GPDfPR – For approval, re-basedlined plan

4.2.1. REDACTED and REDACTED presented this section. Both asked the board to note that the context of this work changes subtly due to the pandemic, in that there is an interim product in place in the GPES Data for Pandemic Planning and Research extract.

4.2.2. REDACTED presented the high-level plan split into four main workstreams:

- Service readiness from an NHS digital perspective

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NHS Digital

- Need to engage with stakeholders and provide a clear communication plan
- Ensuring the appropriate governance and approvals are in place
- Delivery into the GP system supplier, to enable the seamless flow of data.

The programme plan aims to deliver the GPDfPR solution by March 2021, as per the delivery date.

4.2.3. REDACTED asked the board to note a key difference with original plan the programme was working to in March is that there will be no discovery phase, however the scope for delivery remains the same. The programme had planned to flow data for a limited set of practices, to test the data. While this pilot stage will not now take place, the programme will apply the same philosophy of 'start small, learn fast'.

4.2.4. REDACTED anticipate some delivery pressures relating to competing demand on suppliers' time from other programmes, the potential for Covid-19 to reduce staff availability / acquisition of staff to fill vacancies. The uncertainty around Type 1 Opt Out is acknowledged. The programme needs to know what approach is being taken with this, as the decision could represent a risk or an opportunity.

4.2.5. A risk has been identified with the data access environment and how prepared is DARS to receive the way the data is delivered. The risk is being monitored and managed by the team.

4.2.6. REDACTED flagged an activity in the Engagement and Comms workstream, GPDfPR transparency and comms readiness, which is RAGged as Amber/Red. While the work is not complex, the compressed timeframes 31st September provides a challenge.

4.2.7. In the Governance swim lane, REDACTED drew attention to the delivery of a new Data Provision Notice (DPN). The aim is for it to be issued by the end- November 20, for collection to commence in early / mid-January 21. A risk is recognised that when the DPN is submitted to the Data Coordination Board (DCB) the programme will become visible in the public space, due to the publication of their board minutes. The communications team are aware of this and will factor it into their plan.

4.2.8. REDACTED noted that a key in the success of the programme is engaging with the profession in order to agree on the day one data set and securing formal approval from its leadership.

4.2.9. The GP IT leads are currently reviewing the proposal from the programme and little or no opposition is expected on the plan due to support from the senior strategic leadership.

4.2.10. Key engagement to take place between now and the end of October with the National Data Guardian, Office of the Information Commissioner, and Healthwatch England to secure support for the programme before going public.

4.2.11. Production and delivery of the DPIA is also identified as Red/Amber due the desire to publish this document prior to collecting the data, but acknowledging the amount of work required to enable this.

4.2.12. REDACTED provided an update on the following GP system suppliers:

- **EMIS**: are in a strong position currently completing integration testing
- **VISION:** In development stage, NHS digital has not been able to review their system or testing with some risk to delivery date for the end of 2020.
- **TPP**: Reluctance to continue development post the delivery work completed in 2019, however they have now submitted a delivery plan to deliver by the end of Jan 2020, this is being reviewed by the programme. This will be marked as red on the plan.
- **MICRO Test**: To confirm detailed plan.

4.2.13. In the GPSS Swimlane diagram, REDACTED explained the Population coverage arrows on the supplier bar – these bars relate to the 'seeding' of the data store, known as the reconciliation flow – suppliers provide 1% of data a day building to a full set of data by day 100. REDACTED then invited questions from the board.

4.2.14. REDACTED queried whether the GPDfPR was an umbrella programme for other work and asked if more work associated with GP data would fall within REDACTED's remit. REDACTED answered that GPDfPR in the context of this update is the name of this specific programme of work to deliver this specific dataset. REDACTED agreed that it could also be a generic term and care should be taken to be specific about what we are talking about. It was also noted that GPDfPR does capture some appointment data but does not collect workforce data or patient experience data.

4.2.15. REDACTED also contributed to REDACTED answer, saying the programme is capturing structured and native data, recorded during the caring and consultation of patients recorded in GP practices and primary care institutions.

4.2.16. REDACTED queried the communications approach and asked if inclusion on the DCB minutes the formal mechanism for the announcement of the GPDfPR data collection would be. REDACTED thought that it could be unwise to use the DPN or DPIA as a method of notification to the public as this has the potential to be perceived poorly by public stakeholders. REDACTED agrees and states that this will be tackled in the full Communications Plan and invited the board members to take part in the production of the plan.

4.2.17. Jackie Gray (JG) flagged the NHS Digital Board publicly publishes its board output reports, and the programme has been mentioned in this, before the first public communication is published by the programme. JG also felt the programme should emphasise that this data's use in products like the shielded patient list and queried if the collection was still within scope as being for only "planning and research", and it could be used for other purposes? JG also agreed with REDACTED's earlier comment and confirmed that as technical documents, the DPN and DPIA should not be considered a tool for communication.

4.2.18. A discussion then took place around Type 1 Opt Outs, NDG and the profession, in the context of the GPDfPR data collection being used for purposes other than planning and research. JG stated the programme should look at the 'direct care' use cases, with REDACTED adding the need for alignment with the NDG. JG also asked the team should not use the DPIA alone as a way of communicating, as this might not be understood by the average person, because it is a technical document. REDACTED acknowledged that there was a complicated pattern of risk, nuances around engaging with patients.

4.2.19. JG said the best strategic advice for the programme, is to collect wholesome data once and use this multiple times by NHS digital, to minimise burden on the system and practices. The project should not miss the opportunity to consider all the direct support use cases of the data and not only Type 1 Opt Out planning and research and this discussion needs to take place. Using all the use cases known within NHS digital from request submitted for data request, she urged for a discussion to examine the possibility of an expanded roadmap. REDACTED said the optimal solution is for the project to obtain a legal basis for the big gains of GP data at scale for planning and research. REDACTED agreed that the narrative around data has changed significantly and this should not be ignored.

ACTION: *Meeting to take place, articulate and agree a roadmap for using GPDfPR for direct care*

4.2.20. REDACTED asked what do the profession expect of the new dataset? REDACTED answered, stating quality data, less administrative burden and an ability to use the data better at a local level, allowing a GP practice to invest more time on caring for patients and scale, as long as the data is used in a trustworthy way under pinning patient and professions trust in how the data is used. REDACTED added that there is the potential to have discussions with GPs about direct and secondary care uses

4.2.21. REDACTED confirms that the plan and approach milestones is approved by the board presented by REDACTED with the amber and red caveat as a baseline.

4.3. GPAD – For update, Improving GP Appointment Data

Redacted

4.4. DRAFT GP Data portfolio overview – for discussion

Redacted

Any Other Business

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4.5. REDACTED wanted to confirm that the board cycle will keep to the existing pattern and align against the GPIT Futures Board. It was noted that the next board would be due to take place over the school half term week.

4.6. REDACTED asks that the next Board should be scheduled to avoid the half term holidays and, that longer term the cycle will be looked at.

4.7. No other business raised. REDACTED thanked the board members for their time and input, and closed the meeting

The next GP Data Programme Board meeting will be held on Tuesday, 20 October from 12:00 to 14:00 via MS Teams