

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

Wednesday 18th November, St Paul's Church, Hammersmith

Present:		
Tony Willis	H&F Clinical Commissioning Group – GP (Chair)	TW
Laurie Slater	GP, Brook Green Surgery IG and Choose and Book lead for HFCCG	LS
Conan Cowley	Network Co-ordinator	CC
Farid Fouladinejad	Strategic IT Lead, CWHHE	FF
Christine Dunne	Head of Primary Care Systems, CWHHE	CD
Zeba Jamal	PCS Facilitator for H&F CCG	JG
Margaret Kelly	Business Support Manager (minutes)	MK

Item	Agenda Item /Discussion	Action Owner
1.	Welcome & Apologies & Conflict of Interest	
1.1	Apologies were received from Helen Poole, Linda Williamson, Paul Ferguson and David Waterton. The general conflicts of interest of GPs as commissioners and providers were noted. TW also reported a conflict of interest for the SystemOne National User Group Committee (SNUG).	
2.	Draft minutes of the previous meeting (11th June 2014)	
2.1	The minutes of the last meeting on the 10 th June were approved as an accurate record of the meeting.	
3.	draft local IM&T Terms of Reference (ToR)	
3.1	TW introduced the draft IM&T Terms of Reference. CD commented on the importance of maintained a local group. The committee discussed the membership and whether other people should be involved and commented on the importance of having a practice nurse involved. The committee also debated the role of practice management and having someone to replace Paul Ferguson once he steps down from his Governing Body role in December and suggested approaching someone new that is good with data quality and asked CC to approach Rita Bright in the first instance to ascertain whether she is interested in the role. TW agreed to have a conversation with Vanessa Andrea about the practice nurse role. The committee made a number of changes to the draft ToR and asked MK to incorporate the revisions and send to TW for review. MK noted that once the committee have finalised the ToR they would need to go the Governing Body for ratification. Actions: <ul style="list-style-type: none"> To incorporate the proposed changes to the draft Terms of Reference and send to TW for review To discuss with Vanessa Andrea having a practice nurse representative on the Committee To approach Rita Bright to determine whether she is interested in the practice manager role <p>The committee noted and reviewed the draft IM&T Terms of Reference</p>	MK TW CC
4.	ISIG minutes	
4.1	The committee noted the draft ISIS minutes.	
5.	Local Priorities including funding requirements – 15/16 and 16/17	
5.1	CC presented the local CCG priorities for 15/16 and asked the committee to prioritise the projects and consider any additional projects required not included on the list. CC discussed the Memorandum of Understanding (MoU) and said that all practices are making the necessary changes to share out. He noted that 9 of the 30 practices are currently sharing out but he aims to have all 30 practices sharing out by the end of November 2015. He noted that the comms has been signed off and is ready for distribution to practices. CD discussed the changes required to the address book and said that the CCG needs to endorse the changes and how the changes are implemented prior to going to the service desk. The committee discussed the different options and agreed for the changes to go via the service desk in the first instance and then to Conan for approval.	

	<p>SystemOne referral process - it was noted that Paul Ferguson is putting together a referral pathway used by Central London CCG for Dermatology and MSK and roll out for Gyne initially before rolling out wider to include Ophthalmology.</p> <p>FF informed the committee that the CIS Business Case was going to the November F&P Committee for approval and said that the service should be up and running by April 2016 at the earliest.</p> <p>EPS2 - it was reported that Hammersmith and Fulham is the poorest performer out of the five CCGs in the collaborative. It was suggested that those practices performing at less than 30% are being revisited to understand the issues. It was suggested that poor performance might be due to operational issues and the regular use of locums. LS said that there are also issues in encouraging practices to use the system. TW asked Conan to speak to Karen at Richford Gate to find out what the blocks are in using the system and ascertain whether the procedures and processes in place are robust to maximise the uptake and to also determine whether there is lack of effort from the front desk to make this happen. FF said that work is underway to look at the high achievers to what they have done and to share the learning and to focus on the new year and not just on EPS2 and make the necessary cultural changes.</p> <p>CCG GP practice Agreements – CD reported that there are two outstanding actions which are 1) MD approval on behalf of the CCG which services should be included in the practice agreements 2) final response and feedback from the LMC on the timescales in order to agree GPSOC funding from January 2016. It needs the LMC to endorse, obtain MD agreement prior to being shared with practices. FF said it's the responsibility of the CCG to review what is included in the agreement on an annual basis and said that the CCG does not need to make any financial contributions. He noted that monies are bid for annually and should receive the forms in January and be aware of the allocation by the summer.</p> <p>Information Sharing Agreements (ISA) – TW informed the committee that the LMC had a discussion with the Whole Systems Team about the support available for information breaches and said that the process currently in place is not adequate and that discussions are also taking place around the legality and processing of sensitive read codes outside of practices and that these are the main issues in moving this piece of work forward. The ISO team have stated that further work needs to take place locally to look at the impact of breaches and potential breaches and that there is a requirement to audit the records for all MOU members and to also look at the numbers outside of the MOU. FF said that SystemOne is reliant on the sharing of information and consent but that it does not cover implied consent therefore would need to go back to obtain this. It was noted that some practices are not willing to share information which has an impact on the Whole Systems Programme and until the indemnity issue is resolved we cannot move this forward.</p> <p>PkB Rollout Plan – TW stated that the rollout is progressing and is nearly integrated with SystemOne. The model is a data dump from systemOne with nightly feeds that populates the record and identifies the level of information that is visible to the patient. It was noted that a great deal of work has taken place with Imperial on interoperability and structured data sharing for an aggregated view of the different systems.</p> <p>Actions:</p> <ul style="list-style-type: none"> • To revise the IM&T priorities list for 2015/16 to include the timeframes • To speak to Karen at Richford Gate to determine what the block are in using EPS2 	
6.	Patients Self-Management	CC CC
6.1	<p>TW introduced the Patients Self-Management presentation and explained that there are a number of patient representatives across the collaborative looking at how to engage with patients around self-management of diabetes etc. and said that work is already happening at Tower Hamlets around the management of long term conditions. He noted that in the reporting templates it needs to include a patient component around patient controlling their own health and getting people involved in the decision making process. Further works needs to happen around marketing to get people engaged in the lifestyle changes, but we also need to look at the systems and change messages and contemplate the use of the commercial sector.</p> <p>TW reported that he had met with the virtue care team N3 customer relations manager and said that the whole philosophy is around customer relations. He discussed the whole systems segmentation and the different groups that needed to be targeted and the next steps from November 15 to March 16 onwards and to use CCG non-recurrent funding to begin testing the various options. FF said that the design of the campaign is the key enabler for this work and commented on the fluidity of the app market. He suggested developing a specification to include our requirements, test the market and consider developing our own app. It was noted that WLCCG has adopted a different approach to whole systems, focusing on the 65 plus age group and have done risk stratification of this group but are using other solutions for the other population. It was suggested that H&F could go into partnership and do on a shared gain basis but the biggest risk is around the procurement rules and process. We need to develop a standard platform to load everything onto my health record and require interoperability and an N3 platform that uses standard messaging. FF commented that security licences with secure links are already in place to give out to patients.</p>	

	<p>TW noted that the CCG chairs are keen on technical innovation and suggested piloting a number of solutions with the networks with defined criteria and do the pilots while we work up the paperwork for the procurements. FF suggested that we look at the learning from PKB prior to going ahead with the pilots and look at the funding sources and the availability of grants to fund this work. We need to have a formal process in place that forms part of our IT strategy for Q4 2015/16 and Q1 for 2016/17 and to look at the requirements and what outputs we want to achieve.</p> <p>The committee noted the Patients Self-Management update.</p>	
7.	Any Other Business	
7.1	<p><u>Discharge Summaries</u></p> <p>FF noted that the discharge summaries arrive in SystemOne in PDF format. It does not let the system process it which is an issue. We need a solution that allows you to process the discharge summary and have it arrive as an attachment. As a short-term solution you need to switch off OCR to allow scanning. LS asked what the timeframe is to address this issue. FF responded that he continues to chase a long-term solution with TPP and either accept what we are given or use an email which excludes the PDF to OCR and the process. It was suggested that a formal letter is issued to TPP to say the current arrangements are not complaint or fit for purpose and send comms out to practices as this is a clinical risk. It was noted that the next contract review meeting with TPP is scheduled for the second week in January 2016 and if TPP do not come up with solution to consider using docman. FF said that docman is not a clinical based solution and the only level of access would be at practice level.</p> <p>Actions:</p> <ul style="list-style-type: none"> • To write formally to TPP to raise the CCGs concerns around the current arrangements for discharge summaries on SystemOne • To send comms out to practices with regard to the CCGs concerns around discharge summaries on systemOne and let them know how the CCG is addressing these concerns with TPP 	<p>FF</p> <p>CC</p>
7.2	<p><u>SNUG Forum</u></p> <p>TW informed the committee that it gained a further 100 users this week. The GPSOC has asked what progress has been made to achieve paperless from acute to primary care and around the use of PDF.</p>	
7.3	<p><u>Flu Reports</u></p> <p>CD informed the committee that her team were informed by TPP that the flu reports are unpublished as they are not correct, are showing error messages e.g. patients already immunised are shown as not having the flu jab but TPP have not come back with a solution to this problem. She said that her team have worked on the development of the flu templates and local searches over the past 2 months but do not have the capacity to support the process for next year. In regards to the dedicated walk in flu clinics they are a clinical risk as the only way that a GP could determine whether someone was eligible for the flu jab was to look at their medical record. CD informed the committee that comms went out to practices on Monday to make them aware of the situation. FF agreed to speak to Jonathan Webster and make him aware of the committee's concerns.</p> <p>Action:</p> <ul style="list-style-type: none"> • To speak to Jonathan Webster concerning the committee's concerns with regards to the unpublished flu reports and error messages 	<p>FF/CD</p>
<p>The next meeting is scheduled for Wednesday 20th January, 1.00—3.00 pm, Room 5.4, 15 MBR</p>		