



# Hampshire Common Health Record

Clinical Data Repository  
Oakhill House  
2-6 Romsey Road  
Shirley  
Southampton  
SO16 4BZ

Tel: 023 8029 6024  
Fax: 023 8077 1832

## Minutes

[cdrsupport@scpct.nhs.uk](mailto:cdrsupport@scpct.nhs.uk)

### CDR Operational Management Group Wed 2 June 2008

#### Present:



#### Table of Actions:-

	Action	Responsibility
1.	█ to update the group on WSR/FCR progress.	█
2.	█ to chase Graphnet for a response re setting up a test environment.	█
3.	█ to chase Graphnet for a response re escrow.	█
4.	█ to liaise with the National Summary Care Record Team.	█
5.	█ to approach Graphnet for permission to copy an example of a schema.	█
6.	█ to update the group re progress on SSO and PO processing.	█
7.	█ to action the 'options regarding deducted patients' for the CRAG.	█
8.	█ to confirm WEHT method of processing Rad results.	█
9.	█ to invite a BNHFT rep to the next Group meeting.	█
10.	█ to update group on the progress of leaflet and website production.	█
11.	█ to check NHSCR Guarantee re our obligations.	█
12.	█ to investigate feasibility of creating a CDR Trng package via the web.	█
13.	█ to investigate the potential cost to the PCTs of an SLA for CDR 1 <sup>st</sup> line Spt.	█
14.	█ to circulate 'The Board Structures Paper' for Comment	█



**Item 1. Apologies.** [REDACTED]

**Item 2. Minutes of Previous Meeting.** The minutes of the previous meeting were agreed with the following amendment; para 7, (1) line 1, change must to should.

**Item 3. Matters Arising from the Minutes.**

1. [REDACTED] to chase up VES PO. This is now complete. However, it was discussed that the processes currently in place for the submission and monitoring of WSR requests to Graphnet could be smoother. [REDACTED] stated that he had started to look into this matter and had requested a consolidated list of all current WSR/FCR requests from Graphnet.

**Action:** [REDACTED] to update the group on progress.

2. [REDACTED] to liaise with GRAPHNET to investigate the possibility of setting up a test environment. Not yet resolved, a response from GRAPHNET is required.

**Action:** [REDACTED] to chase GRAPHNET for a response.

3. [REDACTED] (Graphnet) to confirm details of who would need to be contacted regarding the Escrow to [REDACTED]. [REDACTED] now awaiting a response from GRAPHNET.

**Action:** [REDACTED] to chase GRAPHNET for a response.

4. [REDACTED] to set up a meeting to discuss a consent model. It was agreed that, as the current consent model is acceptable to the ICO and the LMC, and in light of the review of the National Summary Care Record following the SCR evaluation, Hampshire should liaise closely with the consent review rather than set up an alternative discussion.

**Action:** [REDACTED] to liaise with National Summary Care record team.

5. [REDACTED] to look to develop a joint schema for messages and distribute to the group. This item generated much discussion within the group. It was noted that this item is intrinsically linked to the SUHT discharge summary folder WSR request submitted to Graphnet. It was noted that some 150+ types of clinical correspondence existed and that it would be unproductive to create that many folders. [REDACTED] had proposed a solution by grouping the clinical correspondence into 8 main headings that could then be named folders within the CDR where the clinical correspondence would then be placed. The format and functionality of the views of Path results in the CDR was also discussed in depth and it was noted that display of the information in the CDR in alternative ways could be undertaken, but would require the development of new style sheets. [REDACTED] agreed to circulate examples of the XML structure of hospital feeds, provided there was no objection from Graphnet

**Action:** [REDACTED] to request permission to copy an example XML schema from GRAPHNET.

6. [REDACTED] to chase up PO for the single sign-on WSR. The PO was still outstanding but [REDACTED] stated that it was in the system and was being processed. CP also stated that the PO process was time consuming and laborious and that he was looking into adopting a more streamlined process.

**Action:** [REDACTED] to update the group on progress.



7. ■ to follow up with the post office to determine what actions have been taken by them. ■ said that a standard reply from the post office had been received stating that the postman concerned in the incident had action taken against them. However, the post office declined to comment on what action had been taken against the individual.

8. ■ to produce an updated scheme of work for 2008/09 taking into account priorities, resourcing and dependencies. This item is covered within the meeting

9. ■ to present options regarding deducted patients to the CRAG and report back to the group. ■ said that he had not yet progressed this item.

**Action: ■ to action for the next CRAG and report back to the group.**

#### **Item 4. Priorities for CDR Development.**

1. The CDR 'development' table was discussed. ■ stated that WEHT was unable to feed Rad results to the CDR at this time. ■ stated that it should be technically possible, though probably problematic, for the Rad results to be processed into the CDR. ■ stated that he would check on how WEHT Rad results are processed. It was felt that the acute feeds for WEHT could be brought forward and that for the next meeting a representative for BNHFT should be invited to the group. The website should also be brought forward and be linked with the production of the CDR leaflet. (Sec's note, website design has stated that web design will take at least 8 weeks) The current tri-fold CDR leaflet is woefully out-of-date and requires revision and reprinting on glossy paper.

2. ■ stated that the need to 'push' the CDR had been highlighted to the PCTs and that a website and an updated leaflet were to be designed. The group felt that to ensure clarity and brevity any proposed content for a leaflet should be staffed through the PCT comms team. The distribution and content of a leaflet was discussed and it was also noted that ■ had set-up a project team to focus on how to inform patients, some of whom have moved into Hampshire since the original leaflet campaign, about both the National SCR and the Hampshire CDR.

3. ■ said that it may be an idea to 'roll-out' the CDR extract software to all non contributing practices as a 'given' therefore ensuring coverage throughout Hampshire. ■ said that the CDR is still in a 'sell to the customer' phase and that it would probably be counter productive to 'force' the software onto practices at this time. Though this may become more feasible to enforce compliance some time in the future.

**Actions: ■ to clarify for the group the method that WEHT use to process their Rad results.**

**■ to invite a suitable representative from BNHFT to the next group meeting.  
■ to update the group on progress of leaflet and website production.**

#### **Item 5. Operational Report.**

1. ■ presented the Operational report. The hospital feeds still show delays in the upload of PHT Path results and ■ stated that this delay was being addressed and that the outstanding records were being submitted and would eventually catch up. The locally produced updated additional information leaflet for patients was circulated to the



group. It was felt that this information was not presented in a suitable fashion and that any additional information required by patients could be placed on the website that was to be designed. The topic of CDR training was discussed and ■ stated that a power point presentation was sent to users when they 'signed up' for a new account. The potential to place a training package on the web via the NHS Learning portal was also discussed.

2. ■ explained to the group the events surrounding the CDR server downtime over the weekend of 14/15 June 2008. He stated that a meeting had been arranged with Amicus to discuss support arrangements for the CDR hardware and OS. The support would be linked to an increased role from SCPCT ICT services who have agreed to assist in the monitoring of the CDR servers and raise any problems to Amicus. Additionally, ICT services would also provide OOH cover to allow Amicus access to the server room during OOH periods. ■ also stated that the 'apparent' problem with the CDR server capacity and performance had been checked and that the servers were performing to the required specification, but that they may require updating in 12-18 months time.

3. ■ asked the group to consider 2 x proposed WSRs for the CDR. WSR 1 was to provide a print capability to the CDR audit trail function. Currently the process involves using a 'screen capture' being pasted into a word document. ■ highlighted the potential to manipulate the screen shot and remove items from the audit trail. The group agreed that due to segregation of duties this risk was not substantial however it was pointed out that in the instance of CDR administration staff, having access to both live clinical information and being the processor of audit trail requests, the risk still remains; this was accepted by the board. The quote was for £4k+ and the group considered that the cost was prohibitive when measured against the number of requests (1 in past 6 months) to view the information. Additionally, the group was somewhat concerned on providing a print out with staff details to patients as this could break confidentiality rules. Some discussion ensued regarding the NHS Care Record Guarantee and what exactly the NHS was obliged to record/provide for patients requesting information on who has accessed their record. (Sec's note: The NHS Care record Guarantee Commitment 11 states that "We will keep a record of everyone who accesses the electronic information the NHS Care Records Service holds about you. You will be able to ask for a list of everyone who has accessed records that identify you, and when they did so.") The 2<sup>nd</sup> WSR request was for PHT ENT discharge summaries to be added to the feed to the CDR. The group was not content in authorizing this request as the information should be available to the CDR utilizing one of the many schemas already in place.  
Actions: ■ agreed to check the NHS Care Record Guarantee Document to confirm what was required of the NHS.

■ to investigate the potential of creating a CDR learning package for use via the web.

#### Item 6. Support Arrangements for the CDR.

1. In addition to the support detailed at item 5, para 2, ■ stated that the support to the GP users was at this time intermittent. Graphnet charged for the installation of the extract software and then charged each practice an annual fee for the software licence. It would appear that Graphnet had been providing some adhoc support to the GP users



when they have had problems with the software. ■ felt that this informal arrangement was not suitable and that more appropriate support could be provided by the relevant PCT IT support system. (Healthcare Computing & IPHIS). ■ also stated that it would be beneficial to all concerned if future Graphnet extract installs were carried out by Healthcare and IPHIS rather than Graphnet.

2. ■ stated that any future SLA with the GP practice IT support teams would have a financial implication and asked if the CDR Op Board would fund this. ■ stated that there may be a financial impact and ■ proposed that it should be the relevant PCT that funds any SLA for additional IT support.

Action: ■ to investigate the potential cost to the PCTs of setting up an SLA with the GP practice IT support teams for 1<sup>st</sup> line support to the Graphnet extract software.

### Items 7 – 9.

1. Due to the time spent discussing items 1 – 6 the group agreed to discuss the remaining items at the next Group meeting. The Board Structures topic was to be circulated through the board members prior to the meeting for comment and discussion.

Action: ■ to circulate to all Board Members 'The Board Structures' paper for discussion and comment.

### Item 10. Arrangements for the next Meeting.

1. It was agreed that the next meeting would take place on 23 July 2008 at 1400 – 1630 Hrs at Oakley Road.

