



## Meeting Action Notes

**Title of meeting:** CVDPREVENT Implementation Steering Group (ISG)

**Date:** Tuesday 6<sup>th</sup> November 2019

**Venue:** Skype meeting

**Attendees:**

Lorraine Oldridge (LO)	Richard Healicon (RH)
Richard Arnold (RA)	James Medcalf (JM)
Dr Pete Green (PG)	Catherine Lagord (CL)
Jane Briers (JB)	Sally Crick (SC)
Dr Gareth Forbes (GF)	Dr Matt Kearney (Chair) (MK)
Kathryn Salt (KS)	Lorraine Shuker (LS)
Hindusha Keerthikumar (HK) - guest	Nerissa Santimano (NS)

**Apologies:**

Steve Pintel (SP)	Professor Simon deLusignan (SdeL)
Beverley Bostock (BB)	Simon Faulkner (SF)
Mark Minchin (MM)	Alison Marsh (AM)
Andrew Leatherland (AL)	Imran Rafi (IR)
Mahendra Patel (MP)	Mel Roche (MR)
Sarah Marsh (SM)	

### Discussion

#### **Actions from last meeting:**

Actions reviewed and outstanding actions noted.

#### **Welcome:**

Matt Kearney welcomed new members to the ISG:

Lorraine Shuker, Programme Manager, Clinical Policy Unit, NHS England who would have CVDPREVENT in her portfolio.

Nerissa Santimano, Population Health Services Manager, Healthcare Public Health, PHE

#### **Update on Implementation workstreams:**

##### **Procurement**

Richard Arnold provided an update on the procurement process:

- HQIP continued to work on the tender specification to identify a "preferred provider" for the audit.
- Discussions were ongoing between PHE and NHSE commercial teams to secure the analytical work package which would be delivered by NCVIN.

##### **Business Rule Set development:**

The final drafting of the QSR template was being completed with clinical input from Pete Green, Gareth Forbes and Matt Kearney. It was proposed that the 70+ data items would now be brought together under 3 patients cohorts: (1) Patients registered in a GP practice that have been diagnosed with at least one of the six high risk conditions (2) Patients registered in GP practice

with Cardiovascular Disease diagnosed (3) Patients registered in GP practice without a coded diagnosis of any of the 6 high-risk conditions or existing CVD, and who have entries in their record that suggest they may have an undiagnosed high-risk condition.

#### **Information Governance:**

An NHS Direction was currently being developed by NHSE with a view to be issued to NHSD in the next 7 weeks.

As part of the IG process, NHSD would initiate a 4-week consultation with both the RCGP and GPIT committee for feedback on the QSR and data collection. Several ISG members had been working with NHSD to draft the introduction and strategic context that would be included in the consultation survey and briefing documents. It was envisaged that the consultation would commence early December.

#### **Building CVDPREVENT functionality into GPIT systems:**

There was still a commitment to developing quality improvement tools embedded within GP systems. Colleagues acknowledged that the decision had been made in the ISG in Summer 2019 that priority should be given to developing the national audit but in parallel colleagues had continued to investigate the potential options for sharing locally embedded tools and resources. An initial discussion had also been held with GPIT Futures with a next call scheduled for 13<sup>th</sup> November to understand whether there were levers/mechanisms within the new procurement framework for GP system suppliers that would assist here.

Colleagues suggested that there were already potential routes to promote/share CVD prevention resources – a summary of subsequent email correspondence is given below for reference.

#### *SystemOne options:*

- 1. Bolt-on software/tools available via third party providers.*
- 2. Tools built into SystemOne itself – would need to acknowledge the cost and time in amending/updating with the system suppliers.*
- 3. SystemOne Resource library available to share templates, searches, protocols which can be created and hosted on the national library. Any unit (including community, hospital, prisons etc) can then download and use the resources. Drawbacks are that there could be some inertia in getting people to download the resources; the downloaded resources are not kept up to date if the central resource is updated so there'd need to be a mechanism for letting people know about new versions.*  
<https://www.tpp-uk.com/news/systmone-resource-library>
- 4. Organisation group – a way of hosting lots of resources centrally which are instantly available and always kept up to date. Each SystemOne unit would have to join the group. Main problem is that there is a relatively small number of organisation groups that a unit can join so this would not be a sustainable option if there was a CVD prevent org group, and a cancer one, and a diabetes one etc etc. The difference between 3 and 4: In 3 the user is using a locally downloaded version of the resource; in 4. the user is using the centrally hosted version of the resource. Important to note – no patient data flows outside the unit in option 4.*
- 5. The old fashioned way : create - export – stick in a big zip file – email to practice – import. Issues: version control and inertia.*

*EMIS has resource publisher similar to organization group above but it may well only operate at local level. Each practice currently must sign a 'data sharing agreement' to join a resource publisher group, although no data-sharing is required. There's also no ability to share searches through this mechanism.*

**Familial hypercholesterolemia (FH) data linkage:**

Pete Green had held an initial discussion with Alex Pickard, Policy & Strategy Lead Genomics Unit, Specialised Commissioning, NHS England regarding the importance of data linkage. She had confirmed that the seven NHS Genomic Laboratory Hubs, which cover the whole of England, have been operational since October 2018 and more information is available here: <https://www.england.nhs.uk/genomics/genomic-laboratory-hubs/>

For FH specifically, the GLHs are currently transitioning so that all seven will deliver FH testing across their geographical areas in line with what is outlined in the National Genomic Test Directory, which can be found here: <https://www.england.nhs.uk/publication/national-genomic-test-directories/>. FH testing will remain available as per existing arrangements, with the aim of introducing the new arrangements and associated funding model from April 2020. Work is ongoing with the GLHs to support the transition and ensure that there is an understanding of any impact on existing testing pathways.

Alex had also confirmed that she would raise internally the ongoing query about the recording of genomic information.

**CVDPREVENT communications.**

Sally had spoken with NHSE colleagues and it had been agreed that a multi-partner communications task and finish group would meet for the first time before Christmas. This would provide an opportunity to develop a comprehensive communications plan that could be delivered in the New Year.

**Any other business:**

No further business.

## ACTION LOG

Date raised	Action No	Actions	Action Owner	Status
23/10/2018	1	Approach to be made to the Primary Care Cardiovascular Society for an ISG representative. Completed	MK	Closed
23/10/2018	2	Discussion with Dr Mahendra Patel/Royal Pharmaceutical Society regarding an appropriate ISG pharmacy representative. Completed	MK	Closed
23/10/2018	3	Discuss with PRIMIS the extension of the deadline for feedback on the business rule set pilot. Agreed	LO	Closed
23/10/2018	4	Consider how to progress the next phase of piloting of the business rule set. Call planned with BHF/PRIMIS	LO/SC	Closed
23/10/2018	5	Further discussion with Professor S deLusignan regarding the offer from RCGP RSC to pilot the business rule set. Update 13.8.19: Continued discussions with Professor deLusignan.	LO/SC	Open
23/10/2018	6	Initial drafting of DAB paperwork to initiate NHS Digital GPES process Completed – initial draft circulated for comment to ISG	ISG	Closed
29/11/2018	7	Agree how to progress both the national and local development of GPIT system quality improvement tools such as templates/protocols for discussion at next ISG	MK/LO	Closed
29/11/2018	8	Discussion with NHS Digital to agree to the handover of the current technical specification and business rule set for further development, QA and SNOMED coding.	LO	Closed
29/11/2018	9	Re-establish discussions with GPIT Futures colleagues regarding standardization of GPIT system quality improvement tools	MK/LO	Closed
15/1/19	10	Schedule meetings with Mel Roche (CHAMPS), Dr Peter Green and Dr Gareth Forbes to learn more about specific local QI tools	SC	Closed
15/1/19	11	Discussion with RCGP (Helen Booth) regarding CPRD project to produce patient safety reports for practices.	SC	Closed
15/11/19	12	Establish ISG sub-group to take forward specific work on primary care QI outputs/reporting	LO/SC	Closed
2/4/19	13	Further discussion with NICE colleagues regarding the development of an online portal to share locally developed QI audit tools and adherence to NICE guidance/validation of tools.	MM/LO /SC	Closed
2/4/19	14	Discussion with Mahendra Patel regarding opportunities to link through to community pharmacy systems	MP/LO	Closed
2/4/19	15	Discussions to commence with Health Education England regarding opportunities for planned	LO/SC	Open

		training/workforce developments to support CVDPREVENT implementation		
14/5/19	16	Submit a case for ongoing AHSN support for CVD prevention to be included in AHSN work programme. Deadline 31 <sup>st</sup> May Update 13.8.19 Proposal submitted to AHSN Network and awaiting feedback.	LO/MK/SM	Closed
14/5/19	17	Discussion with RCGP regarding contribution to GP CVD QI domain Update 13.8.19: Actively engaged in writing the CVDPREVENT QI domain and tested through RCGP QI domain simulation event July 2019.	PG/LO/MK	Closed
14/5/19	18	Finalise business rule set incorporating changes to align with indicators in QOF, NICE guidance and other audits as per notes taken from ISG discussion and recirculate to ISG for sign off	RH	Open
13/8/19	19	Richard Healicon to pick up discussions with Catherine Lagord regarding the patient identifiable extraction and to see if there were lessons to be learnt from the NHS Health Check GPES process.	RH/CL	Closed
13/8/19	20	Agenda item on CVDPREVENT reporting to primary care	LO	Closed
13/8/19	21	NHSE/NHSD/PHE joint communications plan to be developed	LO/SM	Open
13/8/19	22	Draft paper be submitted to CVD-Cardiac Board on FH implementation; status of the FH Steering Group going forward and challenges of future data linkage.	PG/MK	Closed
23/09/2019	23	Follow up GPIT Futures with a view to securing a Change Workshop.	LO	Closed
23/09/2019	24	Introduce Dr Pete Green to GPIT Futures colleagues.	LO	Closed