

Islington CCG Governing Body meeting – Wednesday 13 March 2019

Questions from the public (received in advance of the meeting)

Questions 1-7 relate to agenda item 2.2, “Approach deployment of Health Information Exchange and HealthIntent in Islington”.

1. Have the proposals had the all-clear from the Information Commissioner’s Office?

The Health Information Exchange programme has an Information Governance (IG) steering group which is overseeing the IG elements of the programme. Proposals to join up records and the relevant Data Sharing Agreements, Data Processing Impact Assessments and other related paperwork have been developed by this group of IG experts, with additional input from our legal advisors. Sign-off is not required from the Information Commissioner’s Office (ICO), however all of their guidance has been followed, as well as drawing on best practice from other similar programmes around the country. We have invited the Information Commissioner’s Office to look at our work and a date for this is being scheduled.

2. Pg.42 of 256, what risks have been identified so far?

Risk identification and mitigation is an important part of the programme and on-going activity is managed through the project risk register. Key risks to date include:

- Clinical risk assessment is a continual process led by our Sustainability and Transformation Partnership Chief Clinical Information Officer supported by our Health and Care Reference group, this will be reviewed regularly and ahead of systems being added.
- Non-compliance with data protection regulation, this is mitigated by the steps talked about in the question above, along with extensive engagement with the IG Working Group and legal advisors.
- Technical connectivity - to be addressed through compliance and testing processes.
- GP infrastructure - which we are testing through the early adopter process.
- Loss of current patient data sharing mechanisms (GP Portal, Camden Integrated Digital Record etc.) when University College London Hospitals NHS Foundation Trust (UCLH) switch to its new patient information system EPIC (the electronic health record system delivered by the Epic Systems Corporation for UCLH). This will be addressed by specific work with these systems.
- Data quality - to be monitored through deployment. We also know that UCLH’s new Electronic Patient Record (EPR) deployment will significantly improve data quality over time, as will major EPR initiatives at Whittington Health NHS Trust, North Middlesex University Hospital NHS Trust and the Royal Free London NHS Foundation Trust.

3. Pg.42 of 256, has Healthwatch Islington been directly involved so far?

Representatives from Healthwatch Islington are part of the north central London-wide communications and engagement group and have been involved in initial discussions and presentation about the Health Information Exchange. Once the paper has been agreed by the Governing Body then the programme will begin to work more closely with Healthwatch Islington. Healthwatch Barnet has been heavily involved to-date in the Barnet early-adopter programme.

4. Pg.44 of 256, section 2.5 et al., HealthelIntent - will it be made clear in all engagement with the public that, (although linked) the Health Information Exchange is different from HealthelIntent?

On the North London Partners in Health and Care website there will be readily accessible information about how records are being joined up, and how the information will be used. HealthelIntent and the Health Information Exchange are software platforms through which information will be processed and viewed by health and care professionals. Our public communications will make the purposes for which information is being shared clear and provide information about how to opt-out.

5. Pg.45 of 256, section 3, when the Health Information Exchange is ready for introduction in Islington, how much notice will be given to patients/residents?

The purposes for which data is being used via the Health Information Exchange is the same as that for CareMyWay, Islington's Integrated Digital Care Record. Residents were initially informed of data being shared for these purposes in 2017. In addition to these communications, we will be running an additional public information campaign for a minimum of 28 days across Islington prior to the Health Information Exchange being introduced at GP practices.

6. Pg.47 of 256, section 4.2, the Health Information Exchange "is being rolled out to GPs in Barnet". Is this factually correct, bearing in mind that two statements made to Barnet CCG Governing Body on 10/01/19 were corrected at the Governing Body meeting on 07/03/19?

Yes - this statement is factually correct. The first GP practice is currently scheduled to go-live in April 2019.

7. Pg.57 of 256, section 9.1e, which are the top five languages in Islington?

English, Turkish, Spanish, French and Italian are the top five languages spoken in Islington (Source: UK Census 2011). We will produce additional languages in response to requests. During the CareMyWay Integrated Digital Care Record programme, information was also produced in Polish, Bengali, Punjabi and Somali. We will continue to seek advice on the most appropriate languages to make information accessible to our communities. Large print, easy-read and sign language information will also be made available.

Question 8 relates to agenda item 1.4, item 1.7.4 of the draft minutes of previous Governing Body meeting on 9 January 2019.

8. Hopefully the standardisation will incorporate best practice to facilitate public engagement?

We are in the process of agreeing a consistent process for how we incorporate questions from the public in our governing body meetings and joint committees across the north central London CCGs. We will make sure we let you know as soon as it has been agreed.

Question 9 relates to agenda item 2.1, Accountable Officer's report.

9. Pg.40 of 256, section 11.3, who has been identified as the local EU Exit senior lead?

Elizabeth Ogunoye, Director of Acute Commissioning and Performance for NHS Islington Clinical Commissioning Group and NHS Haringey Clinical Commissioning Group.

Question 10 relates to agenda item 4.1, Finance Report.

10. Pg.202 of 256, why has no Equality Impact Assessment been carried out for the Finance Report itself?

No Equality Impact Assessment is carried out for the Finance report itself as the individual Quality, Innovation, Productivity and Prevention schemes detailed within the report undergo this assessment.

Questions 11-13 relate to agenda item 5.1, Board Assurance Framework.

11. Pg.238 of 256, Risk 441, what are Category M drugs?

The [Drug Tariff](#) in England and Wales regulates payments to community pharmacies for the medicines that they purchase and dispense and services they provide. The price list in the Drug Tariff is divided into different categories depending on the type of medicine and pricing system for them. For example [Category A](#) medicines are readily available generic medicines where the price is set according to a weighted average of prices being charged by suppliers.

[Category M](#) was introduced into the Drug Tariff in April 2005 as part of a major review of the community pharmacy contract. Each year, the Pharmaceutical Services Negotiating Committee (PSNC) agrees with the Department of Health and Social Care (DHSC) a level of retained purchase profit (referred to as the retained margin) for community pharmacy.

In recent years, the amount of the retained margin has been £0.8 billion. The prices of over 500 commonly prescribed medicines in the Category M list are changed quarterly in order to adjust for over, or under-payments to community pharmacy to ensure that the national retained margin is delivered. These prices are set by the Department of Health and Social Care and do not necessarily reflect current market prices.

12. Pg.242 of 256, Risk 420, has the report been presented to the Clinical Quality Review Group meeting?

We expect the Care Quality Commission's report (which includes the rating for the well-led aspect of the inspection) to be published shortly.

13. Pg.242 of 256, Risk 423, has the meeting with the Lower Urinary Tract service patient group taken place?

Whittington Health NHS Trust has convened a meeting with the Lower Urinary Tract service patient group which is due to take place at the end of March.

Question 14 relates to agenda item 5.2, Patient and Public Participation Committee Terms of Reference.

14. Pg.249 of 256, section 6, non-voting members - how are the two community members selected?

Community members and patient representatives are selected via an open recruitment process which is widely promoted on the CCG's website and through a variety of communications channels, including through local community partners and networks. More information is available on our website: www.islingtonccg.nhs.uk/community-members-vacancies-2.htm

Question 15 relates to agenda item 6.2, Minutes of the Haringey and Islington Quality and Performance Committee in Common Meeting of 18 December 2018.

15. Pg.10 of 12, section 14.2.1, Risk 426 - has the Trust delivered the action plan?

Camden and Islington NHS Foundation Trust has confirmed to the CCG and NHS England that the action plan relating to the Mr. G homicide has been delivered.

Question 16 relates to agenda item 6.3, Minutes of the Patient and Public Participation Committee Meeting of 1 November 2018.

16. Page 4 of 6, section 2.3, Primary Care Report - what is the situation re: unregistered patients?

All unregistered patients are currently able to register with a practice within their boundary area. The process for unregistered patients is the same across all Islington practices and at the time of writing, there were no practices whose patient lists were closed. Patients are always encouraged to register at a practice wherever they come into contact with health services.

Question 17 relates to agenda item 6.4, Minutes of the Haringey and Islington Strategy and Finance Committee in Common meeting of 20 December 2018.

17. Page 5 of 10, section 5.1, did the co-optees have speaking and voting rights?

Yes, in accordance with the committee's Terms of Reference.