

Minutes of East Berkshire CCG IM&T Steering Group

January 18th 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 and DPO (EB CCG)
Roy Allerton	RA	Programme Manager Digital Transformation (NHS SCW CSU)
Alan Mackay	AM	Practice Manager (EB CCG WAM Locality)
Jonathan Pettit	JP	Head of Financial Management and Reporting (EB CCGs)
Debbie Penrose	DP	Practice Manager (EB CCG – Slough Locality)
Jennie Ford	JF	Practice Manager (EB CCG – BA Locality)
Ryan Edridge	RE	EDGEITBS (EB CCG)
Nooreen Ahmed	NA	GP IT Locality Supervisor (NHS SCW CSU)
Zeshaan Mudassar	ZM	Management Trainee (NHS SCW CSU)
Angela Anderson -Lambert	AAL	Referral Management Manager (Planned Care, EB CCG)
Alex Tilley	AT	Associate Director for Primary Care (EB CCG)
Karen Shukla	KS	Communication and Engagement Manager (EB CCG)
John Macdonald	JM	John Macdonald Programme Director (NHS SCW)
Simon Hodge	SH	IT Business Relationship Manager (NHS SCW)
Apologies		
Catherine Mullins	CM	Snr Project Manager (NHS SCW)
Judith McCarthy	JM	Regional IG Lead (NHS SCW CSU)
Lindsay Blamires	LB	GP Information Governance Manager (NHS SCW CSU)
Clifannalee S. Miller	CSM	Project Support Officer (NHS SCW CSU)
Mark Sellman	MS	CIO Frimley STP & Connected Care (EB CCG)
Adrian Hayter	AH	WAM GP (EB CCG – WAM Locality)
Ahmad Chughtai	AC	Head of Digital Transformation (NEH&F CCG)
Sangeeta Saran	SS	Associated Director of Planned Care (EB CCG)

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	
	None noted	
1.3	Notice of Any Other Business	
	There was no notice of any other business	

1.4	Minutes of the Last Meeting held	
	Minutes are required to be sent within 5 days as an action. The minutes should be completed within the format required.	
1.5	Action Log	
	<p>Action 1.90: This was updated within the meeting by SH/AV</p> <p>Action 1.98: This will become an ongoing standard agenda item for NA- CLOSED</p> <p>Action 1.99: Paper was prepared and discussed in the meeting by SH- CLOSED</p> <p>Action 2.05: Action has been moved to the February meeting, NA to chase</p> <p>Action 2.08: Action is pending at the moment, progress has been given in the action log</p> <p>Action 2.10: This was discussed within the meeting</p> <p>Action 2.13: Carried forward to the February agenda</p> <p>Action 2.18: Ongoing action, update to be provided for February meeting</p> <p>Action 2.20 Send Risk Register rather than cover sheet - CLOSED</p> <p>Action 2.21 Echo cardiogram – send through Docman – action can be closed. Open an action to see the progress of this</p> <p>Action 2.24 Ensure actions are done between meetings- CLOSED</p> <p>Action 2.25 RE task and finish group. Has been started</p> <p>Action 2.32 Verbal update in the section with the meeting - CLOSED</p> <p>Action 2.24 AV not AM, will be looking into detail</p> <p>Action 2.25 Discussed within the meeting- CLOSED</p> <p>Action 2.26 Discussed within the meeting- CLOSED</p> <p>Action 2.27 To be covered in HSCN update CLOSED</p> <p>Action 2.28 To be covered in HSCN update- CLOSED</p> <p>Action 2.30 Open</p> <p>Action 2.32 Discussed within the meeting and open</p> <p>Action 2.33 Discussed in the minutes- CLOSED</p> <p>Action 2.34 Open</p> <p>Action 2.35 Open</p> <p>Action 2.36 Open</p>	
2	FOR DISCUSSION	
2.1	CCG Projects	
2.01	<p>Finance update – to include Capital Budget Update (JP)</p> <p>The finance update was not significantly different compared to last month. The CSU GPIT recharges showed a current overspend of £2k. The CSU - transformational projects showed a current overspend of £35k. It was discussed that the estimates for costs was a learning exercise and could be improved for future projects.</p> <p>ACTION: JP and JM to discuss further on finances.</p> <p>Project management cost should be part of the project cost. JM ensured this will be the case going forward for future projects.</p> <p>Charges for HSCN lines to primary care were in the same position with £23k overspend. This is attributable to being invoiced for a non-CCG site which is under investigation.</p> <p>£308k was still unallocated within the budget.</p> <p>Discussion was made on where the unallocated budget could be spent. £60k could be</p>	JP / JM

	<p>spent on the DSX triage. The other proposed adjustment was the VDI project but would not likely go ahead.</p> <p>DXS Best Triage was discussed this was initially funded as a QIPP project a while back and now is business as usual as it is a software which supports clinical work it was agreed that it should be funded from the GPIT budget.</p> <p>It was raised that member practices could express concern if the expenditure came from GPIT for QIPP initiatives as it would mean that other priority projects would not be funded. AT mentioned that QIPP can provide funding for projects if there was a strong case. However as the cost was non-recurring, there would be no further funding on this project.</p> <p>Action: AL to provide monthly updates on the DXS Best Triage project to ensure benefits are monitored and captured.</p> <p>Steering Group stressed that projects requiring funding need to use the prioritisation process and the associated templates to get formal approval for funding from the IM&T Steering Group.</p>	AL
2.02	<p>Patient Wi Fi (RE)</p> <p>RE provided an update of the Patient Wi-Fi project. A small risk with network security was reported. A proof of concept was scheduled for the 10th January but was moved to 19th January. After testing, it was decided to go with the original design. The engineer has been scheduled to come on site and complete the pilot to test the proposed solution. At this stage the proof of concept needs to be tested before the patient Wi-Fi is rolled out to over 90% of practices.</p> <p>Due to the delays with various suppliers this goal was not achievable in the required deadline. Therefore an extension was requested from the original deadline of 30th March. RE highlighted that funding may be lost for the project from NHSE if the deadline was missed. The same problem was found to be affecting other areas such as Berkshire West CCG.</p> <p>However it was unlikely for NHSE to take funding away therefore the risk was low. A contingency plan would be required in case funding was not secured for 19/20. The NHSE funding for 19/20 at risk is £33k.</p> <p>ACTION: RE and JP to identify mitigating actions required if the funding for Patient Wi-Fi is lost</p>	RE / JP
2.03	<p>HSCN (RE)</p> <p>14 practices have their lines installed as of 16/01/19 including priority sites such as Langley.</p> <p>Additional funding of £10K was requested to implement a virtual coin to replace the current DMVPN solution which will provide extra benefit.</p> <p>Benefits are discussed in <i>Paper 2.03A East Berks IMT Project Outline Document</i>.</p>	

	<p>Berkshire West CCG has verbally accepted the change request. Therefore the funding required for both sites would be £20,251, but this is split between East Berkshire and Berkshire West. Having one centralised network will help facilitate this.</p> <p>The further request for funding was approved. A completion date has been mapped out for January 2020, although it may be completed earlier. These accounts for delays with BT.</p> <p>Langley will be the first pilot.</p> <p>RE mentioned that Berkshire West CCG received a letter from an external source which stated that there may be able to provide the additional capital required for HSCN.</p> <p>Action: RE and JP will discuss this further separately.</p> <p>AT raised a potential issue of estates changes (such as mergers etc.) and consolidation. RE requested early advice of potential changes.</p> <p>Action: AT and RE to further discuss the practices which may change address.</p>	<p>RE / JP</p> <p>AT / RE</p>
<p>2.04</p>	<p>Check – In Screens (RE)</p> <p>RE sent through a paper on Check-In screens, <i>2.04 East Berks IMT Project Outline Document</i>.</p> <p>Upon investigation within the practices it was found the Check-In screens were operating on XP. These pose a high cyber security risk. It is a top priority for the CCG to update the screens. Further to this it would make sense to upgrade the current devices which are on windows 7 to Windows 10, and provide a support network for the new upgrade.</p> <p>Capital bid has been submitted of £120k, with rough costs drawn together. The cost of replacing and upgrading would cost £64k.</p> <p>In addition to this it was found that 12 practices don't have Check-In screens. The Steering Group agreed that first priority is to replace the ones which are a cyber-risk and then provide them for practices which do not have them. Small sites may not require them but it is something that can be offered.</p> <p>Two other XP devices identified on the network were labelled at risk, CEDARS which is a Voice connect server and the 32450 – VPPortal1 at Ringmead which is a check-in screen so will be attributed to the check-in Replacement.</p> <p>Action: RE will find out the costs for the February meeting.</p> <p>The Steering group agreed that the CCGs' GPIT will fund the hardware but the practices need to cover license costs, (to note that the first year is covered by the CCGs' GPIT).</p> <p>JP advised the Steering Group that NHSE have informed that there will be a lower budget provided for Capital funds, so there will be a need for prioritisation for the bids</p>	<p>RE</p>

	<p>that have been submitted for this year. However at present for Check-In screens there is an allocated £120k to cover the 12 practices that haven't got one if they are required.</p> <p>Some places have upgraded their screens already. GPIT project will upgrade their systems on a rolling program provided there are sufficient resources available. When their Check-In screens need replacing the GPIT budget can provide for this.</p>	
<p>2.05</p>	<p>Mobile Working Laptops (RE)</p> <p>The mobile working laptops will be deployed by next Wednesday. To date positive feedback has been received and there will be monitoring of the benefits realised from the project and taking this information to member practice forums. It was suggested that it improves comms to have RE at the forums to answer the more technical questions users may have.</p> <p>Action: RE to discuss arrangements to attend forums for mobile working laptops.</p> <p>There are 5 – 6 legacy laptops which were previously deployed by Claire Isham as part of a previous mobile working pilot. These laptops are the same model so will need to be reimaged and upgraded to the new solution in order to further benefit the Clinicians. As there are more than 5 laptops, the SCW procurement team require a separate work request.</p> <p>Action: RE will ensure the work request is done and send to SH.</p> <p>WG highlighted that recently a colleague could not get support for their mobile working laptop out in the community. The support must be accessible at all times and at any location.</p> <p>Action: SH will further look into this issue offline and solve for the colleague.</p> <p>There were two options discussed for laptops:</p> <ul style="list-style-type: none"> • Option one a laptop only solution. The costs are based on the deployment of 300 laptops. The costs include full project costs and estimated IT services costs. Total costs will be £564,501.20 • Option Two a laptop solution with docking stations, dual screens etc...The cost for the rollout of 300 solutions would be £697,413.20. This includes all of the costs for option one. <p>For full details on what the two options include, read <i>Paper 2.05 East Berkshire CCG Mobile Working Proposal 1</i>.</p> <p>The Steering Group agreed that one laptop can be allocated to between 2,000 patients. Capital budget of £660k will be allocated towards mobile working laptops. The Steering group agreed the following principles:</p> <ul style="list-style-type: none"> • One laptop can be allocated per 2000 patients. • One laptop could be allocated per practice manager (47 practices in total) <p>Mobile working should be discussed with primary care network and if they agree then additional laptops could be purchased at the same time. If there are funds available then perhaps one lap top should be allocated per primary care network.</p>	<p>RE</p> <p>RE / SH</p> <p>SH</p>

	<p>The laptops benefit from a 5 year warranty. In total 250 were approved (but may need extra). Final cost is required to approve the laptops.</p> <p>Action: RE will further discuss with RE and AT about giving laptops to the primary care network as well as getting a final cost for laptops to include project management and deployment costs.</p>	RE / AT
2.06	<p>TIFF Files Clinical Concerns (AV)</p> <p>AV discussed that TIFF files have been raised via a clinical concern and sent to the IMT Steering Group via Quality team to provide a resolution. The issue is that Berkshire health hub and GP practices cannot open TIF files which are sent with referrals. SH has been working to seek a solution.</p> <p>RA mentioned that one potential solution discussed was that files can be printed locally in PDF. SCW can provide instructions on how to do this and roll out this guidance to practices to help in the short term.</p> <p>Action: RA to provide the short term measure guidance for printing in PDF</p>	RA
2.07	<p>The NHS App (RA)</p> <p>The NHS app has been released for patients and can be downloaded from the phone App Store and is available now, with full rollout by 1 July 2019. So far only a symptoms check has been launched. Further features will be rolled out throughout the year from Feb – July which include use of NHS 111 online, order repeat prescriptions and securely view their GP medical record.</p> <p>The GP surgeries will need to communicate during the roll out for these services in order for them to be made available to their patients. Patients will be aware when a new service has been rolled out on the app. NHSE/NHSD will work with CCGs in regards to the rollout of features. More information can be found here https://digital.nhs.uk/services/nhs-app</p> <p>A readiness plan has been produced to assess the maturity of the practices to support the NHS app. A practice toolkit will be provided through comms to ensure there is training in regards to using the app.</p> <p>Action: RA to keep the Steering Group updated on the roll out of the NHS APP.</p>	RA
2.08	<p>GP Website Audit (AT/RA)</p> <p>Primary Care Commission have requested that practices need to audit their practice leaflets and websites. There are up to 23 must do points for practice leaflets. Extended access requirements need to be addressed. It has been requested to allow a local view to be shared rather than just the NHSE view.</p> <p>Action: AM to discuss with AT in regards to the updates needed on the website and what content it requires and roll this out to practices.</p>	AM / AT

<p>2.09</p>	<p>CCG Procurement for GPIT services (AV)</p> <p>In October and subsequently in November the Steering group had agreed that the procurement for GPIT services could be done in partnership with Hampshire Isle of Wight (HIOW) CCGs which included Surrey Heath CCGs. This would support system wide programme such as Connected Care as there would be one provider for IT services.</p> <p>However it has been suggested that we do not form part of this procurement at present due to the lack of current manpower capacity within the CCG and the amount of time required to do this procurement. The situation will be reviewed later this year.</p> <p>Surrey Heath has had similar concerns and will also not go with procurement this year.</p> <p>At present the CCG was negotiating the current GPIT SLA with SCWCSU and the plan is to ask the CSU to make 20% running costs savings.</p>	
<p>2.2</p>	<p>SCW Digital Transformation</p>	
<p>2.10</p>	<p>Projects and Statements of Work</p> <p>Action: JM to send attachments of statement of work after minutes reviewed.</p>	<p>JM</p>
<p>2.11</p>	<p>Project Updates including: National projects & Docman 10</p> <p><u>Federated working</u></p> <p>Federated working has been completed. Closure report to be sent in the February meeting.</p> <p>Action: RA to send closure report for Federated Working.</p> <p><u>Docman 10</u></p> <p>Docman 10 engagement is currently sluggish due to winter pressures. Slough SHAPE partners have been prioritised for Docman 10 rollout to support the shared clinical pharmacist initiative. Discussions have taken place with PCTI to identify a federated sharing solution and SCW was to produce a POD detailing the functional requirements of any solution.</p> <p>POD not yet submitted to IM&T for review Action: RA to check to see if the email was sent.</p> <p>Docman have not yet delivered the task list search function identified as a requirement by Cedars. Training quality issue still a concern to practices. A meeting with Docman is scheduled for 22nd January to address these concerns and deliverables.</p> <p>Action: RA to provide update on PCTI discussions and actions at February meeting</p> <p><u>Patient Online Services</u></p> <p>Patient online services – 11 practices outperformed the stretch target of 30% of</p>	<p>RA</p> <p>RA</p> <p>RA</p>

	<p>patients registered for 1 or more digital services with. 26 practices having more than 10% of patients registered and 11 practices are underperforming. EPS utilisation was good.</p> <p>Discussion was made on the why some practices were not utilising EMIS to its fullest potential. CSU could provide SLA support but not in an official capacity. The training would be solutions optimisation as supposed to core process training.</p> <p>Action: Continue discussion of set up of local EMIS group.</p>	ALL
2.12	<p>Digital Use – Latest Digital Use Report</p> <p>Latest digital use in spreadsheet form will be provided regularly at future meetings. There will be a 2 ½ months lag with the data from NHSD. This information is sent to SCW and AT as a part of the distribution list for East Berkshire GP Practices</p> <p>It was a key objective to improve the adoption and utilisation of the digital technologies. Data utilisation showed large variations. Some practices did well such as Orchard Surgery. Useful learning to understand what they are doing differently to other practices.</p> <p>In some cases, it was shown that patients were utilising the technology, for example for booking appointments but there were 0 appointments made. This may be due to the fact that practices were not ready to implement the services.</p> <p>It was considered that a further analysis was required to understand and recycle best practise as well as local barriers to adoption.</p> <p>Action: SCW will be able to surface this information about patient digital use to the IM&T Steering Group as a part of the regular reporting, and as it becomes available from NHSE</p>	RA
2.3	SCW IT Services (ITS)	
2.13	<p>IPLATO Procurement options</p> <p>Three main providers were discussed: IPLATO, MJOG, and ACCRX. ACCRX did not provide bulk messages therefore this would not be considered an option.</p> <p>General discussion on whether appointment reminder SMS procurement options required another meeting. Steering group agreed to set up a task and finish group to agree the details for the service specification for the procurement. Task group to include WG, JF, SH, AV, DP and AM. . SH to share the document he has compiled so far.</p> <p>Action: Continue discussion on procurement options in separate meeting and share current document outlining options for appointment reminder SMS procurement.</p>	SH
2.14	<p>Windows Licenses (SH)</p> <p>Update will be given in next meeting.</p>	SH

<p>2.15</p>	<p>Email in – box size (SH)</p> <p>There was a need to ask clinical leads and practice managers if they need an increase within their email box size. Therefore this could be brought in bulk and sent out.</p> <p>Action: SH to find out which practices have already purchased their own email inbox size increase</p>	<p>SH</p>
<p>3</p>	<p>Any Other Business</p>	
<p>2.16</p>	<p>DXS Benefits Information (AL)</p> <p>Enhancement options were discussed. Further information is available in <i>paper 2.17 AOB DXS Best Triage + IMT from Nov.</i> in regard to the benefit of DXS Best Triage</p>	
<p>2.17</p>	<p>Switches (RE)</p> <p>It has been required to replace warranty HP switches at certain practices and provide additional ports to sites which have less than 10. Approval of £13k is required; a budget of £9k has been planned. RE has emailed the paper. The IM&T Steering Group approved the additional switch expenditure.</p>	

Next Meeting: Friday 15 February, 3 – 5.30pm

Meeting Room 2, King Edward Hospital, Windsor