

Ref: care.data/Programme Board/Paper 03
Title: care.data Pathfinder Selection Panel Notes
Author: David Corbett, Programme Head, Data Delivery
Programme Board Sponsor: Eve Roodhouse, Programme Director
Purpose: To document the discussions from the Pathfinder CCG selection panel
Background: The original intention was to write to all CCGs inviting them to express an interest in becoming a pathfinder. Following advice, it was felt that a targeted approach to recruit CCGs was more appropriate. The programme engaged with those CCGs that expressed an 'informal' interest in participating in the pathfinder stage during early stages of the 'listening' exercise. A selection panel was formed and met on 27 August 2014 and 9 September 2014 to make recommendations around suitability to become pathfinders.
Key Points: This document provides key notes from the selection panel.
Desired outcome(s): For the board to confirm agreement with the selection panel's assessment of pathfinder CCG's.
Circulation: Programme Board

Minutes of the Pathfinder Selection Panel meeting held on 9th September 2014

Attendees:

Eve Roodhouse (Panel Chair), Professor Nigel Mathers Practitioners Rachel Rhodes	Programme Director, care.data Honorary Secretary, Royal College of General Practitioners Policy and Research Officer, National Association of Voluntary and Community Action
Niccolo Stamboglis Sarah Vallelly	Intelligence Analyst, Healthwatch England Head of Research & Intelligence, HealthWatch England
Rachel Merrett	Deputy of Head of Strategic Intelligence, NHS England
Andrew Chronias	Regional Head of Intelligence, NHS England

Apologies:

¹ Dr Beth McCarron Nash,	GPC Negotiator, British Medical Association
² Alvin Kinch	Development Manager, Healthwatch England

¹*Separate t-conf arranged 10/09/14 between Eve Roodhouse and Beth McCarron Nash*

²*Alvin Kinch represented at the 9/9/14 meeting by Niccolo Stamboglis and Sarah Vallelly*

1. ER recapped the discussion at the 27 August panel including the agreement to explore interest from the Leeds CCGs in more detail, and to obtain further information from Blackburn and Darwen before the panel made a decision.
2. AC provided the panel with a summary of information from the three Leeds CCGs (North, West and South East) who following further discussion had now submitted a joint Expression of Interest (EOI) in participating as a formal pathfinder. A two phased approach was outlined, the first of which would see the CCG working with the programme to look at how care.data will be explained to GP Practices and getting the communications right, ahead of a second phase which would move to implementation across practices.
3. The panel considered the Leeds CCG EOI and made a provisional assessment before proceeding to re-consider which combination of the CCGs would best meet the agreed criteria.

Leeds North, West and South East CCGs

4. It was felt that with Leeds being the 3rd largest English city, having a large urban area, a multi-ethnic population, a large student population affecting the age profile, and a higher than national average working age across the three CCGs, this presented an attractive candidate as a joint pathfinder.

5. Significant TPP usage across practices, mature data sharing activity including the Leeds Care Record, support from HealthWatch and having a mix of support for care.data across practices re-enforced the joint bid as a strong candidate.

Blackburn with Darwen CCG

6. AC provided an update following further discussion with Blackburn with Darwen, and feedback received from NS. This indicated that Blackburn with Darwen has a very proactive Local Healthwatch, which is very likely to interact in the programme.

The combination of the CCGs, which best met the criteria

7. The panel re-considered the full picture of CCGs which now included Leeds, and which combination would enable the overall criteria to be met. The panel's view was that the joint EOI from the three Leeds CCGs alongside the other CCGs would now enable the programme to meet all elements of the selection criteria.
8. It was felt that the inclusion of Leeds with its higher than national average working age, and diverse ethnic population in an urban setting would complement the offer from West Hampshire CCG and Somerset CCG which predominately covered an older affluent demographic, with low level of ethnic diversity in a rural setting. Leeds also complemented the Blackburn and Darwen which offered similar characteristics to Leeds (e.g. urban setting) but on a much smaller scale.
9. The 4 areas were viewed as well balanced with two urban and two rural CCGs with circa 1 million populations across the areas and 130 practices in each category.
10. A question was raised by SV as to whether there was a need to include both West Hampshire AND Somerset CCGs, however the panel felt that both CCGs offered good options as pathfinder areas and that there were variation (e.g. in data sharing maturity) across the two. This was re-enforced by NM who referenced BMN's view that both CCGs were very strong candidate areas.
11. The panel recommended that subject to BMN sharing the same view, Blackburn with Darwen, Somerset, West Hampshire, and the three Leeds CCGs (as a joint area) should be taken forward as the CCG pathfinder areas.
12. ER outlined the next steps which would involve a discussion with BMN on 10th September to play back the discussion at the 9th September panel and for BMN to provide input. Subject to BMN being content with the panel's view, ER would write to the panel to confirm the outcome from the discussion with BMN, and would then write to the Programme Board to ask for their endorsement of the panel's decision by correspondence, ahead of the programme formally inviting the CCGs to become formal pathfinders.

- 13.** NS asked whether the HealthWatch groups could be informed of the panel's decision. ER advised that this should wait until the Programme Board have endorsed the panel's decision and the programme had informally alerted the CCGs of the decision.
- 14.** AC advised that it may not be possible to obtain formal acceptance from all areas before early October but that the programme will engage with the CCGs to reach a position where all are content to be named as Pathfinders on the NHS England website as soon as possible. This is important given that the programme is seeking to start to work with each Pathfinder from the back end of this week (w/c 15/09/14) and as it is important that key stakeholders as local partners such as regional Local HealthWatch can link into these early discussions and activities.