GP data working group. 28/11/16

Reason for working group.

CQRS and GPES end in 2018, should they be extended or new systems devised?

Headline points

- NHS digital and England aware practices have to deal with multiple portals and would like to rationalise this. Why cannot child vac and imms, IUCDs etc go via CQRS or it's successor.
- Although GPES designs the searches for data all queries and coding are done by the system supplier EMIS/TPP/Vision
- SNOWMED coding coming 2018 for hospital and primary care replacing Reid codes. It will be seamless so they say!
- AUA data problems, NHS England only aware last week and think it is an EMIS issue
- Historic System 1 codes that are incorrect, I have pushed NHS England and NHS Digital to sort out TPP so that GPs can alter incorrect coding by other parties.
- No one trusts CQRS data especially because it is not patient identifiable so it is very hard for practices to reconcile their searches with CQRS data. Solution is to make GPES searches available to practices to do with their patient identifiable data.
- Applied patient registration status-this is what new patients are until Capita confirms registration. When patients are "applied status" thy are not counted in searches so practices will not get paid for any IOS work. Some practices report the "applied status" can last up to 8 weeks. Pushed NHS England to find a solution to this.

An interesting day with a number of practice managers including 1 from the Hurley group London, lots of NHS area managers and some NHS England and NHS digital staff. They want to review the whole process of data gathering to payments back to practice over a series of meeting. We are using the session to review what works well now and what would we like to change. There is a consensus to not throw out CQRS for yet another new untried system if continued improvements can be brought in. Could CRQS work for council, CCG, Exeter returns? Could it do reports and trends for practices?

Templates where discussed for data gathering. I made the case that data gathering gets in the way of the patients' multiple agendas in a 10min consultation so have to be very brief. Could the template not be done nationally with just that year's relevant Q&O or ES service data included and not the huge ones produced by EMIS. Most practices have to do their own templates because system user ones are too long.

Data extraction and Reconciliation.

Would it be better if data extraction was on fixed dates each month? Searches set up by EMIS and System 1 do not always pick up the same data as GPES! Hence the request to

make GPES searches available to practices to use on patient identifiable data. When there are disagreements between practice searches and CQRS the NHS area and Digital teams would like practices to send the question to their system supplier to check if their problem although most practice managers stated EMIS are unhelpful with this!

CQRS Offers of services and requests to extract data.

We could not see why CQRS asks practices to sign up to the compulsory alcohol checks when they are a mandatory part of our contract. NHS England will look into this. NHS England would like practice to continue to check “retired Q&O” data searches as they use this information. I pointed out strongly that there is no need for practices to do this work nor is it funded so practices do not have to comply and can decline the CQRS offer to collect “retired Q&O” data. They want to use CQRS to interrogate our disease registers such as diabetics to get lists of patients for retinal screening services to check their lists against. This would be offered to practices in a Stage 1 and Stage 2 process to check the data first before it is released.

I think it was useful to have a GP voice at the discussions.

David Hartley 28/11/16