

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

Item AO (iii)

Thursday 4th October 2018, 1.30 – 3.00 pm, Room 2.3, 2nd Floor 87-91 Newman Street

Present

Name	Role and Organisation	Initials
Officers in attendance		
Laurie Slater	IT Lead and GP, Brook Green Surgery and e-RS lead for HFCCG (Chair)	LS
Ian Riley	Director of Business Intelligence, NWL CCG's	IR
Katie Embledon	Site Operations Manager and Elected Governing Body Member	KE
Coral McNeilly	Primary Care Commissioning Manager, Hammersmith & Fulham CCG	CM
Christine Dunne	Deputy Director of Primary Care Systems, NWL CCG's	CD
John Keating	Deputy Director (IT Programmes), NWL CCG's	JK
Ashley Plummer	Digital Workflows Lead for North West London CCG's	AP
Tom Osborne	Digital Solutions Architect, NWL CCG's	TO
Xavier Yibowei	IT Programme Delivery Manager, NWL CCG's	XY
Pete Ellis	Commissioning Programme Manager Unplanned Care	PE
Femi Beyioku	Digital Project Support Specialist for North West London CCG's	FB
Margaret Kelly	Business Support Manager (minutes)	MK

Item	Agenda Item /Discussion	Action Owner
1.	Welcome, Apologies and Declaration and Conflicts of Interest	
1.1	LS welcomed everyone to the meeting. Apologies were received from Bill Sturman. LS declared a conflict of interest as a Non-Executive Director for Hammersmith and Fulham GP Federation Board.	
2.	Draft Minutes	
2.1	The committee approved the draft minutes as an accurate record of the previous meeting.	
3.	H&F CCG Annual Informatics Report 2017-18 including ETTF update	
3.1	JK introduced the Annual Informatics Report 2017-18. JK said the standardised report across the 8 NWL CCG's included an executive summary for Hammersmith & Fulham CCG (HFCCG). JK said quarterly reports would be produced going forward with the same format used. JK drew members' attention to page 36 of the report on the local IT budgets and mentioned the risks associated with gaps in funding for next year. JK said a Q3 analysis in conjunction with an action plan for 18-19 would be devised on the various workstreams and funding requirements; but may need to approach the CCG for additional investment to bridge the gap, if external funding through ETTF, GP capital or other funding streams was not secured. JK said the assumption was that ETTF funding would not be available next year and IT recurrent activity was being subsidised through the use of one off funding. JK stated that	

<p>funding towards nhs mail and RA used to be ring fenced and this year the aim was to transfer this funding (£450k) to CCGs. JK stated that the wifi allocation for next year was not yet quantified. JK added that last year's costs were £700k with a budget allocation of £500k and due to expected increases in costs over the coming years, would result in a cost pressure.</p> <p>LS queried how the gap was derived. JK explained that IT would need to increase external funding through ETTF, GP capital or other funding streams or approach CCGs to increase local investment or have a combination of all three. JK noted that the business as usual budget would reduce by 10% next year.</p> <p>LS asked when the committee would receive the action plan to approach the CCG for investment. JK explained that Bill Sturman had raised this with Neil Ferrelly. In the meantime, are developing a plan to include greater detail on the funding and costs such as cyber and IT security and system development. JK said an analysis was scheduled to conclude at the end of Q3, which should provide greater clarity on the plans for next year. JK noted that plans were underway on financial planning for the next five years with future plans to include any reduction in primary care services.</p> <p>LS said as IG monies were due to be allocated to CCGs queried whether future allocations would include any uplift.</p> <p>LS mentioned putting forward a requirement for a Data Protection Officer (DPO) to H&F CCG once the costs were established, and emphasised the urgency in doing so as the post needed to be recruited to by the new year. LS said an alternative would be for GP practices to provide the function themselves. However, the preferred option would be to employ the individual at borough level.</p> <p>JK agreed to include the DPO post in the gap analysis. JK added that some of the funding available in primary care towards cyber security could be utilised to fund part of the DPO role.</p> <p>XY asked if training could be provided to GP practice staff to provide the DPO function at a local and NW London level with knowledge available in each organisation.</p> <p>CD explained that the CCG was only required to provide a DPO function to support the service, but what this would look like would need to be determined and whether to have a pool of people or advisers in general practice. CD added that the operating model was not explicit that CCG's were required to recruit to a DPO role. LS said it would be beneficial to have someone in post in the short-term and agreed to work with CD in devising a business case proposal to include a list of options for consideration by the CCG.</p> <p>JK said that Primary Care Enabling Service (PCES) funding was less than the level of service required and the monies were used towards funding NHSmail and RA staff. JK said the money was due to be devolved to CCGs in 2018/19 but was not presently visible in CCG ledgers. JK added that an NHS England (NHSE) update was awaited and agreed to follow-up a response.</p> <p>JK mentioned that an NW London IG business case that went to the collaboration board 12 months ago was not funded. JK stated that the London region was expected to underspend against the ETTF budget this year. Consequently, to ensure the money was spent had put</p>	<p>JK</p> <p>CD/LS</p> <p>JK</p>
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	<p>forward proposals for this year to include models of care. LS said if additional opportunities were available to spend the monies he was keen to be engaged with the process. JK explained that the proposals put forward related to previous years schemes not funded. JK supported the development of plans in the event that money does become available and agreed to work with LS in the development of such plans.</p> <p>The committee noted and discussed the H&F CCG Annual Informatics Report for 2017-18 including the ETTF update</p>	
<p>4.</p>	<p>Tele-dermatology project</p>	
<p>4.1</p>	<p>TO and PE provided an update on the project for a sector-wide solution for secure image transfer to enable Tele-dermatology. PE said that the outpatient transformation programme was one of the elements of the project.</p> <p>PE explained that tele-dermatology involves referring an image of the skin of a patient together with relevant history to a specialist clinician for advice, with the sharing of an image used as a triage tool to direct patients to the appropriate service in a timely fashion and aims to ensure the patient receives the right advice, in the right place at the right time.</p> <p>TO reported to the committee that the technical requirements and horizon scanning of potential suitable smartphone applications was now complete and included a comprehensive analysis of the costs. TO said of the eleven applications considered that three met the minimum requirements, with one application meeting the minimum and value-added requirement developed for integration with GP clinical systems. TO said the product meeting the requirements was the 'Inhealthcare' platform, procured by NW London Informatics with a contract in place from September 2018 until September 2019.</p> <p>TO stated that the next steps would include:</p> <ul style="list-style-type: none"> • To undertake Data Protection Impact Assessment (DPIA) and Security Impact Assessment for the identified technology solution • To undertake technical test of the technical product with SystemOne and EMIS • Define and run a demonstration of the tele-dermatology model with a select group of CCGs and specialist provider • Develop a business case. • Define the procurement strategy • Develop a proposed phased implementation plan for the identified solution to be piloted and an evaluation strategy, to be rolled out in two phases. Phase one will involve a roll out of the secure image transfer technology to pilot the capture and sharing of images of inflammatory skin conditions and phase two will include the addition of dermatoscopes, to pilot the sharing of images of skin lesions and whether the dermatoscopes enhance the image quality. <p>TO explained that once the patient was seen by the clinician, the clinician would take the picture, open up the clinical system (SystemOne or EMIS), pull the picture from the Inhealthcare platform into the clinical system where it would be attached.</p> <p>TO reported that Inhealthcare provides a platform to allow CCG's to develop their own applications to their own requirements.</p> <p>XY asked whether the photograph once it leaves the phone does it go to Inhealthcare and back to your clinical system (EMIS/SystemOne). TO stated that the referrer would take the</p>	

	<p>picture and follow the standardised process of referral, with the picture to come back into the clinical system and n-health.</p> <p>PE reported that tests would be carried out in a sample of practices in Hammersmith and Fulham, West London and Central London CCG's with feedback to be obtained as part of the evaluation process. LS said that his practice would be one of the test sites.</p> <p>TO advised that personal smartphones would be required for the solution.</p> <p>PE noted that imperial were keen to use tele-dermatology.</p> <p>KE queried whether the images would be on the clinicians' phone. PO explained that this was correct and explained that the secure photo does not leave the application and would be encrypted and would be deleted if does not upload.</p> <p>The committee noted and discussed the tele-dermatology project update and next steps</p>	
<p>5.</p>	<p>e-Referral Service (e-RS) Update</p>	
<p>5.1</p>	<p>AP presented the e-RS update. He commended the CCG on their current e-RS utilisation rate of 72% (London average 69%) and work in supporting the e-RS project. AP noted that NWL digital were satisfied with the work carried out across NW London.</p> <p>AP reminded the committee of the provider 'paper switch off' (PSO) date of 1st October 2018 with Trust's only accepting electronic (e-RS) referrals. The committee noted that Imperial College Healthcare NHS Trust (ICHT) and Chelsea and Westminster Foundation Trust (CWFT) had implemented a 'paper switch-off' for all referrals, except 2-week waits (2WW) referrals on 1st August 2018, and a 'paper switch-off' for 2WW referrals on 1st September 2018, after which all GP referrals to consultant led services would be made through e-RS.</p> <p>AP advised that post provider PSO meetings were held with Trusts and discussed the requirement for CCG's to continue receiving daily provider reports on referral issues and the frequency of such reports going forward. CM reported that H&F CCG no longer receive daily reports and highlighted the significance of such reports; to ensure the CCG remain sighted on any referral issues. AP said that Sue Jeffers, Director of Primary Care Development, had requested for reports to be submitted on an adhoc basis.</p> <p>CM made reference to a paper going to the Primary Care Commissioning Committee (PCCC) and the LMC asking for assurance that the numbers were at a safe level from 1st October 2018. The date of 1st October for Trusts to only receive electronic referrals from GP practices was not moveable.</p> <p>The committee noted a strong downward trend on the number of referrals received outside of e-RS since 1st August 2018 to date, with a few referrals owing to clinicians being unable to find a service or speciality, with clinicians asked to contact the helpdesk for assistance in locating the clinic type on e-RS. LS suggested having a standard document for GP practices to access to assist with referrals and how to identify the relevant heading the service/clinic type comes under. CM explained that each Trust decides locally how to map this, therefore may differ by provider. LS suggested having a standardised system and asked AP to take this back as an action.</p>	<p>AP</p>

	<p>The committee asked for Trusts to continue to submit weekly e-RS reports, until it reaches a safe level with less than five referrals received outside of e-RS. Furthermore, to ask Trusts to flag 2WW.</p> <p>AP mentioned that 20 YouTube videos were released into general practice with 1754 views since 1st May 2018. LS reported little demand for WebEx in general practice. AP emphasised the importance of getting GP practices to use the videos and to reinforce the learning.</p> <p>LS suggested that GP practices inform the helpdesk if referrals via e-RS do not work in real time. Additionally, to mention this at network meetings and to follow up on all reported issues. LS highlighted the importance of having a real time solution.</p> <p>AP mentioned that relevant e-RS materials was available on each CCG's website and would be working with comms over the coming months to get the Health Now App utilisation ramped up to allow patients to be sighted on specific data and referrals. AP noted that bi-weekly topic based sessions were planned and delivered a Web-Ex session yesterday with three users. AP added that the next step would involve looking at the works list and circulate further details and weekly comms.</p> <p>AP said that a meeting with H&F CCG would be scheduled shortly to discuss the hubs and delivery of 2WW, with e-RS access required. AP added that e-RS access would be available through the portal once it was configured. AP said a standard operating procedure may need to be produced for each hub to ensure they are using it correctly, with CCG endorsement required for this.</p> <p>AP stated that community services were asked to report pop ups so added to e-RS. LS stated that GP practices require a system for all referrals, with the referral process from SystemOne to SystemOne difficult to justify through GDPR. LS said that referrals through e-RS should be the routine process.</p> <p>AP reported that the outpatient programme was headed up by Nicola Burbridge to commission six services across NW London. AP said his team were working on this from an IT perspective providing advice and guidance on the use of e-RS, with the Outpatient Group to feedback on progress.</p> <p>AP stated that he attended an e-RS meeting with NHS England to feedback on the lessons learnt with a new a new person in post to take forward the e-RS project and next steps.</p> <p>The committee noted progress on the e-RS project to date</p>	<p>CM</p>
6.	Practice Website	
6.1	<p>LS introduced the paper and update on the development of a practice based website.</p> <p>LS stated that H&F CCG GP Federation (HFGPF) had been working with a website designer called Silicon Practice that has previously worked with practices in Ealing and Hounslow to create a standardised website. LS reported that 22 GP practices in H&F had signed up to this to meet patients' and GP Practices' needs. LS added that a core focus group of GP practices, to include his own practice, was established to represent all participating practices to meet with the web designer and HFGPF to assist with the design and website format.</p>	

	<p>LS reported that to maximise the use of the website by patients, and in discussion with patient representatives at the patient participation groups, the following engagement activities will be undertaken:</p> <ul style="list-style-type: none"> • All patients to be informed by text of the new practice website • Video to be created and bespoke to each practice, of how patients can use the website and for this to be placed on Practice NUMED screens • Active engagement via demonstrating new website to patients at reception, whilst waiting for an appointment. <p>LS reported that in addition to the website holding information about practice opening times, the practice team and practice policies that the website will have features to promote greater access to practice services for patients through the use of online services. Furthermore, it will include a signposting patients section to assist patients in locating the correct service or person in the practice that can help them with their specific problem, a section to support patients to access self-help advice and a section on the latest practice news.</p> <p>LS shared the link to his practice website. AP noted that the website did not include his surgery name and agreed to e-mail him with any additional comments on the content and presentation.</p> <p>LS said making patient data available was a GDPR priority. Nevertheless, highlighted problems with data quality, the lack of patient history and summaries. LS said any on-line patient access needed to be offered from March 2019. LS mentioned the necessity in having a training resource to provide greater clarity around the specific data to be worried about and checking for harmful data, with the aim of reducing practice time associated with this. LS suggested having an away-day, utilising future forward view primary care monies to train staff. LS proposed recruiting medical students at a borough or network level to deliver this function.</p> <p>LS stressed that staff who deliver this role must understand the policies and systems in place at a practice and the legal requirements. Furthermore, LS highlighted the importance of robust governance and proxy access for parents and to understand the functionality and relationships. LS added that the Data Protection Act articulates that a child of 13 could prevent parent access to their data. LS said a lot of information was available that could be shared with GP practices and referenced the website for PAT results. AP said a website was under development and agreed to share further details with LS.</p> <p>The committee:</p> <ul style="list-style-type: none"> • Noted the progress made to develop 22 GP Practice websites in Hammersmith & Fulham • Noted that one practice, Brook Green Surgery, has acted as the pilot practice trialling the new website and went live with the new website template from Wednesday 26th September. • Noted the provisional rollout schedule for the remaining 21 Practices and immediate next steps 	<p>AP</p> <p>AP</p>
7.	Local CCG Budget Update	
7.1	CM presented the IT financial position at M5. CM reported a £15k underspend against the budget but said the CCG expected that the budget would be fully spent by year end and used towards planned GP relocations for instance Milson Road.	

	<p>CM anticipated that the £11k towards wifi would be fully spent, but agreed to follow-up how it works and the way the money was allocated.</p> <p>AP stated that SMS text was being looked at across NW London with conversations being had with the suppliers to reduce the volume of texts, to address the £0.5m overspend against budget.</p> <p>CD said a meeting was being scheduled with BT with a workshop proposed on the service offer and suggested that CM also attends.</p> <p>CD reported that the EE contracts are due to expire at the end of July 2019 and currently offer the most competitive price but planned to look at other options prior to the expiry date.</p> <p>The committee noted the budget update.</p>	<p>CM</p>
<p>8.</p>	<p>Any Other Business</p>	
<p>8.1</p>	<p><u>N3 downtime</u> NM queried what happened in general practice during the N3 downtime, which was a national problem. LS said this was a real problem for the practice but got resolved. AP agreed to obtain an update from his technical colleagues as a result of this issue.</p> <p>CM queried the impact on emergency appointments. KE said TPP provided a function to allow you to download the data and send CM further details on how to locate this. CM stated that this would need to be added to the practice business continuity plans.</p> <p><u>111 in-hours direct booking</u> CM said that direct booking was coming to an end of H&F CCG in November 2018 and have asked GP practices to provide stats for direct bookings in the morning and evening. The committee noted that an update on testing for GP practices would be presented to the Practice Managers.</p> <p><u>Online Consultations and plans for CCG</u> CM reported that the CCG plans would be presented at the next members' meeting with Yasmin Baker and Abeer Itrakjy pulling together details on the suppliers and options to gauge what GP practices are interested in using.</p> <p>CM noted that the CCG had some funding available this year towards this. AP said that Peter in his team was during some work on online consultations and agreed to brief him on the work happening at CCG level.</p> <p>The committee noted the verbal updates provided</p>	<p>AP</p> <p>KE</p> <p>AP</p>
<p>The next meeting is scheduled for Thursday 6th December 2018, 1.30 – 3.30 pm</p>		