

Minutes of East Berkshire CCG IM&T Steering Group

Friday 21st June 2019

15:00 – 17.30 pm

Meeting Room 2, King Edward VII Hospital, Windsor

Chair – Dr Wishav Goel

Present	Initials	Job Title & Organisation
Adrian Hayter	AH	WAM GP (EB CCG – WAM Locality)
Alan Mackay	AM	Practice Manager (EB CCG WAM Locality)
Jonathan Pettit	JP	Head of Financial Management and Reporting (EB CCGs)
Nooreen Ahmed	NA	GP IT Locality Supervisor (NHS SCW CSU)
Clifannalee S. Miller	CSM	Project Support Officer (NHS SCW CSU)
Simon Hodge	SH	IT Business Relationship Manager (NHS SCW CSU)
John Fox	JOF	Head of Primary Care (NHS Surrey Heath CCG)
Jennie Ford	JF	Practice Manager (EB CCG – BA Locality)
Anshu Varma	AV	Head of Corporate Affairs and DPO (EB CCG)
Graham Brown	GB	Programme Manager Digital Transformation (NHS SCW CSU)
Priya Kumar	PKU	Slough GP (NHS East Berkshire CCG)
Angela Anderson-Lambert	AAL	Referral Management Manager (Planned Care, EB CCG)
Nisha Duggal	ND	Communications and Engagement Manager Digital Lead (EB CCG)
Apologies		
Judith McCarthy	JUM	Regional IG Lead (NHS SCW CSU)
Debbie Fraser	DF	Deputy Director of Finance (EB CCG)
Ryan Edridge	RE	EDGEITBS (EB CCG)
Lindsay Blamires	LB	GP Information Governance Manager (NHS SCW CSU)
Dr Wishav Goel	WG	Clinical Lead (EB CCG – Rep BA Locality) – Chair
Roy Allerton	RA	Programme Manager Digital Transformation (NHS SCW CSU)
Mark Sellman	MS	CIO Frimley STP & Connected Care (EB CCG)
Catherine Mullins	CM	Programme Manager for EB Digital Transformation (NHS SCW)
John Macdonald	JM	John Macdonald Programme Director (NHS SCW)
Alex Tilley	AT	Associate Director for Primary Care (EB CCG)
Guest Attendees		
Emma Reeves	ER	Project Support Officer Primary Care Team (EB CCG)

Item No	Item	Action
1	STANDARD ITEMS	
1.01	Welcome and Apologies	
	AH chaired the meeting. The Chair welcomed everyone and introductions were made. Apologies were all noted - see above.	
1.02	Conflicts of Interest/Declarations of interest	
	None noted.	
1.03	Notice of Any Other Business	
	1. How to refer using the NHS e-Referral Service for non GP Practices. 2. AccuRX – CCG GPIT Budget Funding Request. 3. GP Online Consultation.	
1.04	Minutes of the Last Meeting held	
	Amendment on page 12 Item 7.02 – the criteria had been agreed no further action required. Remove action. The Minutes have been agreed by the group.	
1.05	Action Log	
	<p><u>Open Actions:</u></p> <p><u>Action 2.62:</u> Item was on the agenda, awaiting the release of licenses from NHSE Microsoft will support Windows 7 until 2021. – Open</p> <p><u>Action 2.69:</u> Item was on the agenda for discussion. – Open</p> <p><u>Action 2.88:</u> Carry forward, update will be given next meeting. – Open</p> <p><u>Action 2.89:</u> Carry forward, update will be given next meeting. – Open</p> <p><u>Action 2.94:</u> Item on agenda, discussion held.- Open</p> <p><u>Action 2.96:</u> Item on agenda, update to be given next month. – Open</p> <p><u>Action 2.99:</u> Item on agenda for discussion. A written proposal will be submitted for next meeting.– Open</p> <p><u>Action 3.02:</u> Update to be given next month. – Open</p> <p><u>Action 3.03:</u> IPlato under quoted, a letter will need to be written to the audit committee to cover the additional charge. – Open</p> <p><u>Action 3.08:</u> Report is being created, further update to be given next meeting. -Open</p> <p><u>Action 3.09:</u> POD needs to be created, update to be given next meeting.- Open</p> <p><u>Action 3.11:</u> Communications have been sent, Process is being created. Further update to be given next meeting. – Open</p> <p><u>Closed Actions:</u></p> <p><u>Action 2.38:</u> Item was on the agenda for discussion, Project on hold. – Close</p> <p><u>Action 2.66:</u> Action completed.- Close</p> <p><u>Action 2.68:</u> Item on agenda discussion was held. – Close</p>	

	<p><u>Action 2.71</u>: Action completed. – Close</p> <p><u>Action 2.82</u>: Meeting was held, action completed. – Close</p> <p><u>Action 2.93</u>: The group was referred to use the NHS Dashboard, item on agenda for discussion. – Close</p> <p><u>Action 2.95</u>: Item on the agenda for discussion. The completion of IG Tool kit is not a contractual obligation. – Close</p> <p><u>Action 2.97</u>: This data is not auditable, it is down to Practices to manage this.- Close</p> <p><u>Action 2.98</u>: Duplicate action of 2.97. – Close</p> <p><u>Action 3.00</u>: Item added to Risk Register. – Close</p> <p><u>Action 3.01</u>: Meeting held. - Close</p> <p><u>Action 3.04</u>: Items have been added to Risk Register. – Close</p> <p><u>Action 3.05</u>: Item on the agenda for discussion. – Close</p> <p><u>Action 3.06</u>: Item on the agenda for discussion. – Close</p> <p><u>Action 3.07</u>: Action completed. – Close</p> <p><u>Action 3.10</u>: Action has been removed. – Close</p>							
2.0	Standing Items							
2.01	Finance Update (JP)							
	<p>At month 2 the financial position for GPIT costs is showing a favourable underspend of £68,000. This is surplus accruals from 2017 – 2018 which have been released to support the CCG position. There remains £317,000 of unallocated budget available to commit to projects.</p> <p>There is an overspend of £34,000 for Digital Transformation projects, this is being offset by an underspend in IT Services (£46,000). The CSU will need to provide Statements of Work for projects that are being invoiced and not formally approved by the committee.</p> <p>£1,000 has been returned to CCG project spend due to a VAT refund from DXS. This is related to a cost from last year.</p> <p>The following items should considered for drawing against the un-allocated GPIT budget:</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;"><u>£</u></td> </tr> <tr> <td>CSU IM&T Programme Delivery team</td> <td style="text-align: right;">128,586</td> </tr> <tr> <td>CSU GPIT SLA inflationary cost pressure</td> <td style="text-align: right;"><u>10,262</u></td> </tr> </table> <p>This would leave an unallocated budget of 316,656</p> <p>There is ongoing discussion with CSU GPIT regarding the 2.7% inflation cost for SLA Projects within the block contract.</p> <p>Other projects from the CCG which are pending approval is the DXS Hosted Solution which is seeking £59,000. If approved the remaining unallocated budget would be £257,656.</p>		<u>£</u>	CSU IM&T Programme Delivery team	128,586	CSU GPIT SLA inflationary cost pressure	<u>10,262</u>	
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	<p>The Capital funding £855,000 for 2019-20 has been allocated but not yet approved by NHS England. As we await confirmation of approval the committee should agree a prioritised list of investments that can be actioned as and when approval is received.</p> <p><u>New Schemes - pending NHSE approval</u></p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: right;"><u>£</u></th> </tr> </thead> <tbody> <tr> <td>IT Hardware and Asset refresh</td> <td style="text-align: right;">588,0000</td> </tr> <tr> <td>Office365</td> <td style="text-align: right;">100,0000</td> </tr> <tr> <td>Security/Windows</td> <td style="text-align: right;"><u>167,0000</u></td> </tr> <tr> <td> Total Capital - pending schemes</td> <td style="text-align: right;"> 855,0000</td> </tr> </tbody> </table> <p>Action: JP to contact RE and SH to identify if the expenditure stated is the right amount or if there is any additional pressures.</p> <p><i>Reference Paper 2.01 IMT Finance Report Month 2.</i></p>		<u>£</u>	IT Hardware and Asset refresh	588,0000	Office365	100,0000	Security/Windows	<u>167,0000</u>	 Total Capital - pending schemes	 855,0000	JP
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2.02	Primary Care IG (AV)											
	<p>No serious incidents reported. The Practices have not requested any training sessions. A standard annual workplan and supporting materials for the 2019/20 IG Toolkit for Practices is being arranged.</p> <p>Frimley IG Steering Group are supporting organisations that have not yet published the 2018/19 toolkit.</p> <p>It is not a contractual obligation for General Practices to complete the IG Tool kit. General Practices should complete it as best practice.</p>											
2.03	Risk Register (AV)											
	<p>At present there are 5 open risks on Risk Register. 19 risks have been closed.</p> <p>Cyber Security will remain on the list as it is increasingly prevalent across healthcare sector as the cyber threats continue and become more sophisticated and can impact on the operational delivery.</p> <p>IPads will remain on the list until September 2019 due to them not being supported by CSU IT and as well as a risk of cyber security as staff access their emails on the IPads.</p> <p>Check In Screens have been added to the Risk Register until the remainder of the 14 Check In Screens running Windows XP are replaced as Microsoft no longer support this software.</p> <p>Windows 10 Enterprise has been added to the Risk Register - this will remain until</p>											

	<p>NHS Digital releases Windows licenses.</p> <p>Fax Machine has been added to the Risk Register. However the details of the risk needs to be completed by NA</p> <p>Action: NA to update Fax Machine Risk on Risk Register. <i>Reference Paper 2.03 Risk Register for further details.</i></p>	<p>NA</p>
<p>3.0</p>	<p>For Discussion</p>	
<p>3.01</p>	<p>Practice Website Audit Findings and Recommendations (ER)</p>	
	<p>Under the delegation of NHS England the CCG is required to do an audit on Practices' websites.</p> <p>The criteria for the audit were agreed by PCOG. The four sections of each Practice's website outlined to be reviewed were;</p> <ul style="list-style-type: none"> • Advertising of GPAF service • Review the Practices E-Dec to ensure it matches with the information displayed on their websites • Ensuring that the patient leaflet displayed on each website meets the standard requirements i.e. information on same day appointments • Urgent care services <p>From this audit it was discovered that Cedars Surgery website contained inaccurate information regarding new patient registrations. This has been feedback to the surgery and rectified.</p> <p><i>Reference Paper 3.01 Practice Website Audit Findings and Recommendations.</i></p> <p>There was a variance of information from each Practice's website. It was identified that 10 Practices had not displayed their latest CQC inspection report; this is a mandatory requirement for the CQC and these findings have been reported to the Quality team for further action to be taken.</p> <p>It has been requested by the group that the Practices' website audit findings should be shared at the next Practice Managers' meeting. The outcome of the meeting should be feedback to the group.</p> <p>Action: ER to work with RE to create a POD for the accessibility tool as well as to investigate options for East Berkshire Practices' websites to have consistent information across all sites.</p> <p>Item to be revisited at September meeting to be added to the forthcoming agenda.</p>	<p>ER</p>

3.02	Focus on Investment and Evolution: 5 Year GP Framework Digital Alignment (JOF)	
	<p>In April 2019 the Chair of the East Berkshire CCG IM&T Steering Group, Dr Wishav Goel, formed a Task and Finish group to investigate the capabilities of the current portfolio of Egton Technology products in order to understand how their offerings may influence or potentially form part of future strategic digital transformation initiatives.</p> <p>The following offers from Egton were explored:</p> <ul style="list-style-type: none"> ○ Online Triage ○ Video Consult ○ Lloyd George Notes Digitisation ○ Mobile Clinical Working ○ Integrated Clinical Devices <p>It was acknowledged that the functionality offered by Egton Online Triage does not appear to significantly differentiate itself from the incumbent E-Consult product. It was noted that neighbouring Localities and some member Practices have differing views as to what constitutes a compliant online consultation solution and are, in some cases, unilaterally deploying alternative or hybrid solutions.</p> <p>Next steps are to provide a technical comparison of the available functionality from the three market leaders currently able to deliver online triage to support future re - procurement exercise.</p> <p>Lloyd George notes Digitisation quotes are very expensive due to the labour intensive nature of digitisation costs which were prohibitively high. For 10,000 Practices £2.66 (cheapest) up to £6.68 per patient (most expensive). An action moving forward is to carry out a detailed cost impact and opportunity analysis of paper based notes.</p> <p>Action: RA to engage with Practices and then feedback to the next meeting in order for the group to define project outcome documentation and owners.</p> <p>Action: RA to provide a technical comparison of the available functionality from the three market leaders currently able to deliver online triage to support future re - procurement exercise.</p> <p><i>Refer to Paper 3.02 East Berkshire Primary Care Technology.</i></p> <p>Item 3.02 to be removed from the agenda for next meeting.</p>	<p>RA</p> <p>RA</p>
3.03	Egton Technology Proposals - next steps (RA)	
	<p>Item was discussed in section 3.02.</p>	

3.04	Cessation of Fax Machine Usage (DP/NA)	
	<p>The Information Governance implications of turning off faxes have been identified. To protect patient information being shared via emails it is requested that the emails must be encrypted. It was recommended that Practice Managers and GPs use electronic signatures in order to eliminate paperwork and scanning.</p> <p>An individual approach is being developed to help understand the usage of faxes in different Practices across East Berkshire. A date will need to be agreed in order to terminate the usage of faxes in Practices. Once the date has been agreed communications will be sent out.</p> <p>Issues with District Nurses accessing ICE Forms were raised, BHFT are currently working to resolve this.</p> <p>Pro Script could be an alternative option to Pharmacies using fax machines. Further investigation is required. .</p> <p>A report will be submitted for next meeting.</p> <p>Action: NA to have a further discussion regarding faxes with AM and JF.</p>	NA
3.05	Broadmoor Hospital (RE)	
	<p>Item to be presented next meeting. AH mentioned that the advice from the ICS IG group was that the CCG should not support this request and that Broadmoor needs to go directly to NHS England.</p> <p><i>Reference Paper 3.05 Broadmoor Hospital.</i></p>	
3.06	DXS Pilot (RE)	
	<p>Item to be presented next meeting.</p> <p><i>Reference Paper 3.06 DXS Hosted Pilot.</i></p>	
3.07	GP Trans Steering Group (AT/JF)	
	<p>The ICS GP Transformation group meets every 2 months and also has attendance from the Primary Care Network Clinical Directors. Within this steering group there are 5 broad areas: workforce, workload, care redesign, restructure and reducing variation.</p> <p>The GP contract reform highlights expectations for CCG and Practices to deliver digital services, some of these expectations will become contractual when the next GMS regulations are updated.</p> <ul style="list-style-type: none"> - 25% of appointments available for booking online by July 2019. - Newly registered patients to have full online access to their record for prospective data by April 2019. - All Practices should offer online consultations by April 2020. - No longer using fax machines for NHS or Patient comms by April 2020. 	

	<p><i>Reference Paper 3.07 GP Trans Steering Group for further details.</i></p> <p>The Empower the Person dashboard is available to everyone. The dashboard is able to be filtered by CCG or individual Practice, it displays a percentage for any online services i.e. appointment bookings, repeat prescriptions, etc.</p> <p>Work is being done with Vision Practices to help resolve issues with data</p> <p>Aspiration 66% of ICS Practices to above 30% for patients registered for any online services, in year 2 all Practices above 30%. Lastly double the average number of appointments booked online.</p> <p>It was suggested that the CCG do an audit in order to provide assurance that Practices are offering new patients online access to their medical record.</p> <p>The Group has agreed to endorse aspirations outlined in Paper 3.07 GP Trans Steering Group. Further discussions are to be held at the members' meeting. A combined NHS communication will be issued once agreed.</p> <p>Action: JOF to send links for Dashboard and Polly data to JF, AM and AH.</p> <p>Action: AV to follow up with AT to discuss approach.</p>	<p>JOF</p> <p>AV</p>
4.0	SCW ITS Projects	
4.01	Always on VPN (SH)	
	SH requested that the item be added to next months agenda as the report was not ready	
4.02	Windows Licences (SH)	
	Windows 10 licenses have yet to be released from NHS Digital. Microsoft has agreed to support Windows 7 until 2021.	
4.03	CCG Hardware / Stock Items including Guidance for GP Futures (SH)	
	<p>Action: SH to give update for CCG Hardware next meeting.</p> <p>The GPIT Equipment request process was discussed. New procedures and request forms have now been introduced. This process is only for additional equipment or software requests. Healthcare computing has agreed this process.</p> <p>The process map outlines each step of the process and the roles and responsibilities of each individual. This will enable Practices to better plan when to order equipment.</p>	<p>SH</p>

	<p>36 working days in order for Practices to receive equipment.</p> <p>Break fix stock will be deployed in a separate process.</p> <p><i>Refer to Paper 4.03 GP IT Equipment Requests.</i></p> <p>The Group feedback that the document should outline the longest and shortest processing time for equipment. It was highlighted that 36 days wait was too long. Criteria for what can be requested should be included.</p> <p>Action: SH to present the new process for GPIT Equipment requests to the next Practice Managers' meeting and report the outcome.</p> <p>Item to be revisited in the next meeting.</p>	SH
4.04	IT issues in Primary Care (NA)	
	<p>The highest amount of calls received by Healthcare Computing were for the following:</p> <ul style="list-style-type: none"> - Password resets - Account locks - New user accounts - Printer settings - Drum/toner issues - Email Account unlock <p>Report is being created by HealthCare Computing that will be submitted for next meeting.</p> <p>Action: NA to send report to Practice Mangers JP, AM, AH and AV.</p>	NA
5.0	CCG Projects	
5.01	<p>Exception reporting on the following projects (RE)</p> <ul style="list-style-type: none"> • <u>Patient Wi-Fi-</u> • <u>HSCN-</u> <p><u>Mobile Working</u></p> <p>Mobile working laptops have been deployed, several of the laptops are now available for a variety of users to test and there has been very positive feedback. The CSU are continuing to build the remaining ones which should be deployed before the end of the month. There are some outstanding issues with Vision which are being looked into.</p> <p><u>Check in Screens</u></p> <p>EMIS are currently in the process of beginning to deploy and a report will be produced for the next meeting.</p> <p>Additional Jayex screens will need to go out to procurement and this is being worked on with the CSU.</p>	

	Update to be given at next meeting. <i>Reference Paper 5.01, A Patient Wi-Fi, HSCN Highlight Report.</i>	
5.02	Hosted Servers (RE)	
	Update to be given at next meeting.	
5.03	DXS Best Triage (AL)	
	Project on Hold, further update to given at August meeting.	
6.0	SCW Digital Transformation (DT) Projects	
6.01	Exception reporting on national and local projects (RA)	
	Item to be revisited next meeting.	
6.02	Slough Federated Working Closure Report (RA / AT)	
	No meeting held, update to be given next month.	
7.0	Any Other Business	
7.01	How to refer using the NHS e-Referral Service for non GP Practices (WG)	
	Item to be discussed at next month meeting. <i>Refer to Paper 7.01, A AOB How to refer using e-referrals for non - GP Practices.</i>	
7.02	GP Online Consultation (AT)	
	Overall project risk is low. 8 / 47 Practices are live. 10 currently mobilising. 20 have committed to go live dates. Target is to have 80% Practices live by 2019/20. <i>Reference Paper 7.02 AOB GP Consultations Online.</i>	
7.03	AccuRX – CCG GPIT Budget Funding Request (AM)	
	Item to be discussed at next meeting. <i>Reference Paper 7.03 AccuRX CCG GPIT Budget Funding Request.</i>	
7.05	Video Conferencing (AM)	
	PCN should work together to find best option for Video Conferencing. Each PCN should nominate a Practice. The Group will test Skype Video Conferencing for the next meeting. Item to be revisited at the next meeting.	

Next Meeting: 19TH July 2019, 3 – 5.30pm

Meeting Room 2, King Edward VII Hospital, Windsor