

GM Digital Clinical Reference Group for COVID-19 GM Care Record Terms of Reference

1.0 Background

The GM health and care digital vision is to improve outcomes for Greater Manchester citizens by harnessing the power of technology to better understand our population, identify their needs and change care provision. We will use technology to empower people to take greater control and accelerate innovation into practice.

This is underpinned by four priority themes:

- **Digitise:** Look at system problems and how technologies support better understanding, care and treatment.
- **Integrate:** Wrapping care around the needs of citizens and joining up services by sharing records and data across settings.
- **Empower:** Enable people to take charge of their health and wellbeing and support professionals to provide better care, by providing access to accurate information and insights, tools and technologies.
- **Innovate:** Development and delivery of proven innovations to improve people's health and wellbeing, including finding new treatments and cures through partnerships between health, care, academia and industry.

The Integrated Digital Care Record (IDCR), known as the GM Care Record, provides the foundation from which improvements to direct care and treatment can be made, by providing health and care professionals with access to vital patient information. It will also inform better service planning and analytics, as well as research.

The development of the GM Care Record has been accelerated in response to COVID-19. It means that health and care professionals across the city-region can now access information held within GP, hospital, mental health and social care records at the point of care.

The GM Care Record is a valuable asset that must be appropriately governed and maintained, underpinned by strong clinical leadership.

2.0 Aims and objectives of the group

The purpose of the GM Digital Clinical Reference Group for COVID-19 is to provide clinical leadership, scrutiny and leadership into how the GM Care Record is effectively maintained and developed to ensure optimum care and treatment, minimising clinical risks and assuring patient safety.

The group will stand during the COVID-19 pandemic period and may be reviewed, changed or continued as recovery is replaced by routine.

The main aims of the group are to:

- 2.1 ensure that clinician input and expertise is effectively harnessed and utilised in the production of problem statements and the design, development and implementation of new data fields in the GM Care Record.

- 2.2 provide assurance that the implementation of the new fields is clinically safe and focused on improved care and quality outcomes.
- 2.3 ensure that proposals and changes do not have unintended consequences for clinical safety, effectiveness and patient experience or outcomes.

3.0 Roles and Responsibilities

The group is responsible for:

- 3.1 ensuring clinical leadership across GM stakeholder organisations and sectors is fairly and proportionally represented within the Group.
- 3.2 providing clinicians and practitioners with a vehicle for influencing decision and undertaking active involvement in the implementation of clinical data sets within the GM Care Record via the governance process described below.
- 3.3 collating feedback from stakeholder organisations with the confidence that the data sets to be implemented will be supported across Greater Manchester and be responsible for communicating back across GM organisations.
- 3.4 providing advice to the Digital Coordination Group with clinical and practitioner feedback regarding the scale and pace of implementation of new data sets within the GM Care Record and to effectively harness and utilise their clinical and informatics networks to assist.
- 3.5 ensuring the GM Care Record adds value to clinical decision making and the provision of direct care and treatment by ensuring the record is accessible, responsive and evolves in line with clinical need.

4.0 Membership

The Board will be Chaired by the Health Innovation Manchester Clinical Director and supported by the Associate Director for Clinical Development.

The membership of the Clinical Reference Group will include the following representatives:

- Provider Federation Board, including Mental Health representation
- Primary Care Provider Board representation, incorporating wider primary care (DPO or sector rep)
- Nursing representation
- Allied Health Professional representation
- Clinical commissioning leads from JCB (digital or sector rep)
- Local Authority representation
- NWAS representation

Clinical subject matter experts and representatives from Health Innovation Manchester or GMHSCP can be co-opted for specific items where required.

Members of the GM Digital Clinical Reference Group will be expected to represent their wider sector at the Board and to feed in views and concerns from their sector colleagues should they arise to ensure they are considered during group discussions.

5.0 Quorum

Group meetings will be quorate if a single member is present from JCB, PFB, PCB and LA.

6.0 Voting

All members (or their deputy) have an equal vote and a decision will require a 75% majority of those in attendance.

7.0 Meeting frequency

The Digital Clinical Reference Group will meet every week in the first instance, with a view to meeting every other week when possible. They Group will meet on Wednesdays, at 15:00 – 16:00, starting on Wednesday 6 May. Where necessary to fulfil its responsibilities within its terms of reference, the Chair of the Clinical Reference Group may convene additional meetings or working groups.

8.0 Accountability

The Digital Clinical Reference Group will be accountable to the GM Health and Social Care COVID-19 Digital Coordination Group.

It will also provide assurance to the IDCR Programme Board and support the business of the IDCR Change Group and Operational Group.

Declarations of interest should be declared and logged at the start of each meeting.

9.0 Support arrangements

The Board will be supported by the GM Digital Transformation Office, overseen by Health Innovation Manchester.

Minutes of each meeting will be circulated to members within 5 working days of the meeting. The Minutes will be formally approved at the following meeting.

10.0 Reviews

The Digital Clinical Reference Group Terms of Reference will be reviewed as the Covid-19 crisis subsides.

11.0 Version control

Version	Date	Comments
1.0	20/04/2020	Refreshed CRG TOR in response to the Covid-19 pandemic First draft
2.0	27/04/20	Updated background and context, changed references from IDCR to GM Care Record, reformatted.
2.1	06/05/20	Updated meeting frequency to reflect practice.

12.0 Agreement of the Terms of Reference

Dates agreed:

29 April 2020, by the GM HSC COVID-19 Digital Coordination Group

6 May 2020, by the GM Digital Clinical Reference Group