

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

Wednesday 26th November, Room 3.1 & 3.2, 15 Marylebone Road

Present:		
Tony Willis	H&F Clinical Commissioning Group – GP (Chair)	TW
Sena Shah	IT Lead, H&F CCG	SS
Laurie Slater	GP, Brook Green Surgery IG and Choose and Book lead for H&F CCG	LS
Andrew Mckeon	Project Manager, CWHHE S1 Team	AM
Alastair Gilchrist	Chief Information Officer, CWHHE	AG
Paul Ferguson	Practice Manager & Partner, H&F CCG	PF
Christine Dunne	Head of Primary care Systems (CSU)	CD
David Waterton	SystemOne Technical Project Manager, CWHHE S1 Team	DW
Farid Fouladinejad	Strategic IT Lead, CWHHE	FF
Linda Williamson	Project Manager, CWHHE	LW
Zeba Jamal	Senior Primary Care Systems Facilitator	ZJ
Margaret Kelly	Business Support Manager, HFCCG (minutes)	MK

Item	Agenda Item /Discussion	Action Owner
1.	Welcome & Apologies & Conflict of Interest	
1.1	Apologies were received from Vanessa Andreae and Gabrielle Darby. The general conflicts of interest were noted.	
2.	Draft minutes of the previous meeting (11th June 2014)	
2.1	The minutes of the last meeting were approved as an accurate record of the meeting.	
3.	Matters Arising	
3.1	The outstanding actions were reviewed and discussed. Please refer to the actions table for updates.	
4.	CWHHE IT Delivery Structure – update on CWHHE Projects	
4.1	<u>IT Projects Dashboard</u> FF introduced the IT projects dashboard and reported that the go live dates are all green. He noted that the check-in screens are at 2 stages. The spirometry software has been completed and we are on standby for spirometry and BP monitoring delivery. It was noted that there are issues with BP monitoring, with only a few H&F practices attending the training, therefore is shown as red on the dashboard. The GP to GP should be complete by December 14 and the next step is to start monitoring GP to GP utilisation after the training has been delivered. There will be 3 to 4 weeks accredited training which the trainers will attend, and will then provide support to GP practices. It was reported that the FHS service is being restructured and is now out to tender. It was noted that with GP to GP that the exchange of paperwork would no longer be required.	
4.2	<u>PMCF and Vircon</u> FF stated that we could only guarantee money until the end of March 2015. SS commented that the committee has not been cited on a business case to know the costs and we need to understand how much money is included in the budget and where the funding is coming from. PF commented that the Federation has its own plans therefore may not be aligned with the initial proposal. FF stated that for EPS2 there is better utilisation where there is greater use of repeat prescriptions. TW commented that he understood the enhanced model of delivery was part of the plan for investments this financial year. FF clarified that the enhanced model is part of the investment plan for this year but we may need to call on reserves if the level of funding is not sufficient. It was noted that money is earmarked in the PMCF to deliver 100% EPS2 roll out. FF stated that H&F shows the lowest rate of expressions of interest and that EPS2 is one of the outcomes, with the PMCF made up of 3 pots of money. The CCG has committed to proceed with the costs absorbable but if we receive further expressions of interest, it will be difficult to manage the costs. FF commented that we would need to start chasing practices and get them to go live in 10 weeks' time. It was noted that a decision would be taken at the 2 nd December PMCF Programme Executive meeting on the costs. Action: SS to obtain some understanding of the costs towards EPS2 from Philippa Jones, Managing Director	SS

4.3	<p><u>Training</u></p> <p>FF stated that a meeting has been set up with the locality leads to have a joint discussion around what is needed and what is already covered, with a meeting scheduled for Monday with all of the trainers. SS and the locality manager to review what floor working will cover. CD stated that ZJ has developed a plan around what training will cover.</p>	
4.4	<p><u>Post Go Live</u></p> <p>FF reported that this section has been broken into different components. The SystmOne health checks will be reinstated to include data quality checks. It will give practices a level need assessment and will identify ongoing support for GP practices.</p>	
4.5	<p><u>SCR</u></p> <p>FF stated that checks are being carried out to see if practices are using it. In regards to data quality checks he stated that some practices are using the reports, which shows us where there are gaps.</p>	
4.6	<p><u>Practice Systems Matrix Index</u></p> <p>AG asked when this will be embedded. FF clarified that the aim is to embed the practice systems matrix in February 15 but this will depend on how the index is made up. Practices will need to rate where they are, what the issues are, and the on-going work that needs to be resourced such as health checks of practices and individual training needs.</p>	
4.7	<p><u>Diagnostic Cloud update</u></p> <p>FF reported that we are on standby for Imperial to roll out Diagnostic Cloud, once this happens the dashboard should go green. It was noted that the label printers will be done alongside the servers. Imperial are working on establishing the ISA account and are in the process of resolving the current IG issues. TW asked what the issue is with the single URL. FF stated that historic software is in place, with Isa in place at St Mary's with Hammersmith using D-Quest, but SystmOne will only supports one, therefore the trust has decided to change the software in January 2015. FF clarified that the Diagnostic Cloud rollout will be in March-April 2015 onwards. SS stated that Diagnostic Cloud is included in QIPP and has an impact on this year's savings and need to provide an update to all CCGs. FF suggested we move the timeline back by six months, which should address this issue.</p>	
4.8	<p><u>EPS2 update</u></p> <p>FF stated that LS wanted the EPS2 roll out to happen after April 2015, but the CCG has only secured funding up to the end of March 2015.</p>	
4.9	<p><u>IT CQUIN update</u></p> <p>The committee noted the IT CQUIN update.</p>	
4.11	<p><u>Finance Report</u></p> <p>FF presented the October Finance Report, which includes the full year plan and full year forecast outturn. He reported a variance of £65,284.46. He also reported that the CCG would fund FDB by £50k this financial year. In regards to EPS2, we need to identify which pot of money the funding will come from, which is estimated to be £100k. It was reported that concerning the virtual ward that the CCG may struggle to spend the £100k allocated to this service therefore may end up being utilised next year. Concerning Out of Hospital Enhanced Services, it was noted that this component is not included in the business case and that primary care focused delivery is tracked separately. It was reported that scoping work is underway regarding 7 day opening, with weekly meetings being held, but are awaiting progress. Each CCG will fund this service from existing budgets, but the licencing costs will come out of the business case costs for 7-day working. SS reported that there have been delays with the Gynae procurement but a decision should be made this week on the preferred provider.</p> <p>AG commented that he was concerned that the sourcing of money in the budget and the risk element is not clear. FF reported that the entire budget set aside for this year is £1.17m. SS stated that for EPS2 there is no specific allocation as there is no business case in place for this service. If we go through the PMCF, the £100k for EPS2 will go into the existing pot of money, but if the PMCF says no, that a full business case would need to be developed.</p>	
5.	FDB Optimise RX Technical Testing update	
5.1	<p>SS provided a verbal update and stated that 7 practices are testing the software, with 18-22% acceptance rates, but we are unclear of the rejection rates and the value from practices. There needs to be focused reminders on the elements on the system that produce savings. It was suggested that we maintain script switch and ensure the rules are being used. It was asked whether the CCG needs to make a decision about all 5 practices that use script switch or should H&F use their own product. SS reported that medicines management are looking at procurement and how to secure a service across the eight, with further information to include the next steps to be reported at the next meeting. It is unclear what value for money there is in using script switch, but the committee agreed that a system needs to be in place and we need to identify how to use it effectively. SS stated that testing has proven the system is reliable but it is unclear why the acceptance rates are low. SS commented that a questionnaire would be sent to the 7 practices testing the software, to ask them to feedback on why the acceptance rates are low.</p>	

6.	Board Assurance Framework	
6.1	<p>TW presented the latest iteration of the BAF. The committee provided the following comments:</p> <p>Risk 18 – AG commented that under mitigating actions that something should be included around exposing Hitachi to pilot users and agreed to feedback some wording to Ben Westmancott.</p> <p>TW stated we should review how to manage this risk more effectively, in moving into 2015, and to include this as an agenda item for the next meeting. AG commented that work on SystmOne is ongoing, but in the last quarter of this year we need to consider the ongoing resources for next year. FF stated that the Finance Leads of the CCG would look at the resources initially. They would then be discussed at this committee; go to the F&P in the form of a mandate or business case for approval/recommendation, depending on the value of the funding being considered. It was noted that all funding requests over £500k considered by the F&P would need to be recommended to the Governing Body for ratification. FF noted that each CCG has commissioning budgets, fixed variables and reserves. Depending on the nature of resources, the probability would be that the majority of funding for IT would need to be bid for on a non-recurrent basis and that any funding gaps would need to be flagged up with NHSE for core delivery of services.</p>	
7.	Virtual Ward and SystmOne	
7.1	<p>SS provided a verbal update on the Virtual Ward and SystmOne. He informed the committee that we need to get CLCH and Local Authority (LA) staff aligned to system use and that the original plan was to have services aligned by August 14 but this date has now slipped to February 15, with CLCH to move adult services over by this date. The next Steering Group would look at the migration dates and would draw up the options appraisal. It was noted that CIS across the tri-borough should identify the provider by February 15. SS reported that a project plan has been developed and would be shared at the next meeting. The process mapping has been done by CLCH and is currently underway at the LA. SS commented that a meeting is being held with the LA on Friday to obtain further update on progress.</p>	
8.	MOU and ISA next steps	
8.1	<p>SS reported that 12 practices have signed up to the MOU. A workshop is being scheduled for the 11th December with two thirds of practices attending. It was noted that the LMC are also signed up to the MOU. SS reported that there is patient facing material, posters, animations and video clips for patients and practices to use during consultation and registration. AG suggested that a discussion is had with Clare Parker and Thirza Sawtell to address the issues with MOU and ISA. It was suggested that we treat this issue the same way that we treat the ASH and do whole system work for direct patient care in a confidential and synonymised manner. LS stated that there should be greater understanding around PID data. As a CCG, we need to move forward with the ISA, but allow the next 6 months getting all practices signed up and synonymising the data. FF informed the committee that technical testing has been carried out which will enable strategic reporting on SystmOne. FF reported that McKay is developing a warehouse to use anonymised data and is setting up a system, which will automatically feed from SystmOne to the data warehouse which will enable the functionality if we wish to use it once all practices have signed up to ISA. He stated that practices are still unsure about ISA even though they have signed up to it. He reported that Disco will not receive the data but will allow you to put the data in, but we need to synonymise it and link the GP data with social care. AG noted that with Hitachi it allows you to de-synonymise the data.</p>	
9.	Any Other Business	
9.1	<p><u>H&F Address Book</u></p> <p>TW informed the committee that the address book is being configured. A project plan and framework is in place to get it sorted with read codes, IDs and default mechanisms for each area, but we require resources from business as usual or from the SystmOne team to make it happen. He reported that the IT CWHHE Leads are keen for the address books to be configured. He noted that the address book currently shows the specific areas for CCG referrals but not the default referrals but need to ensure there is a comprehensive address book in place. It was noted that the process is to do this through the referral wizard. FF reported that for Choose and Book (C&B) we can do this as an unnamed identity or as a top provider e.g. Imperial or leave it unnamed. FF stated that he was planning a workshop to discuss the address book but there has been little uptake. He stated that Neil in IT had done some testing to look at the process and the address book and wants to scope a workshop to agree the two solutions to be deployed across, and obtain sign off. FF commented that as part of the session, he wants to do a demo to show what the address book would look like and what can be referred etc. SS stated that we need a steer on how it is currently working. FF clarified that we need to agree a mechanism out of the 6 different ways to do things, and agree which is the preferred option to take forward. SS said he has concerns about the IT Leads commitment and suggested that H&F act as the Project Lead and take ownership on behalf of the other CCGs. TW commented that people are reporting issues with the address book, but there is little or poor communication to practices. AG commented that there should be a dedicated resource for this work and there needs to be a consensus around what to do and what the mechanism and proposal is.</p> <p>Action: To ask Neil to produce an update report on what is happening with the address book and set up a workshop to obtain consensus in early December and agree the next steps in the process</p>	FF

9.2	<p><u>Research Groups</u></p> <p>PF stated that he has had a request from research groups and academics at Imperial and Chelsea & Westminster to get into the Hitachi and suggested that people requesting such information could be given a log in and to sign up to a patient sharing agreement, but wanted to know how these requests can be addressed. LS commented that we need a process in place for academics to sign, to ensure the data is used solely for research purposes and is not to be sold. It was suggested that a protocol is rolled out for GPs, and that it should be acceptable to share information where a project is endorsed and funding is in place from primary care research networks.</p>	
9.3	<p><u>PMCF SystemOne online data collection and dashboard</u></p> <p>FF presented the PMCF SystemOne online data collection and dashboard. He explained that the information is broken down on a practice basis and is an initial view of where we are currently and where we need to go, and should form part of the PMCF for on-line access. FF stated that going forward the system would show what information can be shared. It includes 3 contractual requirements and the graphs show the contractual performance at CCG level and the performance metrics to be used to monitor the CCGs. He reported that SCR is all that is required for this year. He stated that there are issues with the online data collection and PMCF was one of the areas to address those issues. He informed the committee that NHSE developed the information for practices but we need to raise awareness with the public once it happens.</p> <p>The committee were asked to note the issues and that the PMCF is addressing the issues.</p>	
<p>The next meeting is scheduled for Wednesday 4th February, 15 Marylebone Road, NW1 5JD.</p>		