



Connecting for Health

**GP Pan User Group
Notes of Meeting No. 13
18th September 2008**

Attendees

Dr Manpreet Pujara

Dr Peter Short

Dr Charlie Stuart-Buttle

Dr Chris Mays

Dr Mary McMinn

Dr Tony Penney

Dr Tim Cotton

Richard Gunn

Sandy Scales

Teresa McCrory

Paula Moss

NHS CFH NCL – Joint Chair

NHS CFH NCL – Joint Chair

EMIS User Group Chair

EOE SHA Representative

Microtest User Group

Representative

EM SHA Representative

Healthy Crosscare User Group

Chair

iSoft User Group Chair

NHS CFH HealthSpace

NHS Northern Ireland

Representative

NHS CFH Secretariat

Apologies

GPC/RCGP Joint IT Committee	Joanne Bailey
Independent Doctors Forum Representative	Julia Piper
NHS Wales Representative	Martin Dickinson
NW & WM Programme Representative	Nick Lowe
Southern Programme Representative	Nigel Taylor
TPP User Group Chair	Paul Nathan
London Programme for IT	Phil Koczan
NHS Scotland Representative	Stewart MacDonald

Location

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

Timing:

10:00 – 15:45 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 secretariat via the GP Systems of Choice mailbox 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. 12, 18th September 2008 were discussed and were agreed.

They will be published on the GP Systems of Choice programme website at 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.	Update: GB to give update today: MP suggested that it was all responsibility to encourage PCTs to address document management. Update: SCR team have requested they come and update the group specification to seek consent around the requirements. This will be scheduled into the next meeting and this action will therefore be closed.

3.2 Meeting No. 11

Ref	Owner	Action	Status Update
62/2008	Paula Moss	To distribute the slides presented by Sandy Scales and the requirements document to the group	Ongoing: Manpreet/Peter to speak to Sandy and obtain update slides Discharged: as updated slides presented at today's meeting.
63/2008	Paula Moss	To extend an invitation to the Choices team to present to the group.	Ongoing: Invitation extended for September meeting. Discharged: Presentation at today's meeting.
64/2008	Sandy Scales	to forward the advertisement for the roles of Clinical Lead and Clinical Safety Lead for HealthSpace to the membership of the group once available.	Ongoing: PM gave an update that the vacancies were not currently released for publishing Update: Roles have as yet to be released. Action transferred to Sandy Scales for future actioning.

65/2008	Manpreet Pujara/Peter Short	to review the GP PUG Terms of Reference and distribute a new version for comment by the group.	Update: to review the current TORs and re-distribute a new version to the group for comment. Update (Sept 08): action remains as potential agenda item for a future meeting.
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3.3 Meeting No. 12

Ref	Owner	Action	Status Update
67/2008	Secretariat	Liaise with KA and Peter/Manpreet for the setting of dates for 2009 but the group would like these on alternate months.	Discharged: Dates have now been set for meetings in 2009.
68/2008	All	The group were invited to identify if they would like to be part of the group nominated to discuss rights issues with the NHS CFH Access Control (Registration) Team. Members identify themselves and notify Paula Moss of their interest.	Discharged: The group to let Paula Moss know if they wish to take this forward.
69/2008	Secretariat	To distribute the presentation given by Dave Roberts to the group.	Discharged: Presentation was distributed to the Group.
70/2008	Secretariat	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.	Ongoing:

4 PACS and Primary Care – Mary Barber, NHS CFH Programme Director

Mary Barber introduced herself and the services offered through PACS and Primary Care. Mary explained to the group that she had responsibility not just for PACS but also for Prison Health.

Based on recent enquiries to Secondary Care through Acute Trusts it has been identified that the PACS data is shared with GPs. Therefore Mary wished to share with the group the plans for PACS and in particular the priorities around developments.

The initial thoughts were that the images produced through PACS were not as much of a priority as the reports that accompanied the images. However the vision was that if it was within the patients care pathway to see images and reports, then perhaps it was a consideration for the future which should be written into the plans for now.

Mary shared the outcome of the survey results from 41 trusts. Currently processes have showing that images are shared by CD and by remote access. This means that one trust can access (restricted) another trusts images through a secure route. However, this technology was not totally there. 35% of trusts say they give GPs and 42% have PCT access to PACS (mainly North East access). Mary explained that in the current solution once a GP is given access then they get access as if they were a radiologist which can cause a risk as to the information available.

There are various ways other than direct that access that should be considered and Mary explained these ways through the presentation.

The group asked if there were any plans to roll PACS into Prisons and Mary confirmed that NHS CFH have no plans to progress this at this stage.

Mary explained the current extension to the scope of the initial PACS roll out and before the plans are put together Mary hoped the group would add their view to the benefits.

The group identified the requirements and benefits as follows:

- Reports would need to be provided in a timely manner pushed to the clinician including GPs
- GPs don't want images to be sent automatically but the ability to review
- Happy to receive the report but a link to the image would be preferred which would enable the GP to download as and when required
- Create a repository of images for a GP to access
- Retinal images are more commonly of use in General Practice and should be readily available
- Community hospitals/Darzi clinics/outreach centres should have access before GPs
- Adds power and gives more value to the consultation
- Technology is not the solution but a supporting tool
- If not there then time is wasted chasing reports and images
- The group identified the difference between images and photo's
- Patient care is improved

Mary explained that the North West were using shared images in both photo and report format. The group asked for further information.

71/2008: Mary to get information from the North West to distribute to the group on how digital images have been shared in both photo and image format through Paula.

Mary advised that there is a feasibility study currently being undertaken which was looking at the areas of primary care access to radiology report.

The group then discussed risks associated with different secondary care access rights and identified the following:

- There is the possibility of the diagnosis coming before the report, the issue should be defined that the GP should see it after the expert clinician has made a report.
- X-rays arrive with no diagnosis and then it is difficult for the GP to identify what the next stage is.
- Access to the information around security needs to be defined to ensure it is not too difficult and then unused or too easy so there is a risk of confidentiality.

It was agreed that Mary would prepare a paper for distribution to the group for input.

72/2008: Mary to prepare a paper including the benefits and risks of Primary Care access to the Radiology report for distribution to the group.

5 GP IT Update – Kemi Adenubi, NHS CFH Programme Director

Kemi Adenubi brought to the groups attention that GPSoC has had its one year anniversary. For the coming year the focus was now on getting functionality released particularly on the Summary Care Record and EPS2. NHS CFH has done some specific work around ways of working and building relationships with suppliers to facilitate delivery.

SHAs and PCTs were working towards the signing of the PCT-Practice Agreements. The group raised concerns around Appendix 5 and the exclusion of software. Kemi indicated that local negotiations are ongoing and that PCTs, GPs and LMCs need to reach local agreements that suit their circumstances.

Kemi identified that all SHAs had been asked to set target dates for PCTs to sign PCT-Practice agreements with their practices. These targets, along with progress updates, would be published on the GPSoC web site.

The NHS Litigation Authority will require experts from the SHA/PCT/GP community to support the dispute resolution process set out in the PCT-Practice Agreement and the group will be asked to provide nominees.

73/2008: KA will send out a communication asking for support from the group for experts to sit on dispute resolution issues that may arise in the future.

GPSoC will be looking to renew the current Framework Agreement in early 2009 and in so doing have identified that there will be a need to re-visit the Business Case to reflect, for example, the changes in the South.

The group discussed the PCT supporting migrations and how the funding works locally and nationally. The group felt that migrations would happen more freely now through GPSoC.

The group also felt that publishing suppliers' performance against service levels would help GPs and PCTs with the decision making process.

6 Overview of NHS Choices – Bob Gann

Bob Gann, Head of Strategy, NHS Choices, Department of Health introduced himself to the group along with Guy Lavis, Head of Communications for CAPITA. Bob explained that he had asked Guy to come along as the services offered on NHS Choices was largely sourced to a third party supplier and this was CAPITA.

Bob explained that 18 months ago the Secretary of State asked the Department of Health how they were looking at introducing web based information to the public. At that time there were many NHS web sites and that is when NHS Choices was developed as a consolidation of these sites. Over a very short period of time NHS Choices was developed through a fast tracked approach has ensured that NHS Choices was a continually developing programme and the vision for NHS Choices was shared with the group.

The group commented that there were areas where improvements could be made. The first was access to the service and it was felt that this was not easy. The second, was on improving the information contained within the service and again this was not easy to update. The group suggested that perhaps a way to sell usage of NHS Choices was to offer benefit to GP Practices for example the ability to print practice leaflets.

Bob and Guy confirmed that indeed these were recognised issues which were in the pipeline to improve along with a number of others include practice leaflets.

NHS Choices was described as the front door to the digital NHS and Healthspace was one of those tools.

The group asked for confirmation on engagements with the profession and primary care and Bob reported that Formal governance was through the Clinical Advisory Board which includes the RCGP and the HealthSpace Board. Stakeholder engagement was also through the BMA and GPC, conversations with Royal College around the QOF data and when there is new data then there will be discussion around content. There was also a communication sent to every GP in England which resulted in around 500 members who are consulted from time to time on content. Events include the RCGP, NHS Alliance, and where ever there is a workshop engagement programme. There were road shows with 10 SHAs but there are plans to integrate and do more work with PCTs.

The group thanked Bob and Guy for coming to the meeting and explaining NHS Choices and its plans.

7 NHS Healthspace – Sandy Scales and Chris Kenworthy

Sandy Scales and Chris Kenworthy presented the new demonstrator to the group. Consultations had taken place not just in the UK with professionals and the general public. This has resulted in a new business case being completed and presented and there was hope this would be signed off very soon.

HealthSpace currently has around 50,000 users with between 500-800 of the general public signing up weekly to the service.

There followed a demonstration of HealthSpace and the group were asked their views and concerns. These were noted as follows:

- The authenticator is an issue
- The second person under shared control should not be asked for NHS number
- Post code should also be added under shared control
- If someone has attempted to log in and failed three times, then an email should be sent to advise them of this.
- Access should be via teams and not just specific doctors
- The preferred route would be through one email system [perhaps NHSMail]
- There needs to be a medico legal requirement to obtain an audit of transactions

Sandy invited the members to a workshop which was being held in London on the 2nd October.

74/2008: Sandy Scales to send the group an invitation to the workshop on HealthSpace on 2nd October 2008 in London.

8 AOB – Manpreet Pujara/Peter Short

8.1 Summary Care Record

The consent model for the summary care record was discussed with a view to obtaining further input at a future meeting. Manpreet advised that we had been approached by the SCR team for a meeting in October outside the normal timetable. Further information would be sought on the content and if possible integrated into a future meeting date.

8.2 Meeting Content and Frequency

The group decided that there were too many presentations at the meetings and it would be helpful if there was more time on the agenda for discussions. Meetings would be moved to quarterly with a request to ensure these do not coincide with GPSoC Advisory Group meetings. The group also suggested there may be topics which the group would like discussed at the meetings and therefore members were asked to email these in when required.

8.3 Shared Professional Records Group

Peter advised that the above group that the work package had commenced. From this the SPR group are to produce a draft report which is anticipated in December/January and a final report by the end of March 2009. This will then be circulated to the group.

8.4 Membership changes

Richard Gunn, iSoft User Group Chair, advised he would be retiring and replaced by Dr John Lockley. The chair thanked Richard for his input and looked forward to welcoming Dr Lockley at a future meeting.

9 Future Meetings

27th November 2008

Meeting dates for 2009:

12th February 2009 – Presidents Suite

14th May 2009 – Room 8

24th September – Presidents Suite

12th November – Presidents Suite

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.