**Workshop: GP Connect Integration Pack Presentation**

**Location: Answers Digital: Union Mills, 9 Dewsbury Rd, Leeds LS11 5DD**

**Attendees:**

Suppliers: Richard Khan INPS, Roger Jane Microtest, Tim Helm EMIS, Ian Hackersall EMIS, Ronnie Stewart EMIS, Robert McManus TPP, Laura Sharpels TPP

GP Connect Team: Dave Whelan, Glenn Collett, Richard Pugmire, Michael Howley, Tom Grocott, Richard McEwan, Amit Chawla, Jackie Barnes, Nazia Kotia, Richard Dobson

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| **Item** | **Time** | **Description** |
| **1.** | 12:30 – 12:50 | **Purpose of Today**  To orientate suppliers with the recently published FHIR and API guidance and documentation packs.   * This is to provide suppliers with an overview of the work done to date and the agile approach previously agreed with suppliers to iteratively develop the FHIR and API documentation packs.     **Agenda**   * + Overview of the documentation process   + Overview of documentation pack   + Re-stating of the Design Principals   + Release candidate development approach     - Agile Development     - GP Connect Maturity Model   + Items Specific to the Spine     **Out of Scope for today’s workshop**   * + Detailed review of documentation pack content   + Structured Data |
| **2.** | 12:50 – 13:05 | **Overview of work done to date:**   * Clinical Engagement * Stakeholder Engagement * Information Governance * Ecosystem * Spine Proxy * GP Connect Demonstrator * Development of API and FHIR specification and supporting documentation packs |
| **3.** | 13:05 –  15:30 | **Richard Pugmire: API Guidance Pack - Key Points**  Purpose of today is take you, the Principal Suppliers, through the supporting guidance pack the GP Connect Team have developed and published for:     * AccessRecord * Tasks * Appointments * Foundations * Spine connectivity     In today's workshop we will also provide an overview of the Design Principles we are working to and explain the approach we have taken to create Release Candidate 1.    What is the pack of guidance that the GP Connect Team has created?     * The pack is a self-contained package, which is basically a self-contained website where all information has been consolidated for consumers and providers to be able to develop products against more quickly. * The pack contains technical references, sample code, FHIR Standards and information in regard to what items have been changed. * At this moment in time there are around 160 technical assets included in the pack. * Overviews are provided including information relating to assurance and Open Source, Clinical definitions and terminologies. * Code snippets have been provided. * Version approach is documented and once published will be managed and automated by GitHub.     All this information sets the scene and links have been provided out to the FHIR DMS models (which are published using a separate tool specific to FHIR modelling). If changes are made to the content the current FHIR version/s will also be uplifted to reflect changes made. Changes will be visible in the pull requests.    The FHIR foundation resources for common interactions have been made available in the pack. These include common items such as:     * Practitioner * Patient * Organisation * Location     Within the documentation pack we have got specific areas within the website for Appointment Management, Access Record and Task Management. These are laid out in the same way and include a sample of clinical scenarios for each capability.    Design decisions have also been documented as comprehensively as possible and represent the most current view on all aspects of the APIs. If anyone feels previous feedback has been missed or documented incorrectly please inform the GP Connect Team, via: [gpconnect@nhs.net](mailto:gpconnect@nhs.net).This inbox provides a single point of contact for all feed back related to the pack.    Temporary location for the documentation pack is the NHS Developers Network website. The team will move to GitHub imminently. GitHub will then enable version control and management of changes to become more efficiently executed.    The diagram provided on the site is a pattern of the ecosystem. The diagram provides guidance to developers to get going.    One of the main principles to develop the site was making all work and information, open and transparent. The GP Connect Team are keen to encourage and support collaboration.    Other information provided on the site, includes:   * Introduction, referencing what it is where and where we are up to. This includes information on:   + Clinical scenarios   + Design decisions lots of choices   + HTML   + Wire frames have been made available   + Release notes and known issues. For example, technical references regarding how to retrieve a record and error handling guidance. * First of Type Information * Design Principles the team are working to * High-level maturity model, articulating the stages of the first phase of GP Connect * Product version management and definitions for what we mean by Alpha, Beta and Release Candidate * Information in regard to what is included in the FHIR models and information relating to semantic versioning, which is how FHIR works. * Provides an overview of how consuming systems work. All the code for this is available and is Java based. The GP Connect Team are also putting together samples in C# (some of this is already available). * Tools are also available, such as Postman to test the APIs directly. This enables the generation of messages and review of responses in joined up sequences (such as finding slots then booking an appointment) without needing a UI. * Development and guidance information including 'cheat sheets’ to get up to speed with the basics quickly. For example FHIR and understanding the Implementation into Spine. * Open Source projects working with FHIR has also been referenced. * There is a lot of information specific to FHIR. Including guidance for core FHIR standards, international standards and operation guidance. The FHIR data library shows versioned pack of information and the deltas between the profiles version and international spec. * For modelling Tasks a much more comprehensive base resource known as Order Resource was used. This is being profiled down to facilitate Tasks. Guidance why certain items restricted is included in the pack. * Operation guidance has been made available. For example, Interaction IDs for the various resources and how HTTP handles response messages, * Within AccessRecord additional guidance has been made available. HTML content is not specified in the domain specification. It has been agreed through workshop collaboration what the table of content should be, per section. Implementations guidance also includes how information should be rendered. * Structured data to be discussed through future GP connect workshops. * The Spine Security Proxy does a number of things. Guidance on NHS number how to get this is available. FoT criteria would need to include consumers who already have PDS. * Test and Assurance. However, this is fairly light touch at the moment. * Test windows and information how to connect. * FAQs section has also been made available * ‘To do’ in the documentation pack highlights where updates are to be made.     **The Design Principals - Richard McEwan**    **Introduction**   * The GP Connect Team are keen to move forward with agile working practices with the Principal’s development teams. This would include more a show and tell approach making sure from GP Connect Team the right resource in made available. This would also feed into making the assurance approach becoming more efficient.     **Maturity Model**   * From conversations in workshops and with internal NHS stakeholders the maturity model was created. The Team wanted to make clear the incremental stages of GP Connect. This led to the creation of the model. * Basic overviews of the intended future stages are described (including indicative dates) * All work undertaken will be driven by a genuine use case * Dates will be driven by CCNs * These stages are a phase of GP Connect. Future stages to be confirmed.     **Design Principles**   * Recognised these have been retrospectively documented. Principles discussed in workshop but not at the time fully captured. * The Design Principles can be added to and changed and we welcome feedback * Principles are applied to the design, development and deployment of our work * Principal suppliers were encouraged to comment and provide feedback on the Design Principles     **Information Governance Principles (Jackie Barnes)**   * FoT Principles - approved by Peter Short, Deputy Caldicott Guardian, and also Rob Jeeves, GP Connect Clinical Advisor. * Currently focussing on FoT, then the strategic/national picture * Consuming organisations need to also abide by the principles * Assumptions First of Type include existing connectivity to N3 * Subject to change, pending the stage we are in * Data marked as private in the local systems patient will not be available in any circumstance * Sensitive data with extra legislation/exclusion sets are to be considered * Audit is a key component in Spine * Data sharing agreements to be considered. Scalability solution needs to be confirmed     **Clinical Safety (Jackie Barnes)**   * Unpacked for IG and contribute to the GP Connect Operating Model * Principles have been approved by our clinical safety team * Providers and consumers need to comply with the clinical assurance deliverables and guidance * Clinical requirements from other programmes looking at their development and implementation in other NHS Digital Programmes and how this work can be incorporated into GP Connect.     **Assurance Principals**   * Assurance principals should be as light weight as possible and needs to be appropriate and automate where we can. Documentation and artefacts to be open to allow consumers understand the process.     **Non-functional**   * Non-functional pages to be updated with information around performance availability and usability. CCN needs to include performance metrics and will inform SLAs. Standardised SLA against the Spine will most likely be introduced. This will be encapsulated in the licence. * Licence agreement includes, acceptable user roles and responsibilities around the Data Protection Act. ‘Provider vs what a consumer can do’. (You can be a provider and not a consumer but you can't be a consumer without being a provider, if you have got data)     **Spine Headlines**   * End to end testing with the spine. The team found defects in doing this through using demonstrator, which are now being addressed. * First round of performance testing. The outcome was a high output and low latency. * Response times have been very good. Throughput has been high. * RM confirmed further testing will be circulated around some revised data - this will be tested against the Spine   **Guidance Pack - Questions and Actions**   * To make and manage changes in GitHub the user would clone locally and make a change. The change would then be associated with a pull request and reviewed by the GP Connect team, before being accepted or rejected.      * HTML Headings - Observation view. TPP raised that there are different views supported by suppliers. Investigations - TPP only supplier who support this view. This means for other suppliers’ investigations would be blank. Because TPP are supplying the Investigations view it was agreed that they would take out the results from the observations list. This would lead to an inconsistent state for users of the API as some results would appear in one section for 3 suppliers (observations) and another section for TPP (investigations).   User views need to be consistent. Content in each section also needs to be consistent.  **Decision to be made (Action with NHS Digital):** As the investigations view is not universally supported, should it be de-scoped as a section and all investigation results for all suppliers put into Observations? Or should all pathology results be excluded from Observations for all suppliers, and we should only support viewing results in their ‘report’ format where available (only TPP currently) due to safety concerns over seeing the complete content. (HDL-89).     * XML, JSON or both? This issue has been raised again. TPP thought going down the JSON route for the message sizes is the preferred option as XML is 30% bigger. However modern apps would use in the main use JSON. In the FAQs the GP Connect Team wants to be support both. Only supporting XML would cause limitations. Suppliers would expect both to be supported. EMIS have gone down the JSON route initially but will support both. **Action NHS Digital:** Guidance notes to include information about preferences. (GCP-429).      * Uplifting to the latest version of FHIR DSTU. Is the intention to lift all the specifications for all three capabilities just because they’re released, or is there a process? - How do we manage a multitude of versions? Data Standards Team would undertake an impact assessment, then update if required future. Version control and process would have to be part of the CCN. Number of versions supported needs to be aggressive, as there would be an issue within the ecosystem. Too many versions would cause issues. How do we support a mixed economy from a FHIR perspective? When a new version is released it will be moved towards through consultation with suppliers, against a mapped timeline.   **Action NHS Digital:** Data Standard to provide a roadmap of new versions including key milestones/actions. Support documentation explaining the process also needs to be made available (e.g. outlining the gap analysis/impact assessment).      * ODS codes and ASID in headers for routing. In regard to the JSON Web Token there are a lot of items suppliers don’t understand the intention of. Sharing agreements, data provenance and other items can be supplier in the JWT. Spine message trace ID has been included as a support aid.   **Action NHS Digital:** TPP community sites have a single ASID for multiple organisations so cannot use this ASID to do the data agreement check. NHS Digital to refine the approach to support community.      * Direct Access to individual resources - For example, find staff, find location and find organisations. In regard to ODS codes are we expecting consumers to use GP Connect as a national address book service?   **Clarification:** No, intention is not that these will be used separately in this way. The lookups only provide the local system logical ID. Also some current use cases are around specific capabilities, e.g. register patient is only currently supported in conjunction with Appointments.       * Defined list of views for tags for nested tables needs to be agreed with everyone. Style headers can be styled by the consumer. Rendering system choice, what style can be used? Encounters nested table. View might add on class names such as nested tables - nothing specified so far - inherent same style as parent.   **Action NHS Digital:** Update guidance within HTML Views as required so they HTML samples can viewed more as a template.     * SSP Trace ID. This was asked for by the service desk. Suppliers want to know how this will work. It was noted a Spine login may be quite useful. The trace ID would be service desk to service desk, routed all way through to provider.      * The GP Connect Team invited feedback on the pack and urged suppliers to review and email the new inbox with any concerns/questions/comments.      * **Action Suppliers:** Updated sample HTML data for each section was requested to help the GP Connect team (when requesting feedback, e.g. clinical safety issues) as they are currently still very inconsistent views. Suppliers were requested to send in updated sample data as soon as possible. * **Action NHS Digital:** Outputs of latest V+L testing to feedback to all four suppliers. |
| **4.** | 15:30 – 16:00 | **Wrap up:**     * + **Review of the day (Glenn)**     - Developing the specification - real potential for closer working.     - Feedback in the meeting indicated suppliers were in agreement with the GP Connect Team's approach to the work undertaken     - FoT planning is now in progress.      * + **AOB**     - Robert McManus (TPP). Changes to the work GP Connect to make sure suppliers are informed when changes take place.     - Meetings being arranged for the afternoon are a lot better for suppliers for travel arrangements.     - Slides from the meeting and minutes from today to be published as part of the pack. |