

**GP Pan User Group  
Notes of Meeting No. 14**

**27th November 2008**

## Attendees

**Dr Manpreet Pujara**

**Dr Peter Short**

Dr Charlie Stuart-Buttle

Dr Chris Mays

Dr Gerry Bulger

Dr Tony Penney

Dr Tim Cotton

Dr Tom Davies

Nigel Taylor

Phil Koczan

Teresa McCrory

Paula Moss

Rachel Habbergham

**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

National Vision User Group Chair

Southern Programme

Representative

London Programme for IT

NHS Northern Ireland

Representative

NHS CFH Secretariat

NHS CFH Secretariat

## Apologies

TPP National User Group Chair	Paul Nathan
NHS Wales Representative	Martin Dickinson
NW & WM Programme Representative	Nick Lowe
NHS Scotland Representative	Stewart MacDonald
Joanne Bailey	GPC/RCGP Joint IT Committee

## 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](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. 13, 18<sup>th</sup> 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](http://www.connectingforhealth.nhs.uk/gpsoc)

## 3 Review of Actions

### 3.1 Meeting No. 11

Ref	Owner	Action	Status Update
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.	<b>Ongoing:</b> PM gave an update that the vacancies were not currently released for publishing <b>Update:</b> 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.	<b>Update:</b> to review the current TORs and re-distribute a new version to the group for comment. <b>Update (Sept 08):</b> action remains as potential agenda item for a future meeting.

### 3.2 Meeting No. 13

Ref	Owner	Action	Status Update
71/2008	Mary Barber	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.	<b>Ongoing:</b> Update requested for 27 November meeting.
72/2008	Mary Barber	Mary to prepare a paper including the benefits and risks of Primary Care access to the Radiology report for distribution to the group.	<b>Ongoing:</b> Update requested for 27 November meeting
73/2008	Kemi Adenubi	KA will send out a communication asking for support from the group for experts to sit	<b>Discharged:</b> all members of the GPSoc Advisory Group have agreed to act as experts if required.

		on dispute resolution issues that may arise in the future.	
74/2008	Sandy Scales	Sandy Scales to send the group an invitation to the workshop on HealthSpace on 2 <sup>nd</sup> October 2008 in London.	<b>Discharged:</b> Invite issued

## 4 Summary Care Record – Gillian Braunold

Gillian Braunold introduced:

Richard Clay – Requirements & Design Summary Care Record

Steve Gore – Business Requirements GP Summary

Phil Nixon – consent codes and migration

They provided the group with an update on the major changes to the new version of GP summary requirements.

GP System Suppliers are currently working to v3.3. Work underway to move to version 4.4. This is currently undergoing a full review for issue to suppliers in January 2009 for implementation in January 2010.

An overview was provided of the core data requirements which includes:

- Current repeat medication
- Handling contra-indicated drugs
- Reasons for medication

The group were advised of the content of the GP Summary highlighting a number of key facts.

The content of the GP Summary is configurable.

The core data items always include patient consent not required for upload of non core data requirements.

New communications also talk about adding significant medical history, this provides greater flexibility.

The exclusion data set includes sexually transmitted diseases and terminations. This information will not go unless actively decided.

When you are marking items for specific exclusion/inclusion free text can be added with reasons.

It was highlighted that there will be a potential issue for some suppliers where codes have to be taken out. It was reinforced that the information still has to be communicated to suppliers.

PS stated that it would be beneficial to have functionality included so that 1 click allowed you to print what would be in the Summary Care Record.

The exclusion data set includes sexually transmitted diseases and terminations. This information will not go unless actively decided.

When you are marking items for specific exclusion/inclusion free text can be added with reasons.

An overview of the hierarchy for inclusion/exclusion was provided. It was agreed there was a need to review in detail as while it will reduce prompts for major items, it will produce a significant volume of prompts for minor issues. The final step should always be if it doesn't fit the rules it shouldn't be in.

Information on acute medication is restricted to 6 months.

### **75/2008 – Gillian Braunold to progress options and bring back to the group.**

Suppliers will all be required to develop templates. This will be a key tool.

There will be a prompt in place to allow practices to switch on or off as appropriate. A process will be required to ensure it doesn't hold back core items.

In GP2GP there will be an opportunity to view what is in the summary from the old practice.

There will be no updates to the spine for temporary residents. There can only be one GP Summary on the spine at once.

Consideration is being given to instances where there is a need to get urgent information to the spine but there isn't sufficient information to confirm it is summarised.

### **76/2008 – Gillian Braunold to explore the flexibility to add information before summarised if urgent.**

A Smartcard must be in the system to send messages to the spine. It was suggested that a prompt to put the card in might help to increase usage.

Work is required too ensure interim scenarios are covered prior to all suppliers being compliant. Specifically need to manage the risk for patients who have been told they wont have a GP Summary Record. At this stage it is difficult to assess the manual process as there is no clear information on volumes across the country. It is anticipated to be around ½ million. There is a mixed picture from suppliers as they can't all run a report to show the relevant patients.

The group felt that an automated process is required to manage the risk of 93C patients.

There is an option to write to all 93C patients and ask them to confirm to a central location. It has to be recognised that information has changed since patients made the decision to be flagged. While the group recognised this was an option it also has risks involved. It was felt that more work is required on the options. This has to include obtaining views of patients.

## 5 Gateway – Phil Carr/Vicky Ramsell

Phil Carr provided background to the project. In Darzi reference was made to My Staff Space, this is now referred to as NHS Gateway, this may not be the final name as branding will be looked at later in the project.

The key purpose of the project is to pull together content and access that already exists as a technical integration exercise. They are also exploring new data sources.

Their key role is in reducing the number of sign ins. It is hoped this will also increase the usage of systems.

They have taken the ideas from Darzi and exploring:

- Is it possible
- Do a range of users want it
- How much could be included

This information will all be key in establishing a business case.

Vicky Ramsell provided an overview of the user engagement that has taken place to date. Part of this has been an on-line survey.

### **77/2008 – Rachel Habergham to send out a link to the survey.**

It is recognised that while clinical systems are not out of scope they will be complex. Time will be required to explore the requirements and resulting security issues.

Initially they are exploring including practice e-mail, practice intranet, rota, meeting minutes and guidance. There will be a need for local input based on a national framework.

There are a number of key areas they are looking at:

- Working with NHSMail
- How to manage data with N3 connection
- Impact on bandwidth
- Users may still want access to Outlook
- Fit with GPSoC (PCT-Practice agreements)

Group reinforced that fact that the clinical system is the key tool in the GP space. Requirements need to consider different levels e.g. PCTs will require specific information e.g. local priorities, local incidents, major incidents, hospitals on red alert.

The team are keen to understand how to engage further to obtain GP views.

Group felt it was vital that it wasn't seen as NHS playing catch up and that it isn't out of date by the time it is available. It has to meet future needs and merge social and clinical information.

## **6 AOB – Manpreet Pujara/Peter Short**

### **6.1 NHSMail**

MP advised the group that as part of the NHSMail move to a new exchange server he will be an early adopter. If anyone else is interested in becoming an early adopter they should advise Manpreet. Need to be aware it still doesn't support use of a Blackberry, although smart phones and i-phones are supported, web access is still being encouraged.

**78/2008 – All to advise MP if they want to be an early adopter for migration of NHSMail to a new exchange server.**

## **7 Future Meetings**

Meeting dates for 2009:

12<sup>th</sup> February 2009 – Presidents Suite

14<sup>th</sup> May 2009 – Room 8

24<sup>th</sup> September – Presidents Suite

12<sup>th</sup> November – Presidents Suite