



Connecting for Health

**NHS CFH Pan User Group
Notes of Meeting No. 1
14th July 2006**

Attendees

Professor Mike Pringle	NHS CFH Joint GP Clinical Lead (Chair)
Dr Gillian Braunold	NHS CFH Joint GP Clinical Lead
Kemi Adenubi	NHS CFH GPSoC Programme Director
Peter Dyke	NHS CFH GPSoC Programme (Secretary)
Dr Rashid Kadhim	Seetec GP User Group Representative
Dr Gerry Bulger	Microtest GP User Group Representative
Dr Nigel Taylor	Southern Cluster GP User Group Representative
Dr Sarah Young	Ascribe GP User Group Representative
Dr Tim Cotton	Healthy Crosscare GP User Group Representative
Joanne Bailey	BMA/RCGP Representative
Dr Julia Piper	Independent Doctors Forum Representative
Dr Adam Paxton	East and East Midlands Cluster GP User Group Representative
Dr Nick Lowe	North West & West Midlands Cluster User Group Representative
Dr Tom Davies	InPS Vision GP User Group Representative
Dr Manpreet Pujara	EMIS GP User Group Representative
Dr John Parry	TPP GP User Group Representative
Richard Gunn	iSOFT GP User Group Representative
Dr Laurie Slater	London Cluster GP User Group Representative

Apologies:

Dr Paul Robinson North East Cluster GP User Group Representative

Location

Department of Health, Room 7/1/6 New Kings Beam House, 22 Upper Ground, London, SE1

Timing:

2.00pm – 4.00pm

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

Enquiries

Any enquiries about these minutes should be directed to the GP PUG secretary via the GP Systems of Choice mailbox gpsoc@cfh.nhs.uk

1 Welcome, Introductions, Scene Setting

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

The Chair then outlined the background to the establishment of the group and its purpose, as outlined in the terms of reference document.

Individual Members were asked to declare any interests. These will be documented:

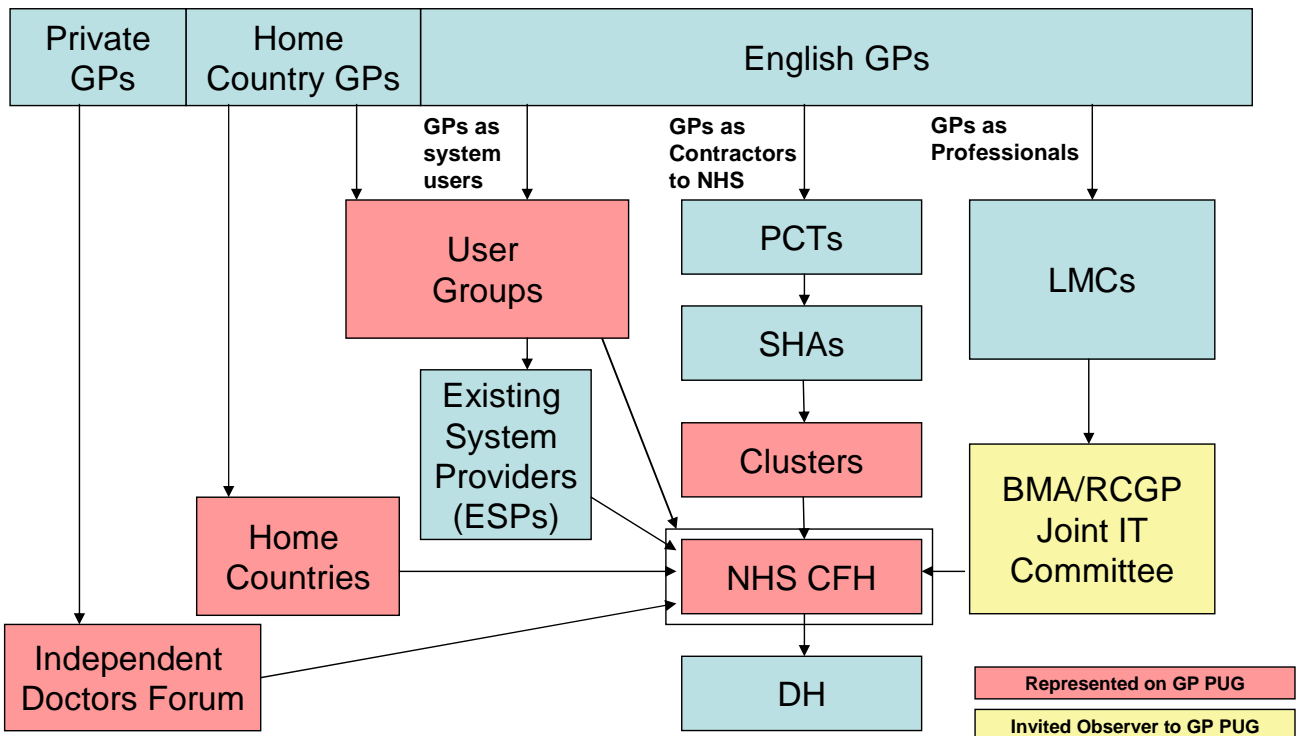
Action 1/2006: Secretary to issue and members to complete and return register of interests form.

2 Review of GP PUG Terms of Reference

Dr Gillian Braunold introduced the draft Terms of Reference for the GP PUG. This had been drafted to encourage input from members of the group and provide a basis for initial discussion with the group at this inaugural meeting.

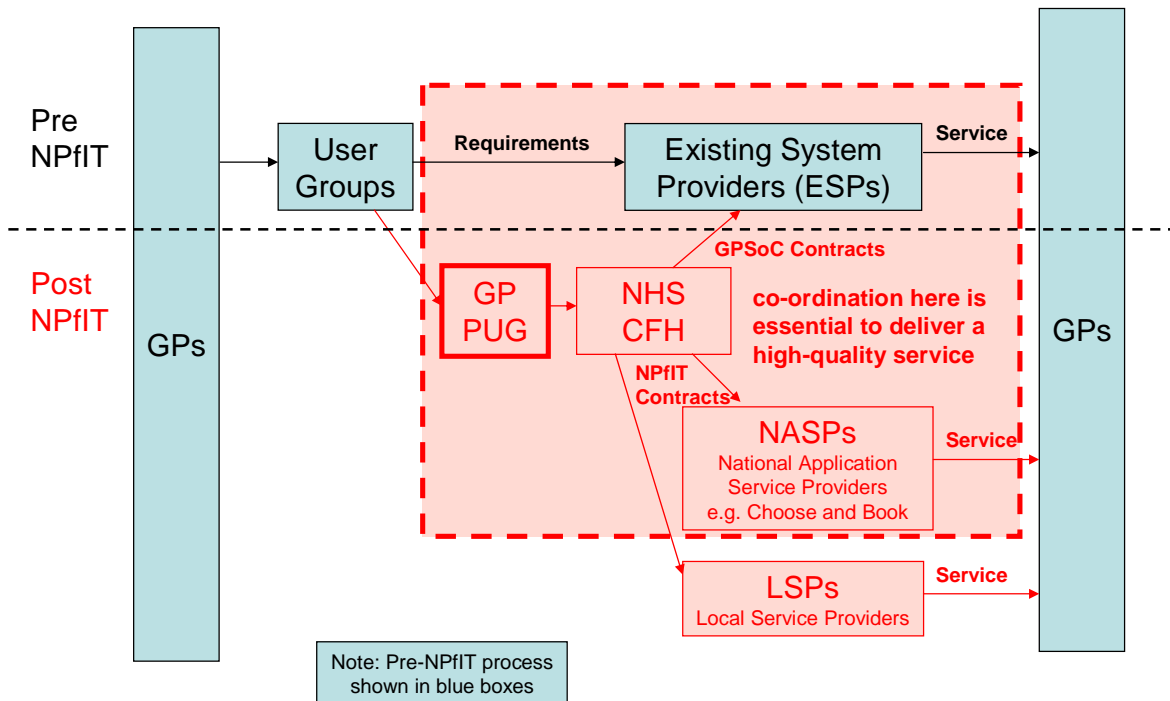
The role of the GP PUG as a mechanism to input the views of GP users is as depicted in the diagram below:

GP PUG: Representing users interests to NHS National Programme for IT



The importance of GP PUG in representing GP's views to NHS CFH is as represented below:

GP PUG: Driving Development, Reviewing Delivery



A discussion on the TOR took place, with the following points being raised:

- The opportunity afforded by the group as a mechanism to express a common voice to both GP system suppliers and NHS CFH alike.
- The opportunity afforded by the group to promote positive engagement between NHS CFH and GPs users.
- The opportunity afforded by the group to help set and align the system development and service delivery priorities of NHS CFH and Existing GP Clinical IT suppliers
- The opportunity for different user groups to share experiences and effective paths to resolve issues
- The need for GP PUG to compliment but not replace the work of other forums such as the BMA/RCGP JITC, and the user groups themselves
- The extent to which NHS CFH would respond to recommendations made by the group
- The manner in which formal communications structures could be enabled for those user groups which do not currently have such mechanisms in place. How NHS CFH might support this activity through e.g. list servers.
- How stakeholder expectations of both the group and of individual user group Chairs as members could be managed
- The Terms of Reference and minutes of meetings would be publically available
- The need to represent the collective interests of all GPs as users – whether interested in IT or not
- The need to clearly explain to GP users how they engage with GP PUG

With regard to representation:

- It was noted that the interests of Allied Health Profession should be taken into account as users of GP systems.
- It was noted that representatives from Scotland, Wales and Northern Ireland would be invited to future

There was a request to consider that JGPITC have formal representation rather than observer status and also a suggestion that they have both RCGP and GPC representatives.

ACTION 2/2006: Chair to consider request to expand the scope of formal representation at the PUG.

ACTION 3/2006: All members to review the initial draft Terms of Reference and pass back specific comments to Peter Dyke at earliest opportunity.

3 Introduction of GP Systems of Choice (GPSoC)

Kemi Adenubi, Programme Director for GP Systems of Choice within NHS CFH gave an overview of the current proposals for the GP Systems of Choice. Details of the proposed scheme are published via www.connectingforhealth.nhs.uk/gpsoc and are not reproduced in these minutes.

There was discussion of different aspects of the proposal and the following sections summarise the output from the discussion and question and answer session:

3.1 Status of GPSoC

GPSoC cannot be brought into effect unless the Full Business Case (FBC) is approved by the Department of Health and HM Treasury. NHS CFH have submitted the GPSoC FBC for scrutiny. The timetable for approval will be set by the approving bodies.

All statements about the operation of GPSoC are made subject to FBC approval

3.2 Migration between systems

There were questions about how migration between systems would be funded. There are full details on the gpsoc website and the following summary was provided:

- Migration to an LSP solution will be funded centrally
- Migration to an upgraded version of a practice's existing ESP provided system will be funded centrally.
- Migration between ESP systems will be subject to a local business case and may be funded locally by the PCT.

Clarification was sought as to whether migration between ESPs would be funded if, in so doing, a practice would be moving to a higher GPSoC level. Kemi Adenubi confirmed that there would be no central funding for such a migration but that this could be funded locally based on a local business case.

One member thought that there would be no central funding for a practice's system if it chose to migrate to another ESP. Kemi Adenubi confirmed that this was not the case and that annual service charges for the practice's system will be funded subject to a local business case for the migration having been approved and the destination system being GPSoC compliant.

There was a question as to whether NHS CFH's position on funding migration was in contravention of the provisions of the nGMS contract. Gillian Braunold stated that the nGMS contract is about a choice of systems and does not include a requirement that migration charges be funded.

An observation was made that the NHS CFH approach to funding migration would freeze migrations between ESP systems and there was some discussion about the possible impact on the dynamics of the GP clinical system market.

3.3 Contractual Arrangements

Kemi Adenubi made the point that an important aim of GPSoC is to provide greater transparency about the performance of NHS CFH and the ESPs in the delivery of services to GPs. The proposed arrangements for GPSoC include a requirement that for each supplier, compliance status, technology roadmap, progress through the compliance process, including reasons for delays, system performance and price will be published on a public website.

The proposed contractual arrangements include requirements for a data take off service to facilitate data migration between systems and provisions for retention of an existing system for a reasonable fee in the short term in order to maintain access to records while the new system is being bedded down. These provisions have been included to facilitate choice but have not yet been agreed by all suppliers.

The GPSoC contracts will be between PCTs and suppliers. In order to address the concerns raised by GPs about the delivery of services by PCTs and to ensure that the contractual obligations on practices in respect of the use of the GP clinical software can be governed, the GPSoC team has suggested that there be a formal agreement between each practice and its PCT. There is no formal position as to how such an agreement might be enacted at this time and the GPSoC team will be working with DH colleagues to agree the status of such a document..

Action 4/2006: Members of the PUG to receive a copy of the draft PCT-GP agreement for review when it becomes available.

3.4 Motivation to move up compliance levels

Some members were unsure whether suppliers would be appropriately motivated to move up the GPSoC levels to introduce new functionality. NHS CFH view is that additional payments to suppliers at higher levels, coupled with clear publication of supplier status against level and each other, will allow GPs to exercise choice in selecting systems. GP2GP records transfer capability (Level 3) is seen as very valuable to GPs with high list turnover.

3.5 Implementation of Common User Interface (CUI)

NHS CFH confirmed that introduction of a Common User Interface was still an objective, and is being developed. It will be reviewed at future meetings.

3.6 Consistency of Message

It was reported that some GPs users had raised a number of issues relating to the actions being taken by some PCT staff to persuade them to migrate to systems that they did not wish to migrate to.

NHS CFH confirmed that:

- The correct message regarding the status of Existing Systems under the proposed GPSoC scheme is as recorded in the documentation published at www.connectingforhealth.nhs.uk/gpsoc .
- Should a GP wish to raise issues, they should do so formally with their PCT (in writing) if the PCT has not documented their statements.
- If matters are not satisfactorily resolved at PCT level, the GP may escalate to LMC level
- If matters remain unresolved, they can be escalated to BMA/RCGP JITC who can raise formally with NHS CFH GP Systems of Choice programme team.

3.7 Funding for the Independent Sector

GPSoC is proposed as a mechanism to fund provision of GP IT systems to support GPs in delivery of care to NHS patients. Further clarity will be provided on how GPSoC operates where mixed private/NHS work is undertaken. *Action: 5/2006: Peter Dyke to review with Dr Julia Piper*

3.8 GPSoC IT Infrastructure Specification

A specification for the IT infrastructure required to ensure the performance of NHS CFH applications has been prepared. Release of funding is subject to approval of the GPSoC FBC. The plan is that funding will be released to the new SHAs for distribution to PCTs.

3.9 Training

There was a question about the adequacy of the training that would be included within the central funding for GPSoC. Kemi Adenubi confirmed that the ESPs had been asked to identify and quote for the extent of training required for end-users to make effective use of their systems. A price for full training and for train the trainer where the PCT plans to provide the necessary training local training has been sought from each supplier.

4 Communications

NHS CFH has created a number of clear routes for communication relating to GPSoC, and with GP PUG as follows:

- Documents are published at www.connectingforhealth.nhs.uk/gpsoc
- Any questions or comments about the GPSoC proposal should be emailed to gpsoc@cfh.nhs.uk
- Media Briefings will be conducted as appropriate
- GP PUG has been established and will meet on a regular basis
- Cluster Briefings will be held for Primary Care/GP representative (26th July London – fully booked - others TBC)
- Regular supplier meetings are taking place

NHS CFH are currently preparing to deliver a number of Clinical Engagement events in the Autumn, that will include specific events for GPs. **Action 6/2006: Peter Dyke to issue details of the event programme GP PUG members.**

Action 7/2006: Peter Dyke to establish a GP PUG list server, and consider other options for improving communications within the group.

To assist Supplier User Group members engagement with the NHS National Programme for IT specifically, they are encouraged to raise any questions on any matter relating to NHS National Programme for IT activities the GP PUG secretary Peter Dyke in the first instance via the gpsoc@cfh.nhs.uk mailbox.

5 Choose and Book

The GP PUG received the attached presentation from Dr John Nicholas, GP Clinical Lead for the NHS CFH Choose and Book Programme. Dr Nicholas was supported by Chris Elkins, NHS CFH Design Lead for Version 4 of the Choose and Book Service.

A number of immediate observations were made:

- There was general support for the closer integration of the Choose and Book application within the GP Clinical System application.
- There was a concern the current NHS CFH Helpdesk processes – which require provision of UBRN and Screenshot – are difficult for GP users to deal with, with the result that many issues go unreported.
- There was a concern that the majority of practices used different screen resolutions to that required by Choose and Book.
- The ability to tailor referral letters at practice level and incorporate these into CAB referrals is critical to support existing referral process agreements with consultants
- GPs and patients should both be able to see the communication being sent to patients by Consultants
- The structure of the Choose and Book service is seen by some as being the wrong way up: It should start with the ability to view available specialities, then add patient information once one has been identified – not the other way around.
- There needs to be a clearer understanding of where delays are occurring in the chain: ESP – N3 – Spine – CAB: and a way forward to get these matters identified and addressed.

- As CAB expands the problem will be to get to an “available” list rapidly that is rational – some sort of preference will need to be incorporated since the lists will be too long to be meaningful.
- The view was expressed that ambitions of practice based commissioning, user of referral management centres, and current CAB implementation are not entirely aligned. As general feedback GP User representatives believed that more was required to join up Policy, Business Process and technical implementation in the service: ***ACTION 8/2006 Gillian Braunold & Mike Pringle to consider this in more depth in their role as Joint GP Clinical Leads for NPfIT***
- There was general uncertainty as to how GP PUG representatives could raise the wide range of matters that they wished to communicate relating to Choose and Book, and where to direct them within NHS CFH. Further understanding was also required as to how GP PUG would work with other forums inputting into Choose and Book development. ***ACTION: 9/2006 Peter Dyke to clarify with Choose and Book programme. Also to collate current issues from GP PUG members and work with the CAB team to direct them as appropriate within NHS CFH/DH***

6 AOB

There were no other issues raised.

7 Date of Next Meeting

The next meeting will be held in London on Thursday 14th September. Details will be provided in due course.

Minutes approved at GP PUG meeting No. 2, 14th September 2006