NHS
East Berkshire
Clinical Commissioning Group

Minutes of East Berkshire CCG IM&T Steering Group

Friday 19th October 2018
14.30 – 17.30 pm
Meeting Room 2, King Edward VII Hospital, Windsor

Chair – Dr Wishav Goel

Present	Initials	Job Title & Organisation
Dr Wishav Goel	WG	Clinical Lead (EB CCG – Rep BA Locality) – Chair
Anshu Varma	AV	Head of Corporate Affairs (EB CCG)
Simon Hodge	SH	IT Business Relationship Manager (NHS SCW)
Roy Allerton	RA	Programme Manager (NHS SCW)
John Macdonald	JM	John Macdonald Programme Director (NHS SCW)
Alan Mackay	AM	Practice Manager (EB CCG WAM Locality)
Kieron Martin	KM	Principal Relationship Manager, Thames Valley, Hampshire, IOW, Wiltshire and Gloucestershire at NHS Digital
Jonathan Pettit	JP	Head of Financial Management and Reporting (EB CCGs)
Jennie Ford (on phone)	JF	Practice Manager (EB CCG – BA Locality)
Shirley Jones	SJ	Project Support (NHS SCW)
Zeshaan Mudassar	ZM	Management Trainee (NHS SCW)
Apologies		
Catherine Mullins	CM	Snr Project Manager (NHS SCW)
Angela Anderson-Lambert	AAL	Referral Management Manager (Planned Care)
Adrian Hayter	AH	WAM GP (EB CCG – WAM Locality)
Lindsay Blamires	LB	GP Information Governance Manager
Mark Sellman	MS	WAM GP (EB CCG – WAM Locality)
Alex Tilley	AT	Associate Director for Primary Care (EB CCG)
Saran Sagetta	SS	Associated Director of Planned Care

Item No	Item	Action
1	**STANDARD ITEMS**	
1.1	**Welcome and Apologies**	
	• The Chair (WG) opened the meeting and welcomed those present, apologies were noted • TOR – The Group acknowledged that the meeting is not quorate – there is no representative from Slough and therefore any decisions made will need to be circulated to Jim to be agreed • AV proposed a change to the TOR – the TOR currently states that a rep is needed from each locality. This should be changed to state that at least 2 of the 3 reps from the localities will need to be in attendance for any decisions to be made otherwise all decisions will be invalid. AV will take this to the PCC. • The Practice Manager position has been advertised in Slough and an email has been sent from the Medical Director - it is however still a work in progress.	
1.2	**Conflicts of Interest/Declarations of interest**	
	• There is a conflict of interest in room as the procurement of GPIT for East Berkshire (EB) was discussed • A decision was made for the procurement of GPIT without the influence of SCWCSU attendees who left the room during this section	
1.3	**Notice of Any Other Business**	
	• JM – Invoicing discussion	JM
1.4	**Minutes of the Last Meeting held**	
	• No comments on minutes of last meeting held – all are happy to proceed	

1.5	**Action Log**	
	All actions are on the Agenda for discussion	
2	**FOR DISCUSSION**	
2.1	**NHS Digital Update (KM)**	
	KM is the representative from NHS Digital for Thames Valley, Hampshire, IOW, Wiltshire and Gloucestershire and gave an update on NHSD projects. KM offered to return if any more info is required. • EPS system is almost rolled out in 93% of practices across East Berkshire. There are still 6 practices that haven't set up the system, and support is available from NHSD if required to try to increase usage • Control drugs functionality is being tested in SE London and Manchester The aim is to roll this out by the end of this year • Phase 4 deals with electronic access to prescriptions for patients. Patients currently gets a token but in future a barcode or some other method can be provided to access prescription items. Trials and testing currently happening. (slides are available from KM if required) • NHSD are also looking at Dispensing Doctor solutions and approval has been given to roll out • Good progress made on electronic referrals. Next steps involves moving mental health and community to electronic referrals from paper referrals • GP Connect sharing records programme has had some success in Leeds, and the same programme is taking place in Cornwall. Newbury to roll this out to share records between the 3 systems. Structured view of records is being worked on which can be loaded onto the EMIS system. The first stage will be tested in Newbury in November • Write-back functionality is being worked on. The date is to be confirmed and will be tested in early 2019 • NHS app has gone live in the first practice in Liverpool – can view GP records, order prescriptions. The aim is to get Release 1 out by Christmas, as promised by the Secretary of State. The second stage will link with national programme. • NHS identity programme is in progress. Staff use a smart card which makes it secure, security levels are being split out as not everything involves patient data, and new ways of authenticating are being added such as biometrics on mobile phones. Suppliers are developing this and more details to follow in future • KM confirmed Citizen ID is part of the NHS App and migration in process in progress, although it has changed its name. • AM and JF outlined that patient access is complicated and wondered why we could not use one solution as too many apps could confuse patients. KM informed the meeting that the aim is that everyone will use the NHS app rather than the four supplier apps currently in use. The NHS app will replace all others in the future. KM to find out if there will be a web page and phone access to the app. KM to find out • WG has suggested it would be helpful to be able to text and email patients. Also the sign up process needs to be easy for the app as with the ID checks etc., the process can take a very long and could result in the patients coming into the Surgery – whicch is what they are trying to avoid in the first place. KM explained there will be an online process of applying. It can also be used as a federated log in for sign up to other things and first impressions are that the process should not be cumbersome – KM has a video of the sign up process if anyone wishes to view it • KM advised the GP Connect Phase 1 is available now for general viewing on EMIS. EMIS viewer and TPP viewer is being tested in East Berks. Information sharing on EMIS needs to be further discussed. KM has screen shots for anyone interested. • GP SOC contract was discussed and whether KM could influence EMIS to share APIs so it works better for patient care – KM advised NHSD can have influence inside this contract but not outside • eConsult engagement was discussed by AM - the system does not integrate at all with current systems and makes it difficult to deal with EMIS. Another supplier had better integration where	KM

	messages can feed straight into EMIS. KM says it can be done and we should be pushing it with EMIS. • Discussion held on GP Futures – and how this was constrained to a procurement framework. KM to look into procurement framework for RA **ACTION**	RA/KM
2.2	**EB CCG Items**	
	Finance Update (JP) Handouts were given of the Berkshire East GPIT Spend 2018/19 as well as CSU Transformational projects budget breakdown • Forecast in general – there is no change in position • HSCN lines cost pressure has been highlighted – JP looking into this further • There are some lines that go into the EB out of hours (OOH) building – more investigation is required by JP on whether this needs to be cross charged. Richard liaising with Alex on this (2 lines in total) • £20k shortfall - this is an estimate but could be slightly more. JP to provide further detail • GP transformational project – Discussion on invoices, the need to know where they are and who to go to and find them? GPIT is the source, RA and SH to look into this • £312k has been unallocated but not prioritised. 650K available on capital projects – JP needs to look into this ACTION • £312k recurring (can be spent on current projects) – there is a need to reassess project brief as capital funds are available. If this is not spent, it will not roll on the next financial year • The group is to bring forward delayed projects to the Agenda for next month – as these projects can now be considered. RA also suggested strategic planning around capital expenditure for the GPIT capital budget is added to the Agenda – there is an opportunity to take a look at assets coming out of warranty and what needs replacing. Migration to a 4G environment is a good idea. Can look into laptops for GPs, etc. RA & AV to consider projects not taken forward and have a 2 – 5 year plan. AV to add this to the Agenda for next month **Budget update for SCW inflight projects (JM)** • There are 12 projects listed and discussed - online consultation agreed the projects would be done in-house and is no longer part of SCW budget. JM has raised a variation note which needs to be signed off. The list shows the resource profile and budget. By next month SOWs for each project to be provided - specifying what each project will deliver – also assumptions, price, risk and clarity of expectations from each other. There is £24k under budget so this can be utilised on priority projects – JP has been asked to further look into this. There is £50k allocated for the full year for VDI –nothing has been spent at the moment as the specification was not given so probably another £24k is available in the VDI budget. **GP Procurement and report to PCC (AV)** • The Group recognised there is a conflict of interest in this meeting room as there are CSU staff present. SCWCSU work with procurement of GPIT for East Berks and a decision was being made by East Berks on procurement of GPIT. This has been noted in the conflict of interest section of the minutes. As a result, RA, JM and SH were asked by the Group to leave the room during this section of the meeting which they did. As the meeting is not quorate, this will need to go to Jim – AV to Action. For the procurement of GPIT, Adrian, Alex and Debbie supported the proposed options put forward. Option 4 and 5 are being considered **<u>Option 4</u>** This detailed the decision to join Hants & IOW procurement. Take option of second lot and therefore can align with NE Hants & Farnham	JP RA/SH JP All RA/AV RA AV

	• The opportunity with East Berks included local engagement; stakeholders can exit if specification not met. Ryan would be management lead, and clinical lead would be decided upon. Thoughts as to whether these two positions would engage were discussed • Ensure there is a rationale and specification is updated etc., so it is clear what the stakeholders needs. Current procurement is with our CSU • Option 4 involves less investment, potential for better economies of scale, follows the STP Road map and better collaboration across boundaries **<u>Option 5</u>** AV gave more details on Alex's position. • She recommended GPIT to go with procurement in single lot. Furthermore it was possible to align to the GPIT specification • Join Hants & IOW procurement under a separate lot. Less investment is required, less time and resources required, better economies of scale and aligns to STP roadmap, allows for local decision making, allows for concerns with SCWCSU around loss of business • AV to clarify with Ryan that he is referring to Option 5 as Option 5 allows for local decision making which Option 4 doesn't. • Agreement made which will result in loss of business with SCWCSU and could be of concern. Decision was made without being influenced as CSU had left the room so AV confirmed this decision can be captured in the minutes **Prioritisation Matrix (AV/RA)** Prioritisation matrix allows us to maximise the impact with the budget available • Connected Care matrix was used. Some changes had to be made so it was fit for purpose otherwise the criteria worked well • Docman 10 scored 3 and came out on top. Summary Care Record was second (2.7). Triage system with DXS (1.8). VDI pilot (1.4) still considered high. Steering Group being asked to support us using these criteria to assess which projects will be taken forward and bring it back to the meeting next month. A confirmed SOW and project summary will be provided. **NHS Mail and Secure Messages (JF/AM)** • JF explained that it is useful and quick when people for example call in sick and appointments need to be cancelled. You can contact patients by text and they can call to re-book. A concern was raised whether the right mobiles numbers are given by the patient and also about the verification process. It was confirmed that patients' contact details can only be obtained by the patient. • SH noted that the system appears to be compliant and meets GDPR and NHS regulation • It was discussed that patients are reliant on these texts and are demanding these messages but due to a limit in the amount of people we can text, this causes concerns. Patients are not aware of the cost implications • Basic element will be free, but as enhancements are added, they are charged for. GPs become reliant on the system. SH to look into whether the CCG could investigate how much money will be given to the whole East Berks CCG • WG gave some feedback to the Group having used it - the verification process is important, key is to ensure phone numbers are correct and updated regularly. WG feels a requirements list – like a crib sheet – is available giving good practice for collating information required. Text messages are more professional, and more characters available, signed off too, 400 – 500 characters – must be in future paper **MiQuest Data Extraction (WG)** • This is on the back of health intelligence. MiQuest is being decommissioned by end of this year. • MiQuest give data - CH surveillance, eye screening, diabetes etc., for a list of patients. Health Intelligence want to copy data every night for each Practice, put it in a different location onto secondary database, interrogate this and send out their own information. This has raised concerns due to the IG implications and patients' data being sold to third parties. AM suggested solution	AV SH

	should be something like EMIS Enterprise. Connected Care also suggested. Current system feels uncomfortable and needs to be looked into further. • No GPs have signed yet on the MiQuest Data Extraction software – WG wants to put a block on this arrangement • JP explained they signed up a while ago, and when MiQuest taken down, a new agreement was asked to be signed – it was made to sound compulsory • Health Intelligence was commissioned by NHS England. KM will speak to his equivalent in NHSE and report back. WG only wants data that is necessary coming out rather than the whole thing. **(ACTION)** **IT Policies (AV)** These CSU policies went to the Quality Committee, were approved and have been socialised with the staff here. Most of them have been updated to meeting GDPR guidance and good practice. • Acceptable Use • Access Control • Anti-virus Policy • Asset Management • Change control • Clear Screen & Desk • Information Security • IT Disposal Policy • IT Services Continuity Management • Network Security • Password Policy • Patch Management **Risk Register (AV)** Risk register was discussed and 3 open risks were identified – noted as good achievement as there were 19 originally. Three have been closed in the last month as follows: **1. Invoice validation IMT 5** – mental health scheme has a new process in place so patient identifiable information is not being received but AV has requested an audit to confirm that is the case **2. IMT 13 - Compliance to information governance toolkit for RBH -** 98.4% achieved surpassing the required rate of 95% and therefore closed **3. IMT18** – IPlato action complete – communication had not been sent, there was no process to monitor the messages used. All actions completed and the risk has been closed Three risks are to remain open: **1. IMT 15 Cyber Security** -actions done, but risk cannot be eliminated **2. IMT 17** – Guidance requested from this group – this was raised as there was an issue with the ECHO cardiograph. As the original risk was for something different, it was agreed to close this and open a new risk. AV to give permission rights to RA to make changes to risk register **3. IMT 19** is an open risk as iPAD users can access restricted sites. AV working with Arif to see how they can be made safe – he has a solution and AV is waiting on this. iPADS are only given to senior managers, and also AV's Admin team as they load information on to Diligent Other Risks to be added **1. Docman 10** – risks include important documents not showing up – letters not always showing on EMIS. The lack of information can be a potential clinical risk. Sam Furneaux is the project manager for Docman. The technical issues with Docman have been affecting some Practices, and other Practices may not know they have the problem in the first place. Escalate to senior manager and identify how many Practices are affected. WG is unsure that correct processes are being followed therefore training needed to be discussed on the next update (WG with RA) **2. Windows 10 Check In screens** were discussed – should be on risk register. AV to add	KM AV RA/AV AV WG/RA AV

2.3	SCW Digital Transformation (DT)	
	HSCN Update (RA) • Task & Finish Group – recommendations on HSC and configuration work accepted. BT call affordance submitted on October 10 deadline. Discussions currently underway on whether primary project management responsibility for HSCN should transition back to CCG with Ryan to look after this process – formal agreement awaited that this is the way forward. JM explained that Ryan has resigned will work for East Berks, West Berks and IOW. Part of the discussions when he left was that he would take responsibility for HSCN and Patient WiFi, but to have a clear audit trail this group needs to have clarification. AV to clarify on Ryan and what work he will taking with him • The next HSCN tranche will be managing the deployment roll out - to ensure there is a priority based schedule for the programme when discussing the deployment with BT, for example prioritise sites like Langley. It was questioned on why Slough practices cannot access DXS and then explained it was due to the limited bandwidth therefore we need to prioritise those as a HSCN deployment and we can evaluate the impact • N3 internet speed issue was raised - still poor performance. BT not relaying right info – they say it is fixed but it is not **Docman 10 Update (RA)** • Docman 10 deployment in progress. Around 23% of Practices in East Berkshire have employed this system. 70% have their migration date booked before Christmas, 5% still currently agreeing a date, 45% left needing a confirmed date • Sam Furneaux will engage with Practice Managers and is still negotiating to ensure this is rolled out as soon as possible • SCW follow up training within the SLA - SCW training team are also offering follow up support and adhoc training. It was asked when Docman will be unsupported – but no date has been discussed for this • SH discussed that there were requests from Practices for additional screens. There is a need for a steer for a second screen. It was confirmed that this was already sorted. However smaller ones do not work as they need to be 21 inch – 22 inch (unproductive screen if smaller) • Docman 10 is much more efficient when multi screens are used as it is easier – i.e. comparing different pages of information. It is good to have them side by side and makes the workers more productive. It was discussed that the capital budget would be utilised. SH to bring this action up in next month's meeting as well as cost. The expenditure should not be extravagant, but must meet technological advancement and need and be fit for purpose otherwise they will just need to be replaced again in the near future • Main problem is one cannot search all of documents scanned in from paper in batch as they do not appear in the clinical system until they are physically filed in Docman. Larger practices will have hundreds and maybe thousands of these documents. This is basic functionality and is necessary. NHSE has to sort out quickly as it risks clinical safety • Documents need to be easily available. A search function is required to enable access to key information. For example you cannot search for A&E discharges. Key info can easily be missed if someone has to manually search through so many entries • KM to raise concerns to Docman for searchable function. As CCGs have these contracts they should have the capacity to look into these. Letter needs to be sent to get a understanding why the Docman issues are affecting clinical safety • Functional requirements, filing and training issues can be raised too. The concerns can be raised and sent all in one letter. AV to draft a letter for Docman highlighting functional requirements and send KM what has been raised. RA has asked for training quality issues to be included in letter **Patient Wi – Fi (RA)** • Technical design with SCW, Networks Services & Virgin confirmed. Transitioning to Virgin Media who needed to add WAG router for every practice. Virgin media raised costs for additional hardware of £15k which was pushed back by the CSU as this was within the original specification and was Virgin's oversight on the tender. Virgin is therefore absorbing these costs for the additional hardware.	AV SF SH RA/JM AV

	• Virgin media is also carrying out ADL installation at pilot sites. West Berks is being done on Monday • Network services can roll out patient WiFi systems/proof of concept. Clarification is needed on whether the CCG or the CSU will own this project going forward – whoever takes on the project will need to be consistent with its delivery. RA suggested having this discussion with Mark Sellman and to ensure a Patient communication and engagement exercise was considered and brought to attention to ensure it has gone live and how to drive utilisation. • Patients need details log- on screen when they sign up for WiFi. Within this they can provide their reason for attending and therefore the flow of consultations can be improved. Already communicating with the patient before they have enrolled **VDI Project (RA)** • There is a budget for a pilot project. Next generation GPIT was discussed including data centre hosting and many other benefits including capital cost reduction, improved cybersecurity and less reliability on certain pieces of equipment. NHSE agreed to provide investment on VDI equipment • The initial cost is considerable. When working at scale a reasonably affordable pilot can be produced with a good potential to scale even further. The costs are £400k and NHSE has been very supportive • We can support this project with the budget we have. Theoretically, it is a ring fenced depreciation asset (need to spend on hardware) • Delays within the project and due to procurement regulations not being met, the procurement exercise did not take place before the books were closed by NHSE. One of the reasons we could not finalise was Procurement identified that in order to be compliant the contract had to go out to tender for the full contract value. The cost which was scaleable was £420k for 7 pilot practices, but the full contract value over 5 years for 100+ sites was £3.5m and to comply with Procurement law, the full contract value had to go out to tender even though the intention was to spend £420k. There were also delays as there was only one bidder on the tender and Procurement needed to do a market engagement exercise to bring in multiple bidders adding 3 months to the process. • The Group confirmed that they would still like to implement this – the bid submitted has expired as is outside 90 day guarantee, so to resolve this there are some key actions which are required: re–engagement from East Berks and Berks West to see if this work aligns with visions and priorities and whether we should still pursue, and is the funding still available. In order to proceed, as the first option is no longer available, another mechanism is needed to use money to the best effect • Scope of ambition and requirements and revised instructions needed from East Berks (AV and WG). Can a smaller scale exercise pilot be undertaken over a shorter time frame investigating migrating one or two Practices to a virtual environment instead and compare someone who has the VDI system and one who doesn't and get their feedback • It was asked what would happen with the Practice if the pilot did not work. RA explained there needs to be a critical failure mode to revert back in that case. Trying a smaller Practice, or small number of clinicians may be better idea, rather than a big pilot • RA also explained that SCW has existing data centre infrastructure which would not require any capital investment and they are now interested in the bid for same work in addition to BLOC for the small pilot project. They already deployed VDI in a data centre; there is an opportunity there for East Berks. WG suggested a small group look into this –VDI and the future of how we see the strategy across the practices, federation, mobile working, etc. **ACTION** • A question was raised on whether VDI is necessary and what it can do for our projects? RA advised the services are relatively new and are robust. Extended warranty will be required next year. The Business case is required as part of the funding request and benefits need to be justified. VDI will also alleviate data transmission (especially between EMIS and DXS where patient records are transmitted). This is happening on a data centre level. We should not be reliant on their infrastructure (only as much as their connectivity allows) • From a clinician's point of view RA discussed the struggle with GPs with reliable remote working technology. There is technology available whereby a GP can go out with an iPAD which is not	WG

	reliant on VPN connection or remote connectivity software chargeable by clinical system providers. They can get their desktop on an iPad - every clinician can access their work on any device any place or any time (vision to move to laptop infrastructure). All important information and documents etc., can be assessed • We have the budget – but can this be accrued into the next year. This may be fine as this has been invoiced – **ACTION** (need a group to look at advantages, actions required – need clinician (WG and Adrian), Practice manager – AM, JP, and also RA / CSU, to map out benefits etc. and further actions for this project). The scope of ambition needs to be clarified too. Discussions need to be had with West Berks as well. RA to take action. **Other Project Update (RA)** • Langley DXS – HSCN strategy was discussed and its impact. Andrew, Ryan etc. have done some technical surveys. DXS was found to be an infrastructure problem. It was found to be badly out of date • Question was asked how it can that be improved. Suggested that speed test can be made on the network as well as a technical specification, and assessment of users. • Demand assessed of the data. It was found there was variability in demand seen. If the network pipe is shared with everyone in the neighbourhood – bandwidth is reduced on the Langley Practice – especially when demand is high in evening time • Overall for the Langley Practice there is high demand but the capacity is moderate and therefore resulting in slow DSS performance. Through this process EMIS and DSS is transferring patient records. We have investigated the infrastructure several times but this specific pipe is a problem. We are fairly confident problem can be sorted in 3 – 4 months **Project Finances Monthly Report** • Last week project work almost signed off – but the steering group need to decide the Statement of Work before fully signing off	RA
2.4	**SCW IT Services (ITS)**	
	Iplato Future Procurement (SH) • Coming end June / beginning July. SH advised that SOW has been drafted and sent to AV for sign off. AV advised the Group that SOWs needs to come to the Group for sign off not sent to her. The requirements are outlined – project to re-procure SMS services (currently using IPLATO across East Berkshire) – existing date of expiry to be corrected in the SOW and confirmed • Seeking 3 – 5 year contract, will evaluate criteria. Source solutions from suppliers in line with NHS Procurement policy. Review of service will then produce a high level options appraisal which will outline supplier / SCW costs for implementation of proposed service, supplier annual costs with continued operation as a managed service. Estimated this will take 6 weeks to complete and implementation of chosen service will be subject to a separate SOW. Justice Wiredu will be contact for project • Engagement with service supplier due week commencing 5 November. List of projects has been given. Options appraisal will be produced week commencing 26th November • Assumptions & dependencies – deployment in 52 GP surgeries & surgeries need arrangements to work with SCW. Estimation of timescales is dependent on SOW approval within 3 days of issue. Price to do this work is £2959 - the next step is to accept this in writing. The Group need to work together to ensure this is confirmed • AM are concerned that if they re-procure, IPLATO may not bid and therefore they will have to change – can a federation choose their own system? Scaling gives savings if everyone goes by the same system. Having to change too often is challenging however all extensions have been exhausted • Total contract value (130k) – AV will confirm with Debbie • WG asked should we be changing every few years. KM says solution was suggested to have a longer contract – but there would be a need to justify why • Need to come to conclusion for which supplier used (make it part of the scoring criteria). One of the criteria is to assess whether this is good for the patient - they are the main goal. Even if you	SH AV

	get one bidder, it is required to go out for multiple ones to adhere to procurement law even if you are certain with the one you will go with • AV confirmed to SH they are very open to working with Berks West to get an integrated solution. An option paper should be completed before going out to re-procure. Requirement specification needs to be assessed. Practices should be asked for further feedback – this is really critical to determine how to assess the suppliers • The Group agreed that AV could sign off the SOW **Window Licenses (SH)** • Windows 10 licenses have been allocated. The allocation took place before the closing date and therefore it was an issue for every SCW customer. Request has been made to NHSE for the second tranche which is due to be released November / December. NHSD have advised that if organisations do not start to deploy their allocated Windows 10 licences then they will be taken back. After 6 months (technical reasons) Windows 10 revokes licenses for security reasons • SH reminded the group of the need to develop the Windows 10 upgrade as Windows 7 going out of support in 2020. Upgrade to Enterprise has minimal impact **Remote working Laptops (SH)** • Digital Transformation has handed this project to IT Services. The remote working laptops are to be delivered at the end of next week and work is in hand to get these built. The SIM cards have been signed off. Aiming to deploy late November or early December into Practices • WG advised that we must aim for mid-November as they are really needed as communications was given in newsletter for GPs • Discussion followed on the SIM cards - each card is on a 2 year contract then a rolling 30 day notice period. If the 5GB data allowance is exceeded, excess charges are made at £5.00 per 250MB. There is another tariff available for a larger user if required, 10GB at £25.00+VAT per month. The data allowance resets on the first day of each calendar month. The data allowance cannot currently be capped therefore additional charges would be applicable if users were exceeding the 5GB allowance • AV advises that when this project was agreed there was no ongoing cost added, but with the SIM card there is now an ongoing cost noted and a decision is needed on whether the cost falls with the CCG or the Practice. Due to the variability of the cost everyone is undecided on who this cost should fall to. RA advises that if the contract allowance is adhered to, the cost is £120 p.a. x 50. AM says to avoid building in inequalities across deliverable services to patients, then the CCG should fund it. There is a desire for the practices to use it, the laptops are being deployed it should be funded by the CCG for the first year, and usage is monitored. CCG felt the Practices should fund the cost • The Group is conflicted on who should meet this cost so AV wants to refer this to the Primary Care Commission to make a decision. JP asked to note that this is an ongoing cost to come out of the budget • There were also discussions on restricting certain websites • There are some laptops in Practices which have not been utilised. Need to consider whether SIM cards can be used with these? Needs to be investigated **Check in screens/unsupported systems** • Check in screens is still outstanding – a date will go in the diary for SH to go through this with AM. It is not just check in screens, it is anything on XP	AV AV SH SH/AM
3	**Any other business**	
	1. **SH - A Locality Supervisor** role has been recruited – Noreen Ahmed starts on 29th October and will attend future meetings and pick up some of the things in Primary Care that SH has been picking up **2. Invoicing (JM)** • Invoicing was discussed (£145k of debt with East Berks). JM asked if there were any problems with the invoicing so he can do something about this, or is it a problem with the process of sending these invoices. JP advised it is a problem with the process and reconciling. It was	

	explained that invoices are reconciled monthly. AV explained that the invoices do not give information regarding the projects being invoiced. Only gives the terms "via CSU" • JM agrees it is difficult; SCW can help out to ensure the process is easier to complete. Invoicing and reporting is tied together • JM and JP to work together how to move these through the process and Tom Churnside also needs to be involved. • 50% of the debt is over 90 days and then it becomes a bad debt • AV asked for the invoice to have the project information – which project it relates to and what it relates to. AV will only sign the invoice if it is known what is it for 3. AV -- Alex has identified a **Conference on Primary Care Digital Transformation** – and details have been sent to everyone. Anyone interested can attend and there are dates available between 20th November to 1st December. The London event will be on the 22nd November 4. AM – Discussed which Practice Managers went to the **Wavelength Transformation Leadership Programme** led by the ICS – AV will find out as it would be good for the group to hear what was discussed in this meeting	JM/JP AV

Next Meeting:
Date and Time - Friday 16 November 2018 15.00 – 17.30
Location – Meeting Room 2, KE VII Hospital, Windsor