

APPROVED



**GP Pan User Group
Notes of Meeting No. 7
25th July 2007**

APPROVED

Attendees

Dr Gillian Braunold	NHS CFH Joint GP Clinical Lead
Professor Mike Pringle	NHS CFH Joint GP Clinical Lead (Chair)
Dr Gerry Bulger	Microtest GP User Group Representative
Dr Manpreet Pujara	EMIS GP User Group Representative
Dr Tim Cotton	Healthy Crosscare GP User Group Representative
Richard Gunn	iSOFT GP User Group Representative
Dr Tony Penney	For Dr Chris Mays
Teresa McCrory	NHS Northern Ireland Representative
Sandy Scales	NHS CFH GP2GP and Healthspace
Kemi Adenubi	NHS CFH GPSoC Programme Director
Len Chard	NHS CFH N3 Programme Director
Paula Moss	NHS CFH GPSoC Programme (Secretary)

Apologies:

Dr Paul Nathan	TPP User Group Representative
Dr Julia Piper	Independent Doctors Forum Representative
Dr Nigel Taylor	Southern Cluster GP User Group Representative
Joanne Bailey	BMA/RCGP Representative
Dr Chris Mays	East & East Midlands GP User Group Representative
Dr Sarah Young	Ascribe GP User Group Representative
Peter Dyke	NHS CFH ESP Programme Manager
Martin Dickinson	NHS Wales Representative
Dr Nick Lowe	North West & West Midlands User Group Representative

Non attendance:

Stewart MacDonald	NHS Scotland Representative
Dr Tom Davies	InPS Vision GP User Group Representative

Location

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

Timing:

10:30 – 15:30 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

Enquiries

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

APPROVED

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. 6, 10th May 2007 were discussed and were agreed pending one change under section

They will be published on the GP Systems of Choice programme website
www.connectingforhealth.nhs.uk/gpsoc

3 Review of Actions

3.1 Meeting No. 1

Ref	Owner	Action	Status Update
4/2006	Kemi Adenubi	Members of the PUG to receive a copy of the draft PCT-GP agreement for review when it becomes available	Ongoing: Substantially agreed with representatives from Joint GP IT Committee. Awaiting final confirmation that all GP points closed before circulating to PCT representatives for discussion and agreement. UPDATE: Meeting No 6: Document with Joint GP IT Committee and therefore distribution pending. UPDATE: To be distributed following approval by JGPITC.

3.2 Meeting No. 2

Ref	Owner	Action	Status Update
13/2006	Peter Dyke	Details of GP Clinical System provider workshop (to discuss implications of Choose and Book V4 and gain supplier input) would be notified to GP PUG members as and when identified	Ongoing: Scope of CAB Release 4 under internal discussion. Workshop with suppliers not yet held. Update: CAB V4.0 upgrade has been set to April 2008. Update: PDyke to pass action to Max Finch for a response.

APPROVED

3.3 Meeting No. 4

Ref	Owner	Action	Status Update
2/2007	Peter Dyke	To raise NWW hosting service opportunity with NHS CFH Infrastructure Services Team	Ongoing: PD gave an update to the round but identified that further information was required.
5/2007	Len Chard	To provide draft of proposed revised Acceptable Use Policy for N3 for review by GP PUG	Discharged: No longer required as issue has been resolved.

3.4 Meeting No. 5

Ref	Owner	Action	Status Update
8/2007	Gillian Braunold	To prepare a communication update to explain the share/not share option and the reasoning behind it and the process overall.	Discharged: Pending

3.5 Meeting No. 6

Ref	Owner	Action	Status Update
18/2007	Gillian Braunold	Gillian Braunold to raise with the Project Board a suggestion for a mandated date for SNOMED introduction.	Ongoing:
19/2007	Sandy Scales	Sandy Scales to make presentation available to the group.	Discharged: Presentation distributed to the PUG
20/2007	Sandy Scales	Sandy Scales to pass recommendation for 'guidance' document on for actioning.	Discharged: SS reported that this was an open request and therefore could be closed.
21/2007	Mike Pringle	Mike Pringle to discuss with ETP and respond to group.	Discharged: MP updated the group
22/2007	Mike Pringle	Mike Pringle to find out if there is a clinician on the ETP Programme Board and invite Gillian Braunold to the relevant part of the meeting.	Discharged: MP Updated the group
23/2007	Gillian Braunold	Gillian Braunold to call a meeting involving Tim Donohue, Mike Pringle, Cheryl Cowley, Tom Davies, Susan Grieve, to discuss clinical governance	Discharged: Meeting held

APPROVED

		around ETP R2.	
24/2007	All	Please identify interested GPs for this process via email to GPSoC mailbox	Discharged:

4 GP to GP Update and Discussion

Sandy Scales, Primary Care IT Programme Manager, gave a hand-out updating the group on developments on GP to GP.

It was confirmed that interoperability in Croydon between EMIS and InPS were resolved and approved and therefore further roll outs would commence. It was also reported that it is anticipated that iSoft will be delivered by Q4 2007.

The group felt that if specifications were delivered and stable prior to release then the process of implementation could be made swifter. The group felt that getting early user involvement was the key to alleviate pressure around writing specifications and ensuring clinical safety. The group also felt that, in particular to the Summary Care Record, their comments were not valued by the programme areas.

25/2007: Sandy Scales to identify process for escalation of concerns and send a file note to G Hextall in support of release and development of specifications to reflect release of one stable document with no movement for an identified period.

The group also felt that if NHS CFH supported the adoption of the SNOMED-CT then real benefits and value would be felt for GP2GP.

It was reported that a supplementary business case was being put together to identify further developments on GP2GP.

A request was made to identify details of practices that have gone live for N3 reporting.

26/2007: Sandy Scales to forward to Len Chard details on live practices.

GP2GP had successfully transferred records which only a few having been rejected through file size. Currently anything over 5Mb would be stopped and this would inhibit the transfer of all records from that practice. The practice would be notified of the record that was causing an issue and therefore this could be actioned locally and then resent. The next Spine release enables full download without file restrictions.

In concluding it was reported that GP2GP was now ready to roll out for EMIS and InPS and there will be a facility to monitor take up of training to support this.

5 Healthspace – Update and Discussion

Healthspace had currently gone live in two areas with a take up of moderate levels. A third area had also gone live where uptake was anticipated and subsequently proved to be higher based on the demographics of the area. It was felt that the system is now more secure and has been bug tested and therefore assurance can be given that Healthspace is a secure service.

Final authentication is expected to be face to face with the GPs and this was identified as part of a widespread consultation .

The group felt that a facility to pre-register and set up a preliminary account would also ensure an early take up of Healthspace.

Discussions centred around authentications and concerns were expressed about the sharing of information with other areas and it was felt this area should be approached with caution.

6 N3 – Update and Discussion

An update was given by Len Chard on the current functionality of N3 and the improvements and changes that had been made since the previous meeting.

It was reported that a new speed test facility will be introduced through a service portal which will enable GP's to check the speed of their current functionality and would help identify the peaks and troughs in service delivery. This is in addition to the existing HSCR (High Speed Customer reporting) which shows bandwidth usage. Whilst this facility was currently available through PCT or SHA servers, both these services will be available direct to GP practices via the new Service Portal which is expected to be available to GP's towards the end of the year after full consultation. The group felt this was a very useful way forward to understand the usability of their current services.

Discussions centred around the types of information that was currently being downloaded and the Group were advised that Face Book was the third most popular area of usage and whilst it was felt this was a misuse of the service it was also felt that blanket blocking of sites would not be adopted.

The group also requested that installation 'tips' would be helpful for guidance on what to do and what not to do around routers i.e. routers next to DVD's and Radios.

27/2007: Len Chard to update the FAQ's and populate with type of information relevant to installations and send location/address for distribution to group via Secretary.

DSL pilots currently active in 17 sites and a second pilot of a further 45 sites has already been identified. The benefits of GP DSL were more bandwidth, significant business benefits for business to business and additional resilience.

APPROVED

Discussion centred around N3 user engagements and the group were asked to identify two members of the GP PUG to get involved in quarterly meetings in Birmingham. Dr Bulger and Dr Pujara agreed to attend.

The group also suggested a member of the JGPITC was also offered a place.

28/2007: Len Chard to extend the invitation to JGPITC.

VOIP was discussed with an updated given in relation to voice traffic, voice over N3 and N3 over voice.

It was also reported that the portal will enable fault reporting to be given directly to the N3 team and therefore would enable a more direct communication.

As an action from a previous meeting (5/2007) a draft of proposed revised Acceptable Use Policy for N2 was to be provided. After consultation it would appear that to implement a change would affect individual contracts of employment. As NHS CFH does not hold these contracts a recommendation was given to Practices and PCTs to introduce. Mention was being made through the NHS CFH N3 Frequently Asked Questions section.

29/2007: Len Chard to provide a link to the section on FAQ's

30/2007: Gillian Braunold felt it was important for Len Chard to be invited to the National Advisory Group. GB will arrange.

7 Previous Actions addressed

31/2007 – Alteration to previous minutes requested: The group approved the consent model and thought it had a lot of strength. It would be additionally strong if the default position for patients could be that following upload the consent flag was switched to dissent to sharing- the amber box- and then effectively explicit consent to sharing could be sought as patients present for treatment in other settings. This was recommended that GB explore in the project. – **Discharged and actioned**

32/2007: PM to extend an invitation to Steven Miller the new medical director of Choose and Book, to the next meeting.

33/2007: Action 2/2007 to be passed to Max Finch. P Dyke to forward and discuss with Max and provide an update for the group.

34/2007: The group were asked to ensure that if they are unable to attend any meeting in future they nominate a replacement to attend in their absence.

8 Update from the Chairs

Gillian Braunold updated the group that she would be resigning as the Chair of the group following acceptance of the role as National Clinical Director for the Summary Care

APPROVED

Record and Healthspace programmes An action was taken to identify a suitable replacement for this position from within NHS CFH.

Mike Pringle updated the group that he would be resigning as GP NCL and therefore as the Chair of the group following his retirement from NHS CFH from end of September 2007.

35/2007: Gillian Braunold to invite Mark Davies come to the next meeting and discuss the replacement of Gillian and Mike as co-chairs.

Gillian then gave an update on the Summary Care Record and Early Adopters programme. A presentation of InPS system showing the impact on the user of SCR was given followed by a presentation of the iSoft system.

9 GP Systems of Choice update

Kemi Adenubi, Programme Director for GPSoC, advised the group that letters had been sent out confirming NHS CFH decision to award contracts to eight suppliers involved in the GPSoC procurement process. This would trigger the start of a ten day standstill period which had already commenced after which contracts could be signed subject to finalising contractual documentation with the suppliers and final DH approvals.

The PCT and Practice Agreement has had further iterations following the consultation meeting with GP, SHA and PCT representatives on 19 July 2007. The next stage is to obtain JGPITC agreement to the changes and SHA approval of the document.

The Infrastructure monies had been released to all PCTs.

Over the course of the next few weeks the main activities of the GPSoC team were around the communications to the wider community. It was advised that there would be one-to-one communications with all PCTs and that the web site would be restructured to explain why GPSoC was needed and what it does, etc. These messages were essential for involvement and to ensure there was engagement with the wider GP and PCT community.

A paper was presented to the group showing the communications being undertaken by East Midlands SHA. Anxiety was raised by the group around this document and it was felt the document was unhelpful. This was noted and would be discussed with East Midlands author.

Expenses were discussed as there had been some concern at the period of time taken to reimburse practices for locum cover. The group were updated on what actions had been taken and an action identified and a request was made for a documented process to ensure all practices were aware of the requirements. Practices will be notified of when their expenses have been approved so that they can alert the GPSoC team in the event of an extended delay in receiving payment.

36/2007: PM to distribute process for locum and out of pocket expenses once identified within NHS CFH.

APPROVED

The group raised concerns that there was no commercial pressure on the existing system providers to adopt SNOMED coding. Kemi outlined the various suppliers' plans for implementing SNOMED and explained why it was unnecessary to mandate this requirement. The group felt that the planned implementations satisfied the desire for early implementation of SNOMED.

Gillian reported that the clinical director for CFH with responsibility for the SNOMED programme, Mark Davies, would be invited to give the group the current thinking.

37/2007: The group asked for an invitation to be extended to Mark Davies to discuss and give an update on SNOMED-CT. PM to action.

Sandy Scales asked if Roadmaps had been presented by suppliers as part of the process.

38/2007: Kemi Adenubi to send Sandy Scales the current supplier roadmaps when stable.

The group discussed Data Migration disclaimers and were asked if any GPs had moved systems and had they been asked to sign a disclaimer by the supplier. The GPs made it clear that they would expect to have a period of live use of the system before they sign off the quality of any data migration.

10 AOB

There were no items discussed under AOB.

11 Future Meetings

The next meeting is 6th September and the last meeting for 2007 was identified as 12th December 2007.

The meetings will be held in The Kings Fund, Central London at either 10:30am to 3:30pm or 11.00am – 4.00pm.

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