

**GOVERNING BODY OF THE CCG
(Hammersmith and Fulham)
IM&T Committee**

Thursday 12th October, Room 3.3 & 3.4, 3rd floor, 15 MBR

Present:		
Tony Willis	H&F Clinical Commissioning Group – GP (Chair)	TW
Laurie Slater	IT Lead and GP, Brook Green Surgery IG and Choose and Book lead for HFCCG	LS
Coral McNeilly	Primary Care Commissioning Manager, Hammersmith & Fulham CCG Team	CM
Dave Thomas	Head of IT Operations	DT
Christine Dunne	Head of Primary Care Systems	CD
Feisal Siddiqi	Head of Service Delivery and Business IT	FS
Kwesi Afful	Digital Innovation and Citizen Lead	KA
Femi Otukoya	Interim Head of Finance and Management Accounts	FO
Zeba Jamal	Senior Primary Care Systems Facilitator	ZJ
Sarah Allison	Last Phase of Life Programme Support, Hammersmith & Fulham CCG Team	SA
John Keating	Deputy Director, IT Programmes	JK
Michelle Clark	Management Accountant, Hammersmith & Fulham CCG Team	MC
James Holding	Programme Manager, NWL Strategy and Transformation Team	JH
John Reeve	Programme Delivery Manager (Capital & Millennial Practice)	JR
Mark Day	Primary Care Support Officer, Hammersmith & Fulham CCG Team (Minutes)	MD

Item	Agenda Item /Discussion	Action Owner
1.	Welcome & Apologies and Declaration and Conflicts of Interest	
1.1	Apologies were received from Margaret Kelly	
2.	Draft Minutes (8.6.17)	
2.1	The committee approved the draft minutes as an accurate record of the previous meeting.	
3.	Care Home Project	
3.1	<p>SA presented the <i>Improving care in the last phase of life</i> project to the committee.</p> <p>SA reported that in H&F there are 30,000 patients in their last phase of life; 20% are in care homes, 20% are in their own homes with formal support and 60% are in their own homes with no formal support. She further reported that a steering group identified six key interventions, from which telemedicine was identified as a viable solution to the lack of clinical support available to care home patients and staff.</p> <p>SA explained that once a video aspect was added to the procurement process a provider was not identified, however local providers have since come forward. SA clarified that this programme would ideally link to existing clinical reporting systems and would require access to care records. JK raised concern regarding providers needing access to all GP practice systems, and whether information sharing agreements would be required for each provider. LS commented that all providers would have to sign a MOU as a single process which covers all practices in the borough. Baring in mind, part of the committee’s responsibility is to discuss the IT projects in play and ensure these organisations are named through fair processing. LS asked who would need access to this information. SA clarified that any nurse or staff member working in a care home would be able to call the hub and someone on the end of the line will access the patient record and provide clinical advice. The hub would be manned twenty four hours a day seven days a week by band seven senior nurses trained in end of life care. JK queried whether it would be the CWHHE MOU or the NWL ISA which providers would agree to sign. LS suggested it would be the NWL ISA, and the list of organisations would need approval from the IG committee before clinical reporting access is granted. Furthermore patients would have to consent to any information being passed to third parties.</p>	

4.	ETTF and Project update	
4.1	<p>The committee received a programme update on ETTF focused on the Integrated Care Standard project, Care Home project, Capital Business case and committee governance.</p> <p>JK reported that the appended paper will be presented to the NWL Collaboration board for BI and Informatics.</p> <p>JK described the integrated care standards project which is to be implemented this year. TW was asked to provide guidance in order to map digital pathways into SystmOne, looking at Diabetes in the first instance, TW agreed.</p> <p>JK reported that through ETTF the CCG received £250k to implement a Care Home project and the business case needs to be finalised in two weeks' time. The project would ideally provide a video consultation service that covers all the care and nursing homes in the borough. JK explained that a survey has been circulated to both GPs affiliated with care homes and to care home staff members seeking feedback on whether the proposed project will improve patient care. CM agreed to circulate the Care Home Survey to all H&F GPs once the language has been simplified.</p> <p>The committee was updated on the Capital Business Case, which was presented at the committee on Tuesday, and is expected to be approved.</p> <p>CM reported that the Health Help Now app which was discussed last month still has not been approved by the Operational Group. CM noted that Kwesi was asked to resubmit the paper for the Operational Group's consideration and sign up.</p> <p>CM mentioned that clinical time to review the pathways is needed to facilitate the app, which is not funded by the ETTF. The app itself is not expensive but the cost of maintaining the clinical pathways is not defined, someone who is capable and with capacity would be required to spend a day a month on the app. TW said the issue is identifying an individual with capacity.</p> <p>The committee discussed the governance structure between H&F IM&T committee and the NWL IT committee, and whether information is disseminated from these committees to individual CCG boards. CD reported that in the past there have been cases where issues discussed at local IM&T committees have not been fed back to the CCG GB. CM advised that IT issues discussed here will be taken to PCCC and GB have sight. TW commented that any IT projects with a financial requirement go through the Finance and Performance Committee.</p> <p>The NWL Collaboration board for BI and Informatics was discussed. CM reported that a representative from H&F should attend both Delivery and Strategy sections. TW confirmed he would attend when the agenda is IT focused. CM and LS agreed to go on his behalf if required.</p> <p>The committee:</p> <ul style="list-style-type: none"> • Noted the ETTF project update • Noted the requirement to formally disseminate information from the IM&T committee to other CCG committees when appropriate. 	<p>CM</p> <p>CM</p> <p>CM</p>

5.	Local CCG Budget update	
5.1	<p>MC presented the paper and update on the IM&T financial position as of September 2017.</p> <p>MC reported a break-even position for the forecast outturn with a year to-date position of £268k, equating to a £4k negative variance covering both elements of the £527k budget. She explained that the year to date actual costs includes expenditure from BT, EE and Fine Valley.</p> <p>The committee asked for clarification on the exact details of the expenditure. JK queried where the £4.8mil funding has gone, considering that IT had a proportion. MC advised that it will be going through a separate funding stream with its own cost centre.</p> <p>MC reported that an additional line will be included for GP WiFi funding.</p> <p>The committee noted the update on the IM&T financial position.</p>	MC
6.	Update on IT hardware install	
6.1	<p>JR presented an update on GP IT Capital.</p> <p>JR reported the IT Hardware Refresh PIDs have all gone through for 2017/18 and for 2018/19. This year the total capital requirement comes to £726k and for 2018/19 it will decrease to £99k. JK advised that this leaves £460k for additional equipment costs and deployment, which cannot be spend on clinical equipment.</p> <p>JK started a dialog around IT refresh ideas, so that the committee has an influence on what the funding is used for rather than ending up with an underspend to allocate towards the year end. JK suggested that software could be purchased to replace existing systems, as the PID for this funding was based on replacement.</p> <p>TW discussed that through developing a new GP Network structure there might be scope for improving software to support back office functionality and practice collaboration. JK mentioned there might be a need for a central infrastructure to share information in the background between practices, folders that staff can access from multiple sites.</p> <p>The committee discussed various IT project proposals:</p> <ul style="list-style-type: none"> • Improving remote connectivity to meetings • Improving corporate infrastructure • Computer Telephony Integration (CTI) • Providing cameras for GP consultations <p>DMC Healthcare was discussed in relation to their tele-dermatology pilot and whether equipment could be purchased to enable this in Hammersmith & Fulham.</p> <p>CM agreed to ask DMC Healthcare what system they use and whether it could be used in H&F.</p> <p>The committee noted the update on GP IT Capital.</p>	CM
7.	NWL e-RS update	
7.1	<p>ZJ provided an update on e-RS in relation to training and utilisation figures.</p> <p>ZJ reported that e-RS training has been provided to H&F practices through SystemOne User Groups and through individual practice visits. She has further developed training tools by creating YouTube videos and improving crib sheets, following practice feedback. ZJ explained that a dialog with secondary care providers has been established, in particular ICHT. CM further commented that action plans for secondary care providers and a stream of communication out to practices is crucial to reach 80% utilisation by October 2018. CM reported that H&F have had difficulties engaging with ChelWest in e-RS discussions.</p>	

