

## Minutes of East Berkshire CCG IM&T Steering Group

Friday 15<sup>th</sup> March 2019

15:00 – 17.30 pm

Meeting Room 2, King Edward VII Hospital, Windsor

Chair – Dr Wishav Goel

<b>Present</b>	<b>Initials</b>	<b>Job Title &amp; Organisation</b>
Dr Wishav Goel	WG	Clinical Lead (EB CCG – Rep BA Locality) – Chair
Alan Mackay	AM	Practice Manager (EB CCG WAM Locality)
Adrian Hayter	AH	WAM GP (EB CCG – WAM Locality)
Anshu Varma	AV	Head of Corporate Affairs and DPO (EB CCG)
Priya Kumar	PKU	Slough GP (NHS East Berkshire CCG)
Alex Tilley	AT	Associate Director for Primary Care (EB CCG)
Clifannalee S. Miller	CSM	Project Support Officer (NHS SCW CSU)
Simon Hodge	SH	IT Business Relationship Manager (NHS SCW CSU)
John Macdonald	JOM	Programme Director, Digital Transformation (NHS SCW CSU)
Roy Allerton	RA	Programme Manager, Digital Transformation (NHS SCW CSU)
Jonathan Pettit	JP	Head of Financial Management and Reporting (EB CCGs)
Jennie Ford	JEF	Practice Manager (EB CCG – BA Locality)
John Fox	JOF	Head of Primary Care (NHS Surrey Heath CCG)
<b>Apologies</b>		
Lindsay Blamires	LB	GP Information Governance Manager (NHS SCW CSU)
Catherine Mullins	CM	Senior Project Manager (NHS SCW CSU)
Debbie Penrose	DP	Practice Manager (EB CCG – Slough Locality)
Angela Anderson-Lambert	AAL	Referral Management Manager (Planned Care, EB CCG)
Nooreen Ahmed	NA	GP IT Locality Supervisor (NHS SCW CSU)
Mark Sellman	MS	CIO Frimley STP & Connected Care (EB CCG)
Ryan Edridge	RE	EDGEITBS (EB CCG)
Arif Gulzar	AG	Cyber Security Manager (NHS SCW CSU)
Judy McCarthy	JUM	Regional IG Lead (NHS SCW CSU)
Sangeeta Saran	SS	Associated Director of Planned Care (EB CCG)
<b>Attendees / Guests for Meeting</b>		
Sameera Malik	SM	Commissioning Manager – Planned Care (EB CCG)

Item No	Item	Action
<b>1</b>	<b>STANDARD ITEMS</b>	
<b>1.01</b>	<b>Welcome and Apologies (WG)</b>	
	The Chair welcomed everyone and introductions were made. Apologies were all noted – see above	
<b>1.02</b>	<b>Conflicts of Interest/Declarations of interest</b>	
	None noted.	
<b>1.03</b>	<b>Notice of Any Other Business</b>	
	Discussion regarding the forward view of projects. Item has been covered in section 4.01.	JOM
	Issues have been raised by AT regarding the Business Continuity Plan, It has been requested for an audit to be done in order to find out how many CCG users have a Remote Access Service (RAS) Token. Possible new solution Always On is being run as a pilot but currently only works with Windows 10.	
	<b>Action:</b> RA and SH to find out about giving CCG users access to Always On.	RA/SH
	Online Consulting is being rolled out across East Berkshire, this is being managed by JF, AM and Patrick Rogan from East Berkshire Primacy Care Out Of Hours. Currently 7 Practices are live for Online Consulting, 5 more Practices are going live next week.	
	<b>Action:</b> CSM to contact Ahmed Chughtai to submit a Highlight Report for Online Consulting by the next meeting.	CSM
<b>1.04</b>	<b>Minutes of the Last Meeting held</b>	
	Corrections to the last meeting minutes have been requested.	CSM
	The Finance section on page 3 paragraph 3 should explain that the group has agreed to invest in the E- Consultant roll out, the £46,000 has been approved.	
	“A pilot has been setup at Waltham” should be removed.	
	In section 3.03 add action for RA to identify what steps need to be taken to improve the results for Practices using online services.	
	Changes to be made to item 6.08 paragraph 5, Single Tender Wavier are only valid for 6 months.	
<b>1.05</b>	<b>Action Log</b>	
	Action 1.90: Screens to be refaced have been identified.- Complete	
	Action 2.05: Work has taken place update to be sent to chair and AV before next meeting in April.- Open	
	Action 2.30: Email will be sent to GPs next week. – Close	
	Action 2.34: On agenda for discussion. – Close	
	Action 2.35: Item is on agenda for discussion. – Close	
	Action 2.36: Item on agenda for discussion. – Close	

	<p>Action 2.37: Discussion held.- Close            Action 2.38: Currently on hold update to be given next meeting. – Open            Action 2.39: Action completed. – Close            Action 2.40: Action completed. – Close            Action 2.42: Action completed. – Close            Action 2.44: Action completed. – Close            Action 2.45: Update given during meeting, SH to arrange meeting with RE. Further update to be given next meeting. – Open            Action 2.46: Item on agenda. – Close            Action 2.50: Action completed. – Close            Action 2.51: Action completed. – Close            Action 2.52: All members should join NHS App Webinars.- Close            Action 2.54: Item on agenda for discussion. – Close            Action 2.55: Action completed. – Close</p>	
<b>2.0</b>	<b>For Discussion and standing items</b>	
<b>2.01</b>	<b>Finance Update / GP IT Capital Programme (JP)</b>	
	<p>Current front position remains unchanged. At month 11 of the GPIT budget there is an underspend of £120,000. CSU Transformational Projects are showing an overspend of £45,000.</p> <p><b>Action:</b> JP to have a meeting with JOM to discuss overspend for Transformational Projects.</p> <p>HSCN lines are showing a pressure of £27,000 this is due to charges being received for a line to the East Berkshire Out of Hours premises, progress is being made to recharge this amount to the contract team in CSU.</p> <p>There remains unallocated budget of £195,000 of which £77,000 has been earmarked for covering the overspend for two items. This leaves £118,000 left of the unallocated budget. <i>Reference item 2.01 Finance Update paperwork for further details.</i></p>	JP
<b>2.02</b>	<b>Primary Care IG (AV)</b>	
	<p>There have been no serious incidents reported to East Berkshire CCG.            DSPT support workshops have been carried out in Slough, Bracknell, Ascot, Windsor and Maidenhead localities. Telephone and Webex support was provided to those who were unable to attend the workshop.</p> <p>DSPT guidance packs will be provided to all Practices.</p> <p>Mandatory IT evidence and assurance statements for DSPT submissions have been sent to the CCG for it then to be distributed to General Practices.</p>	
<b>2.03</b>	<b>Egton Technology Proposals - next steps (AV/WG)</b>	
	<p>EMISX has made Developments. Chair has suggested that a member of staff from EMISX to attend a IM&amp;T Steering Group meeting, The Steering Group have decided it may be more appropriate to set up a workshop with 2 main providers EMIS and Vision. The workshop can be used to discuss a new strategy and joint working across providers.</p>	

	<p><b>Action:</b> AT and JOF to create strategy.</p> <p><b>Action:</b> RA to setup workshop with providers, as well as with a few Practice Mangers, GPS, MS and RE.</p>	<p>AT / JOF</p> <p>RA</p>
<b>2.04</b>	<b>Focus on Investment and Evolution: 5 Year GP Framework Digital Alignment (AT)</b>	
	<p><i>Refer to paper 2.04 Primary Care Networks Five Year GP Framework.</i></p> <p>In order to help deliver the NHS Long Term Plan goals Primary Care Networks (PCN) are being used as essential building blocks for every integrated Care System. Network registration requirements must be confirmed by CCGs and supported by ICS.</p> <p>In order for the General Practices to join the PCN they will first have to apply through the CCG.</p> <p>Every practice will need to meet any local network protocols that are included in the Network agreement. These Primary Care Networks will be used to help dissolve the historical divide between primary and community services.</p> <p>Urgent care services in the community services will be joining the Primary Care Networks by 2021.</p> <p>As part of the NHS Long Term Plan all General Practices will be required to have 25% of appointments available for online booking by July 2019, as well as taking same-day bookings directly from NHS 111 when clinically appropriate.</p> <p>JF has been tasked with increasing utilisation of online services.</p> <p><b>Action:</b> JOF and AT to create strategy and present for next month meeting.</p> <p>It was reiterated that the group had agreed to use the prioritisation tool in order to manage new projects. All new projects are required to complete PODs and these are required to be submitted to the group for prioritisation.</p>	JOF/AT
<b>3.0</b>	<b>3.0 CCG Projects</b>	
<b>3.01</b>	<b>DXS BT monthly update (SM)</b>	
	AAL to present update and Highlight report next meeting.	AAL
<b>3.02</b>	<b>Patient Wi-Fi (AV updated in absence of RE)</b>	
	<p>The Gainsborough Practice has now gone live with Patient Wi-Fi. Virgin has placed all orders with BT Openreach. Resources have been agreed with Michael Knight Currently awaiting installation dates. Deadline for the 31<sup>st</sup> March 2019 has been missed.</p> <p>Funding Risk now resolved. NHSD have agreed to allocate funding.</p> <p><i>Refer to paper 3.02 and 3.02B Patient Wi-Fi Project Highlight Report for further details.</i></p>	
<b>3.03</b>	<b>HSCN (AV updated in absence of RE)</b>	
	<p>8 BT lines have been installed across Bracknell and Ascot, 12 lines have been installed in Slough and 7 lines have been installed across Windsor, Ascot and Maidenhead General Practices. Issues have been raised in regards to BT installing lines slower than expected.</p> <p><i>See paperwork for item 3.03 and 3.03B East Berkshire HSCN for further information.</i></p>	

3.04	<b>Mobile Working Laptops (AV)</b>	
	RE to present update next meeting.	RE
4.0	<b>SCW Digital Transformation (DT) Projects</b>	
4.01	<b>Statement of Works Update (RA/JOM)</b>	
	<p>Current Digital Transformation projects and associated costs for FY19-20 were discussed.</p> <p>Projects currently in the pipeline as well as potential projects will have SOWs, this will help to clearly articulate the scope of delivery and cost.</p> <p>Once the following projects have been verified a SOW will be developed for each project:</p> <ul style="list-style-type: none"> <li>○ National Projects <ul style="list-style-type: none"> <li>- Summary Care Record, Electronic Prescribing System. GP2GP, Patient Online Access, 111 Online, SNOMED.</li> </ul> </li> <li>○ Docman 10 <ul style="list-style-type: none"> <li>- Last remaining GP practices</li> </ul> </li> <li>○ DXS Clinical Pathway System: server review.</li> </ul> <p>Initial estimates show that delivery of the above primary care projects would require 132 days at a cost of £60,000.</p> <p><i>Reference Paper 4.01 East Berkshire DT FY19-20 Business Planning for further details.</i></p> <p><b>Action:</b> JOM to provide the SOW / POD for the three project areas listed above to be presented at the next meeting.</p>	JOM
4.02	<b>SHAPE POD (RA)</b>	
	<p>Docman 10 has a federated working feature that will allow Clinical Pharmacist to conduct medicine management. Each practice will be able to route through workflow items to the Clinical Pharmacist for review, as well as Pharmacist being able to access each practice database. Docman 10 federated working feature is built into the core of Docman 10 this means there will be no additional cost for the feature.</p> <p>Docman 10 federated working feature currently works well with EMIS but issues have been raised with Vision systems. Prioritisation will be given to EMIS practices until a solution has been made for Vision practices. <i>Refer to Paper 4.02A Shape Clinical Pharmacy Project.</i></p> <p>Group has approved the roll out of the Docman 10 federated working feature. An updated data sharing agreement will have to be put in place.</p> <p><b>Action:</b> CSM to ask Sam Furneaux to contact Shape admin to walk through configuration process.</p>	CSM
4.03	<b>Project Updates (RA)</b>	
	<p>Docman 10 has now gone live at South Meadow Practice, Heath Hill Practice will be next for the Docman 10 roll out. Magnolia and Linden will be live next week.</p> <p>Currently awaiting first of type Vision solution for Docman 10 to be rolled out across</p>	

	<p>the General Practice who currently uses Vision systems. <i>Reference paper 4.03E Docman 10 Highlight Report.</i></p> <p>Patient access to electronic records performance across the CCGs is good but utilisation varies hugely. Patient Online project has been superseded by the wider application provision under the Empower The Patient programme. It facilitates a wider discussion and renewed focus on delivery. <i>Refer to paper 4.03A PAER Highlight Report.</i></p> <p>Summary Care Record remains a credible nationally accessible and compliant solution for federated working with content enriched but consent is required, this remains a blocker. <i>See paper 4.03B SCR Highlight Report for further details.</i></p> <p>Electronic Prescription service enables primary care providers to originate send and cancel prescriptions to a patient's nominated pharmacy by electronic transmission. Orchard, Langley, Ross Road and Village MC has opted out of the service. Work has now taken place for the remaining Practices. <i>Refer to paper 4.03C EPS Highlight Report.</i></p> <p>GP2GP performance remains consistently good across all CCGs. <i>See paper 4.03D GP2GP Highlight Report for further information.</i></p>	
<b>4.04</b>	<b>Slough Federated Working Closure Report (RA/AT)</b>	
	<p>RA and AT to have a meeting to discuss the Slough Federated Working Closure Report. Once a decision has been made it will be fed back to the group for final approval.</p> <p>Lesson learned is to associate SRO for projects moving forward, this was agreed by the Steering Group as a practical way forward for future projects</p> <p><b>Action:</b> RA and AT to have meeting and then feedback to group at the next meeting.</p>	RA/AT
<b>5.0</b>	<b>SCW ITS Projects (SH)</b>	
<b>5.01</b>	<b>Iplato Update- SoW and procurement (SH)</b>	
	<p>Efforts have been made from the Task and Finish group regarding the creation of the Single Tender Wavier. Support with making the Single Tender Wavier compliant has been received from Procurement. This helps to reduce the chances of the document being rejected.</p> <p>The Single Tender Wavier has been passed onto AV in order for it to submitted to the Audit Committee. In case the Single Tender Wavier is delayed or rejected there is an option of extending the STW for 6 months.</p> <p><b>Action:</b> SH to find alternative option in case the Single Tender Wavier is rejected.</p>	SH
<b>5.02</b>	<b>Windows Licences (SH)</b>	
	<p>No progress has been made. Awaiting NHS England to release Windows 10 licences in April 2019. Once the licenses are released it will be distributed to the East Berkshire CCG and other Primary care services. Currently Windows 7 is still supported by Microsoft.</p>	

	<p><b>Action:</b> SH to find alternative solution if the Windows 10 licenses are not released and present at next meeting.</p>	SH
	<p><b>Action:</b> SH to look into issue raised by WG regarding Healthcare Computing and provide an update at the next meeting.</p>	SH
<b>5.03</b>	<b>Email in-box size (SH)</b>	
	<p><i>Reference paper 5.03A &amp; B Primary Care NHS mail Accounts.</i></p> <p>It has been recommended to choose the 10GB option for £16.80 for 35 mailboxes per month (Each mail box will cost £0.48p per month). The cost to increase the mailboxes to 10GB for 70 practices would be £33.60 per month. Annual cost is £403.20 per year.</p> <p>If a user leaves an organisation the NHS mail box 10GB storage will transfer with the user, this has been raised as a risk. Procedures will have to be developed in order to help users manage their NHS Mail account.</p> <p>Priority will be given to the users who currently have a NHS Mail box size of 1GB.</p> <p>The group has agreed to proceed with the 10gb increase in NHS Mail box size. Concerns have been raised regarding the costs.</p> <p><b>Action:</b> AV and SH to work together to make a request to NHS Mail to increase mail box size for priority practices.</p> <p><b>Action:</b> SH to confirm these figures before next meeting.</p>	<p>AV/SH</p> <p>SH</p>
<b>5.04</b>	<b>CCG Hardware / Stock Items including Guidance for GP Futures (SH / AT )</b>	
	<p>Issues have been raised in trying to differentiate what hardware (printers and PCs) belong to East Berkshire CCG and which belongs to West Berkshire CCG. Work is currently taking place with the Asset manager regarding creating a proposal that can be submitted to the next meeting.</p> <p><i>Reference paper 5.04 GPSOC to GP IT Futures transition FAQs.</i></p> <p><b>Action:</b> SH to follow up with RE and RA and present a plan at the next meeting.</p>	SH
<b>5.05</b>	<b>IT issues in Primary Care (NA)</b>	
	<p>NA will submit paperwork update before next meeting.</p>	NA
<b>6.0</b>	<b>Risk Register</b>	
<b>6.01</b>	<b>Risk Register (AV)</b>	
	<p>AV highlighted to the group that she was disappointed that the leads of the Risk Register were not providing the updates despite the request and reminders being sent to them earlier in the month. Subsequently the risk register cannot be presented today as the leads have not updated their actions. WG, Chair of the group stressed to the risk leads to update their allocated risks actions prior to next meeting so that the register can be presented.</p>	

	<p>AT also mentioned that the Risk Register is presented to PCCC each month and it doesn't appear to be good practice if the risks aren't updated. She also mentioned that the group needs to consider what other risks are there which should be added to the register.</p> <p><i>Refer to paper 6.01 Draft Risk Register V2 for further information.</i></p> <p><b>Action:</b> Risk leads, RE, RA, AG, AW to update their risk actions on 4 risk asap so that the Risk Register can be presented at the next meeting by AV.</p>	RE, RA, AG, AW
<b>7.0</b>	<b>Any Other Business</b>	
<b>7.01</b>	<b>Change of next meeting date (WG)</b>	
	<p>IM&amp;T Steering group meeting will be re arranged to the Friday 26<sup>th</sup> April 2019 due to Easter holiday.</p>	
<b>7.02</b>	<b>Change to PMO for Clerical Inputs (RA)</b>	
	<p>RA raised that there are formal business processes being developed for the IM&amp;T Steering Group from the SCW to support the efficiency of the meeting. These are being drafted at the moment.</p> <p><b>Action:</b> Update to be given next meeting by RA / JOM.</p>	RA / JOM
<b>7.03</b>	<b>Training Plan 2019/2020 for Primary Care (AT)</b>	
	<p>A new training plan has been developed to align with the IT Training Strategy. The Training Plan has been designed, utilising blended learning techniques to make the best use of the training resources available. The plan is built around agreed service days with time and days ring fenced for key deliverables.</p> <p><i>Refer to paper 7.03 Training Plan 2019- 2020 for Primary Care for further information.</i></p> <p><b>Action:</b> (Roy Baker) RB and AV to organise workshop for Practice Managers regarding new training plan.</p>	RB / AV

**Next Meeting: Friday 26<sup>th</sup> April, 3 – 5.30pm**

**Meeting Room 2, King Edward Hospital V11, Windsor**