

**GP Pan User Group  
Notes of Meeting No. 12  
10<sup>th</sup> July 2008**

## Attendees

### Representative

Charlie Stuart-Buttle  
Martin Dickinson  
Nigel Taylor  
Paul Nathan  
Richard Gunn  
Stewart MacDonald  
Teresa McCrory

Tim Cotton  
Tony Penney  
Phil Koczan  
Manpreet Pujara - Joint Chair  
Peter Short - Joint Chair  
Paula Moss

### Speakers

National Access Control Reference Group  
National Access Control Reference Group  
The NHS Information Centre for Health & Social Care  
Department of Health, Public Health Intell & Info Strategy  
Department of Health - Physical Activity Team  
Department of Health - Alcohol Team  
Department of Health - Vascular Programme

### Representing

EMIS National User Group Chair  
Wales Representative  
Southern SHA Representative  
TPP National User Group Chair  
iSOFT National User Group Chair  
Scotland Representative  
Northern Ireland Representative  
Healthy Crosscare National User Group Chair  
East Midlands SHA Representative  
GPC/RCGP Joint IT Committee  
NHS CFH  
NHS CFH  
NHS CFH Secretariat

Steve Davison  
Colin Fincham

Dave Roberts

Michael Soljak  
Kay Thomson  
Don Lavoie  
Elizabeth Lynham

## Apologies

|   |                        |
|---|------------------------|
| EOE SHA Representative                          | Chris Mays             |
| Microtest National User Group Chair             | Gerry Bulger           |
| GPC/RCGP Joint IT Committee                     | Joanne Bailey          |
| Independent Doctors Forum Rep                   | Julia Piper – Resigned |
| NW & WM User Representative                     | Nick Lowe              |
| HealthSpace & Primary Care IT Programme Manager | Sandy Scales           |
| National Vision User Group Chair                | Tom Davies             |

## Location

The Kings Fund, 11 – 13 Cavendish Square, London, W1G 0AN

## Timing:

10:00 – 15:15 hrs

## Circulation:

When approved, minutes of all NHS CFH GP Pan User Groups will be published via the NHS Connecting for Health website: [www.connectingforhealth.nhs.uk/gpsoc](http://www.connectingforhealth.nhs.uk/gpsoc)

## Enquiries

Any enquiries about these minutes should be directed to the GP PUG secretariat via the GP Systems of Choice mailbox [gpsoc@nhs.net](mailto:gpsoc@nhs.net)

## 1 Welcome & Introductions

The Chair welcomed all members to the meeting. All members introduced themselves in their roles.

## 2 Agreement of minutes of last meeting

The minutes of meeting No. 11<sup>th</sup>, 10<sup>th</sup> May 2008 were discussed and were agreed.

They will be published on the GP Systems of Choice programme website at [www.connectingforhealth.nhs.uk/gpsoc](http://www.connectingforhealth.nhs.uk/gpsoc)

## 3 Review of Actions

### 3.1 Meeting No. 9

| Ref     | Owner                            | Action  | Status Update   |
|---------|----------------------------------|---|---|
| 47/2008 | Manpreet Pujara/Gillian Braunold | to discuss and advise if requirements and specification for the Summary Care Record should be distributed to the group in future. | <b>Update:</b> GB to give update today: MP suggested that it was all responsibility to encourage PCTs to address the document management. |

### 3.2 Meeting No. 11

| Ref     | Owner        | Action  | Status Update  |
|---------|--------------|---|--|
| 51/2008 | Kemi Adenubi | to ensure that PCTs are aware of the requirement to provide document management services that are compatible with GP2GP                           | <b>Discharged:</b> in Infrastructure Specification and therefore has been discharged.  |
| 52/2008 | Kemi Adenubi | to report back on the issues raised around the implications of managing a record that includes data transferred from other practices using GP2GP. | <b>Discharged:</b> Update from Manpreet who updated the group that this was currently being addressed and a further update will be given at the next meeting as an agenda item |
| 53/2008 | All          | The group members were asked to communicate with their users to support the   | <b>Discharged:</b> an assumption is being made that this is being actioned and therefore this item was discharged by the Chair.  |

|         |     |   |   |
|---------|-----|---|---|
|         |     | implementation of the PCT-Practice Agreement and to feed back any reservations expressed by users.                    |   |
| 59/2008 | All | Members were asked to review the TORs with a view to identifying how they can be enhanced to reflect the discussions. | <b>Discharged:</b> Members of the group were sent the TORs with no comments received. |

### 3.3 Meeting No. 12

| Ref     | Owner                       | Action  | Status Update  |
|---------|-----------------------------|---|--|
| 60/2008 | Andy Carr                   | To provide a link or list so that group members can identify who the GPs are on the various groups consulted for the Summary Care Record            | <b>Discharged:</b> The list of clinical group members on the Summary Care Record was distributed to the group. |
| 61/2008 | Paula Moss                  | To distribute the slides presented to the group by Andy Carr  | <b>Discharged:</b> Presentation distributed  |
| 62/2008 | Paula Moss                  | To distribute the slides presented by Sandy Scales and the requirements document to the group   | <b>Ongoing:</b> Manpreet/Peter to speak to Sandy and obtain update slides                                      |
| 63/2008 | Paula Moss                  | To extend an invitation to the Choices team to present to the group.  | <b>Ongoing:</b> Invitation extended for September meeting.   |
| 64/2008 | Paula Moss                  | to forward the advertisement for the roles of Clinical Lead and Clinical Safety Lead for HealthSpace to the membership of the group once available. | <b>Ongoing:</b> PM gave an update that the vacancies were not currently released for publishing                |
| 65/2008 | Manpreet Pujara/Peter Short | to review the GP PUG Terms of Reference and distribute a new version for comment by the group.  | <b>Update:</b> to review the current TORs and re-distribute a new version to the group for comment.            |
| 66/2008 | Paula Moss                  | to send invitation to the group members of 10 <sup>th</sup> July as a new meeting date.   | <b>Discharged:</b> Group members were sent an invitation to the meeting.                                       |

## 4 General

The Chair noted that when new dates for 2009 GP Pan User Group meetings were set that the following criteria should be applied:

1. The last Thursday of the month should be avoided
2. That the meeting alternates in months with the GPSoC Advisory Group

**67/2008: Liaise with KA and Peter/Manpreet for the setting of dates for 2009 but the group would like these on alternate months.**

PM advised that this could be achieved and dates would hope to be distributed around September 2008.

## 5 Role based access control: A rational approach by Steve Davison and Colin Fincham, NHS CFH Access Control (Registration) Team

Presentation was given by Steve Davison and Colin Fincham from the Access Control (Registration) Team.

Steve asked for feedback and consensus from the group as the presentation progressed.

The principals of Role Based Access Control (RBAC) and how the current rationalised model was defined were presented. Rationalisation was based on extensive to make RBAC easier to understand and apply. The consultation involved a wide range of stakeholders which resulted in a new version being released, version 24. Steve showed a before and after example for GPs which reduced 26 baseline activities to 6.

Questions from the group centred on the contractual implications and the group were keen to ensure these were built into both LSP and GPSoC contractual documentation. Steve confirmed that this was indeed the case.

The benefits of rationalisation are that it is safer for patients (users are more likely to have the access they need when they need it) and better information governance (users are less likely to have access they do not need). There are reduced operational costs, reduced maintenance costs and increased stability. Rationalisation also supports integration of Human Resource and Registration Authority processes. Steve asked group members to pass on the benefits to their users to ensure the understanding of the rationalisation was communicated and that its uptake by suppliers is promoted.

The current status is that the non-rationalised model sits along side the rationalised model until both the suppliers and the RAs have moved to the rationalised model. There are new features in version 24 of the National RBAC Database, and this version of RBAC model is in a much more stable position. Suppliers are beginning to migrate to the rationalised model. It is anticipated that all new functionality developed by suppliers should be catered for by version 24, i.e. no new roles, activities or Areas of Work will be required now the model is stable.

There has been considerable work undertaken with SystemOne and Steve explained the issues which were encountered whilst working through the process and in particular dispelled the myth that rationalised RBAC prevented new functionality being deployed. There were some concerns that suppliers may not find migrating to the rationalised model a priority within their development cycle and asked the group to support this process with their user groups.

Tony Penney identified that on the ground there was considerable difficulty introducing RBAC and how the pain was now being felt within the East Midlands SHA where SystemOne is deployed. As TPP have not implemented full use of RBAC the results were causing havoc.

The group asked for clarification that the understanding was that the user puts their smart card into the reader and this identifies appropriate access and that supplier systems can accommodate this. Steve confirmed that this was indeed the case. This should be for all systems including both primary and secondary care.

The group identified that there was no issue for GPs but the standard roles do not necessarily match the administration level within GP Practices and that this causes issues. To get an administration role augmented to reflect the appropriate access had historically been an issue but is hoped that this should be easier within the rationalised accesses rights. Specifically, the problem was that PCTs were applying the RA process in a constrained way such that a local GP could not add the additional access rights to their local administrators. It was agreed that this was a local problem which would need discussion with the PCT. It is not an inherent problem in RBAC.

Several members of the group emphasised that RBAC should not be used to enforce local processes where management control is more appropriate. The specific example of blocking appointments in SystemOne was discussed, where staff members are incorrectly booking into blocked appointment slots this is something that should be addressed through discussion and management action.

Finally, Colin Fincham asked a specific question about where suppliers should map the capability to update allergies for patients. There was much discussion and unanimous agreement that it should be mapped to Perform Detailed Health Records since this is an important piece of clinical information which could encompass a wide range of potential health issues. Mapping to Perform Patient Administration was discounted as this information has no bearing on the administrative process.

**68/2008: The group were invited to identify if they would like to be part of the group nominated to discuss rights issues. Members are therefore asked to identify themselves and notify Paula Moss of their interest.**

## **6 General Practice Extraction Service (GPES) – Dave Roberts, Programme Head, The NHS Information Centre for health and social care**

A presentation was given by Dave Roberts, Programme Head – non-acute care, The NHS Information Centre for health and social care. Dave also identified that his role for GPES is as Project Director for the GPES project.

Background was given on the current situation and how the market was changing to impact the QOF data which is intended to be replaced by GPES. There is also work being undertaken around patient survey work and the QOF assessor toolkit. It is anticipated that QOF will be changed based on Lord Darzys' report and the impact of this is a more locally managed service.

Dave identified some of the business requirements that are currently coming into the Information Centre in relation to utilising the data currently available and how to utilise new data requirements. The areas currently being considered are within the presentation.

The current situation is also identified within the presentation and Dave explained the limitations currently being worked with. For example, MIQUEST and a possible MIQUEST2; the restrictions on how data is collected and duplication of effort and costs and the restrictions within the architecture.

There was an explanation on how the work streams are developed and how these are prioritised.

GPES will have a phased approach to implementation with internal DH agencies identifying their requirements initially and then this will be expanded to include further health agencies. Within Phase 2, the requirements will be extended to the GP Practice, PCTs etc. The scale will be greater and therefore will be managed cautiously to ensure safe practice throughout.

GPES currently has a Project Board, a stakeholder group and is jointly sponsored by NHS CFH and IC.

Dave explained that it was not the intention to extract from GPs practice data on a regular basis and if there is another way to obtain the data this would be explored initially. Therefore this will ensure that the data extracted from GPs is not too frequent.

Discussions centred on the mechanisms of obtaining data and utilising existing routes. There was also a need to ensure that the data is of a quality that is appropriate and discussions were around PRIMIS+ and training within GP Practices to support quality. The issues discussed was around the long term education for GP Practices on data quality and how the short term fix identified by the IM&T DES did not address the long term education needed.

The group identified that there should be communication with the GP Practice to identify that data will be taken out, what that data was and the outcomes of the analysis. The group also felt it would be helpful to know in advance what data is due to be taken out so that in principal the GPs should be able to view this prior to extraction and identify any anomalies. There was a feeling that having comparison data was also very helpful.

Dave also confirmed that data would be used once and deleted after the purposes for which it had been extracted was complete.

Discussions were around pseudonymised data and what that means and how this would be addressed in future. There was a brief explanation on how this could be approached but it was felt that this was not for the discussion today.

There was concern raised that the implications of GPES will impact on the home countries QOF and how the outcome files would be managed. Assurance was given that the current process would not change, because of GPES, on QOF and that there would be appropriate discussions on how this would impact on Wales, Scotland and Northern Ireland.

Web site for further information on GPES: [www.ic.nhs.uk/gpes](http://www.ic.nhs.uk/gpes).

**69/2008: PM to distribute the presentation given by Dave Roberts to the group.**

## 7 NHS Scotland Update and Approach – Stewart MacDonald

Stewart MacDonald gave a presentation on how Scotland is currently approaching the modernisation of GP systems in Scotland.



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Stakeholder Mgmt\5.

## 8 Primary Care Lifestyle Interventions to reduce vascular risk: Information requirements & decision support, Michael Soljak, Public Health Intelligence & Information Strategy, Department of Health

Michael Soljak introduced his colleagues from the Department of Health as Kay Thomson, Physical Activity Team; Don Lavoie, Alcohol Team; Elizabeth Lynham, Vascular Programme.

A presentation was given by the team above outlining work conducted by the Department of Health to identify deficiencies in the recording of lifestyle information within GP and other IT systems. Reviewing current data sources had revealed less accurate and helpful data in certain fields that limits potential use to report on current status, monitor change and implement interventions.

Presentations were given providing brief accounts of collaborative work to create improved tools for data recording in the fields of physical activity and Alcohol consumption/Hazardous drinking. This included standardised scanning tools with links to NICE guidance, and brief intervention materials. Some of these are currently being trialled in London (EMIS) practices.

Group discussions focused on the validity and evidence behind these 'new' scoring tools, requirements for seamless integration into GP systems for maximal functionality, the risk scoring 'algorithms' behind each calculation, and the incentives for wider adoption.

GPs present requested further details are made available by Michael through the PUG secretariat, including the slides, documentation and research references. GP user group representatives were in agreement to take this information back to user groups as useful additional 'worked-up' tools. DH team are encouraged to produce a stand-alone 'demonstrator' to widen the interest and contribute to 'proof-of-concept'.

Elizabeth Lynham introduced herself as DH colleague with responsibility for Vascular Screening Programme, and a future presentation/discussion on the DH initiative was thought to be appropriate at a future meeting.

**70/2008: PM to distribute the presentation given by Michael Soljak et al, including background reference material to be forwarded by his teams. Arrange date for EL presentation to PUG.**

## 9 Southern Programme Update – Nigel Taylor

The group discussed the implications of the withdrawal of Fujitsu as the LSP for the Southern Programme.

## **10 GP IT Update – Manpreet Pujara/Peter Short/Gillian Braunold**

Gillian Braunold outlined the current proposals for change to the consent model for Summary Care Record, which are awaiting approval by the Summary Care Records board before release for further consultation.

Peter Short outlined prospective work being put out to tender around 'shared care records professional guidance' to augment existing 'Good Practice Guidance' for electronic records in the light of developing shared records environments.

Peter gave an outline of a request from the National Bowel Cancer Screening Service to consider a request for electronic distribution of results to surgeries through existing pathology messaging systems. Documentation was forwarded prior to the meeting for comment and the group were asked to respond directly through Peter Short.

## **11 Future Meetings**

18<sup>th</sup> September 2008 – please note this is a change.

27<sup>th</sup> November 2008

The meetings will be held in The Kings Fund, Central London at either 10:00am to 3:00pm or 10.30am – 3.30pm.

Agenda's and papers would be distributed one week prior to the meeting commencement.