NHS
East Berkshire
Clinical Commissioning Group

Minutes of East Berkshire CCG IM&T Steering Group

Friday 16th November 2018
15:00 – 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	Associate Director for Digital Transformation (NHS SCW)
Alex Tilley	AT	Associate Director for Primary Care (EB CCG)
Alan Mackay	AM	Practice Manager (EB CCG WAM Locality)
Jonathan Pettit	JP	Head of Financial Management and Reporting (EB CCGs)
Jennie Ford	JF	Practice Manager (EB CCG – BA Locality)
Adrian Hayter	AH	WAM GP (EB CCG – WAM Locality)
Clifannalee Miller	CMi	Project Support Officer (NHS SCW)
Debbie Penrose	DP	Practice Manager (EB CCG – Slough Locality)
Ryan Edridge	RE	EDGEITBS (EB CCG)
Judith McCarthy	JM	Regional IG Lead (NHS SCW)
Mark Sellman	MS	WAM GP (EB CCG – WAM Locality)
Noreen Ahmed	NA	GP IT Locality Supervisor (NHS SCW)
Zeshaan Mudassar	ZM	Management Trainee (NHS SCW)
Catherine Mullins	CM	Snr Project Manager (NHS SCW)
Apologies		
Angela Anderson-Lambert	AAL	Referral Management Manager (Planned Care)
Lindsay Blamires	LB	GP Information Governance Manager
Sangeeta Saran	SS	Associated Director of Planned Care

Item No	Item	Action
1	**STANDARD ITEMS**	
1.1	**Welcome and Apologies**	
	The chair welcomed everyone and introductions were made. Apologies were all noted	
1.2	**Conflicts of Interest/Declarations of interest**	
	Conflict of interest was noted for GPIT procurement with SCW being the room and working GPs of the Steering Group	
1.3	**Notice of Any Other Business**	
	Topics that were put forward for AOB were optimisation proposals and GP members part of the website. It was requested that a password should not be needed to log into the members website. Suggested that this was fed back to EB Comms by who raised it.	

1.4	**Minutes of the Last Meeting held**	
	Some errors were raised from the last meeting minutes. The list included: • On page 4 misplacement of the point in regards to the NHS secure messages – should have been in messaging section rather than the NHS mail section • On page 4 MiQuest was not only an issue raised by WG but the whole group • The point in regards to increasing the data limit to the mailbox amount was not clear and the action which was given to SH. It was about the issue raised by practice managers of being over the limit for the emails and that they required an increase – this was discussed later in this meeting. • Within the GPIT procurement section. Option 5 should follow lot 2 • JP to send some edits of the minutes • Error in use of acronyms DSS/DSX on page 8 **AFTERNOTE**: This will be updated in the minutes of the previous meeting	JP
1.5	**Action Log**	
	AV discussed that actions not closed should be left open for the next meeting. For those that have closed they can be taken out. Action 137.10 has been closed**.** CCG has been picking initial cost for SIM cards within the laptop. There is a limit of 5GB of data use by a user. If you use 5GB and over, the practice is liable for the charges. SH explained that one cannot be told that they have reached or gone above their allowance. The feature doesn't work on laptop as Vodafone cannot do it. Therefore invoice will be sent and this will inform practices if they went over 5GB and could potentially be the first they become aware of it. The action remains open. It was recommended to prepare a best use guide which can make users aware of the restricted limit and to connect to WiFi when one can do so and to use the network as a last resort. AM suggested that some practices can be given more than 5GB and some practices can be given less than 5GB from assessing their demand. SH said this redistribution was not possible. Practices have been sent documents to inform them of the tariffs amount. NHSE is tied in with Vodafone and all SIM cards have been already purchased. Restrictions should be put on websites; the work carried out should be NHS work only. SH to look into a mechanism which can allow controlled access to data heavy websites. NA will assess bills to see which practices use the most data. The reprocurement of IPLATO was discussed. It was detailed that there was no need to go through 6 month procurement process, and a 6 week process can be carried out due to the small amount of suppliers to the market. AV needs paper in regards to this for the next meeting from SH. The national M3 problem with EMIS was discussed and whether there was a solution for this due to the problems it was resulting in for normal work. SH has said it is a national issue and contact is being made with BT. WV suggested what lessons can one learn from this experience. SH to ensure another notification email is sent regards to	SH NA SH SH

	the problem happening nationwide to practices. The email was sent to all practices nation-wide. Action 1.93 an be closed – Jim came back to support option 5 Risk register to be included in the agenda for December	 CM
2	**FOR DISCUSSION**	
2.1	**EB CCG Items**	
	Finance update See paper for further details of the finance update. £300k of uncommitted budget is available which can be committed to projects. The GPIT project from CSU was discussed with an adverse 72k. Pre-payment brings costs back in line. Transformational budget line was 27K adverse. Some funds not allocated. For example LDR work streams, primary care strategy etc PCC must be aware if funding goes to certain projects. HSCN charges showing a bit of pressure, associated cost with OOH belongs to providers not GPIT team. AT to discuss with Rachel Wakefield offline. Allocated budget for federated workstreams releasing 31k which can go into uncommitted pot. SH needed clarification if procurement is GPIT only and not corporate. AV to confirm **GPIT Capital Budget and Expenditure Strategic Planning** Getting ready for next round of GPIT expenditure. Strategic sub group is required for the GPIT project which includes finance, IT support, and engagement with practices and to assess the vision of VDI and strategic potential and direction. It is required to make spending plans and review the budget and set deadlines. AV, AM, WV, DP, AT to be involved in this group. This will be aligned with the strategic plans for primary care and IM&T delivery. Need to have a workshop and capture possible thoughts and feedback, especially as timescales may be tight. Mentioned about the Primary Care Network being involved, they may have some key suggestions. Forward planning is required. Approach to the project needs to be carefully considered. GPIT capital budgets have parameters. RA to send invitation and work on parameters. **Planned Care Update DXS** AV presenting this update on behalf of Angela. Addition funding has been requested. Improve triage facility for referral management. Pilot focused on certain practices and disciplines. One off payment, £3132 (including VAT). Queries about when this is going live and if there is a success or evaluation criteria is and when this will be completed. A proof of concept commenced in June for three months and the next phase of the project will be to roll out access to some practices in East Berkshire. The funding was approved and will be communicated to AAL.	 AT AV RA

	Projects and Prioritisation The task and finish group divided the 27 projects into the following categories: National and as these are mandated and must be done therefore do not require to have the prioritisation tool applied to it. Business as usual – these were not prioritised as the projects had completed and was in place. Such as Digital transformation, project management, LDR project coming to completion and will be closed. Primary Care GP support and clinical system migration - were classed as business as usual as the output of this work is necessary and considered business critical to do. Therefore were not prioritised. EB ICS – is a strategy work and is key to be done. Whole system intelligence – was closed as it is part of the ICT work streams The following projects were prioritised: • Summary Care Record • GP IT programme management • CCG Docman 10 development • DXS Best Triage system The recommendation from the task and finish group : • The prioritisation tool to be applied to all projects which are not national must do. • The ratio of impact assessment/effort assessment is used to prioritise the final list. • Existing projects which are business as usual do not need the tool applied. • Each of the existing projects has a funding source assigned and the total amount of budget for each of the project. In addition it was agreed moving forward all new project ideas will need Project Outline Document (POD). Once they have prioritised than a detail statement of work will need to completed and require approval by the IMT steering group as part of the gateway process of approval. Reports to identify issues and problems will be submitted to the IMT Steering Group on a quarterly basis. Communication to be sent to leads need to be informed of this process. Need to add CCG projects onto dashboards. Action – RA to add the CCG projects on the dashboard. NA will identify trends. Another section can be put for ICS alignment – may not be successful. Just EB focused for the time being. AT to look into this. **GP Information Governance Update** Type 2 opts out option for doctors were discussed. GP practices made aware this won't be registered from NHSE. Doesn't affect connected care option. ACP template not compliant due to GDPR. It was noted that the Privacy Notices will need to be updated and there is a template that has been shared. WG to send to AV the ACP template and AV to liaise with Jonathan Sly on ACP template.	NA AT WG / AV

2.2	**SCW Digital Transformation**	
	Projects and Statements of Work for SCW DT, including pipeline projects Docman 10 statement of work created by the SCW project manager to show how the Statement of Works present. Customer is currently defining the requirements. SCW will explain how they will meet that requirement. Deliverables will be given. Section on time scale and costs is being made. Value of work to be proposed will be given. Assumptions will be given. Dependencies on third party suppliers and risks are being detailed. PMO, attendance of meetings, will be put into statement of work. POD idea was introduced and will be the procedure of bringing forward projects. **Project Updates including: VDI & Docman 10** Good update was given for Docman. In response to the current issues, PCTI will wave off costs. Deployment is going to schedule. Migration is slowing down due to flu season. Vision system integration is slow; the problem has been escalated and is awaiting a response. Functionality issues were put forward: the collection service and not being able to manually start it, some issues with post migration, slow Docman performance alerts. National EMIS slowdown has slowed down the testing. AM has discussed that the Docman system he cannot pull down email headers and attachments. Important files cannot be open. For example, if a patient photo has been sent, one cannot put it EMIS. No search ability to find a specific patient within a huge database – this is crucial when looking for discharge letters. Project manager for Docman 10 to get in touch with AM to discuss the issue, CM will arrange contact. Berkshire West hasn't confirmed interest for a joint venture for VDI yet. One can invoice NHSE from last year for VDI but the decision needs to be made within 3 or 4 weeks. Cannot get money back if we don't go forward with VDI. VDI is not the only solution – can use other cloud based technology. An options paper needs to be done and a meeting needs to be planned to decide on this. Action: RA to follow up on a joint meeting with Berkshire West DXS optimisation was discussed. It was requested to bring proposal for this project to the next board to tidy up the DXS sever. The problem arose in the first place due to uncontrolled installation. It was suggested whether the HSCN will help solve this problem. There was a concern of duplication. RA said there is issue with service availability with the current system, and there will be a lot of maintenance problems if we do not do the DXS optimisation. It was discussed that we need to find out who was negligence in the installation process RA to give a ball park cost and a POD for DXS optimisation	CM RA RA
2.3	**SCW IT Services**	
	IPLATO Future Procurement SH submitted a paper which gave an overview about IPLATO. More information can be found in the guidance document from SH.	

	IPLATO cannot send messages centrally therefore practices will need to support sending messages on behalf of the CCG and or PHE. This has additional work load implication for the practices and may require sufficient and appropriate notice period prior to implementation of the project. Depending on the work load for the practices administration fees may need to considered and factored in the cost of the project. It was suggested whether the messages from PHE can be planned in advance on a calendar. AV to try and find out if there is a national calendar of campaigns that could be located. It was also discussed whether it would be a good opportunity to choose which campaigns be most impactful for a certain local population. This can have extra appeal and incentive for practices to engage. Wellbeing prescribers could maybe take on the role of pushing forward campaigns would need to be checked for IG implications. SH to send final copy of papers AV **Windows Licenses** Next update in Dec (no further updates) from NHSE **Remote Working Laptops** WV laptop is being used to test this and trial the laptops. NA will be producing a deployment schedule. Laptops will be given and instructions and guidance as to the do's and don'ts. Deploy to take place before the end of this month before Christmas. Action: SH to produce a deployment schedule and guidance for practices on use of the laptop related to data usage. **Check in screens/Unsupported systems** Background of Windows XP was discussed and the risks with security licenses which are no longer released and unsupported. Windows 10 will be coming out and Windows 7 will be coming out of service. A small questionnaire has been sent to practices to know what Windows 7 devices they have. Need to submit in a weeks' time. Replacement screens functionality needs to be increased and not just replaced on like for like basis. Depending on the financial implication it will require a rollout programme. Advancements such as language translation could be beneficial and JF mentioned that the patients do notice and value these changes Action: AV would like a POD update from SH for the next meeting on the findings of the survey and next steps	AV SH SH SH
3	**Any other business**	
	Patient WiFi Virgin integration with our infrastructure is a problem. Call has been made and they said we need to change our infrastructure. One of their engineers is on site. Full network team of Virgin engineers will come to sort out the problem. PIA has been signed off. Waiting for costs by Virgin.	

	HSCN update First orders have been sent for our priority practices for example Langley who were having bandwidth issues. BT predicts they can survey sights in the first weeks of Dec. It is aimed to be sorted by the end of January for HSCN to come live. AV asked RE to summarise practices that will get super-fast tech.	RE
	GPIT procurement GPIT procurement options were discussed. There was a conflict of interest in the last meeting where a decision made independent of SCW. Finalising specifications, working group to set up meeting every Tuesday. Presentation being made for practice manager's locality meeting. Need to filter this through too IMT board. Outlining what is needed. AM volunteered to be involved. JM says as an observation it looks that the timescale is tight for the original paper giving the re – procurement in Surrey as an example. The timescale is finish the project is April 2019. Getting to the right sign off might take a long time. RE will take this away. External provider is looking after this project.	RE
	Email size It was discussed to increase email inbox size. It was asked whether every practice manager need to go through such a form to do this. The costs are cheap per user, only £16 for 3 years and can be taken from the revenue budget. Report given to PCC as recommendation. The size increase would be from 4GB to 10GB. Need to know which practices need an increase. AV said we should not pay twice for increasing size if some practices have already done it. Action: – SH can find out which practices have email size increased and which haven't.	SH
	NA introduction Noreen Ahmed works in a field bases role and support practices with IT issues and requests providing quarterly feedback service. All GPIT enquires go to NA.	

Next Meeting:

Date and Time – Friday 21st December 2018 15.00 – 17.30
Location – Meeting Room 2, KE VII Hospital, Windsor