



## CASPA AGM Minutes

**Date:** Wednesday 3rd March 2021 10:30AM -12:00PM

**Location:** Virtual via Zoom  
<https://zoom.us/j/7167723032?pwd=TGZSWW8xUHNGNIhGdzBMQ1Q4NVdVZz09>  
Passcode: 1234

**Present:** Simon Papworth (SP), Jonathan Papworth (JP), Robin Batchelor (RB), Taffy Gatawa (TG), Robin Wells (RW), Nuno Almeida (NA), Emma Hudson (EH)

**Attendees:** Simon Davis, John Cooling, Roger Wallhouse, Mike Richards, Alex, Lee Williams, Tam Watson, Neil Bishai, Chris Cox, Leigh Ellis, Phil Moorcraft, Lorenzo Gordon, Mark Kennion, ICS, Sam Hussain, Liz Price, Sally White, Claire Sherwood, Kalpesh Shah, Max Parmentier, Jim Ward, Zuri

**Subject:** CASPA Annual General Meeting 2020

### Agenda:

**1. RW: Introduction and financials**

- 1.1. *Introduction*
- 1.2. *Current financials*

**2. Report by the Officers of the CIC (Community Interest Company) on its recent activities:**

- 2.1. *CASPA achievements and a review of the year*
  - 2.1.1. RB, SP, RW, JP: The promotion and continued growth of the use of digital technologies in the social care sector to improve the quality of care delivered
  - 2.1.2. NA: Promoting advances in the digital information flow across social care to provide openness and transparency of care being provided
  - 2.1.3. TG: Lobbying parties outside social care to improve the digital information flow between social care and others, in particular, the NHS
  - 2.1.4. JP: Creating standards, such as those for electronic information transfer, where such standards do not currently exist
- 2.2. *SP: Results of the CASPA Members Survey/slide pack addition*
- 2.3. *The plan going forward*
  - 2.3.1. NA: North Star slides
  - 2.3.2. JP: The need to create subgroups
  - 2.3.3. RW: Nominations for new board members and voting process



2.3.4. RB: To create a framework to assist in providing service continuity for members customers

**3. Member Q&A**

3.1. *JP: Questions received prior to the AGM*

3.2. *Any other questions*

**4. Any other business**

**Minutes:**

**1. Introduction and financials**

**1.1 Introduction**

RW: Welcome to the meeting and an introduction to members of the Executive Board, followed by anticipated outcomes from the meeting.

**1.2 Current financials**

RW: An overview of CASPA's accounts and confirmation that there is no planned increase to the membership fee.

**2. Report by the Officers of the CIC (Community Interest Company) on its recent activities:**

**2.1 CASPA achievements and a review of the year:**

**2.1.1 The promotion and continued growth of the use of digital technologies in the social care sector to improve the quality of care delivered:**

- **Digital Social Care Advisory Group (DSCAG)**

RB: An overview of DSCAG and CASPA's involvement.

Initial Group work –standards to aid interoperability e.g. defining a core data set for exchange and its format e.g. dm+d, snomed, FHIR. Why this work passed to others due to COVID-19 e.g. PRSB.

- **Vulnerable in Social Care (VISC): Task & Finish formed**

RB: The focus on increasing broadband, iPads for care homes, data sharing.



- **Joining Up Care programme**

SP: Overview of the programme run by NHSX and its objective: to provide digital care records and care planning to all social care providers by 2024 via the Dynamic Purchasing Scheme (DPS) – a list of accredited suppliers the NHS will recommend to social care providers. The outcomes in brief: from CASPA’s feedback (and that of other providers) the approach was revised to be more social-care-provider-orientated i.e. a person-centred approach.

- **Remote monitoring programme with NHS Digital**

RW: Advanced monitoring with NHS Digital – the benefits of acoustic monitoring. An overview of the support provided by CASPA and the educational process it helped facilitate – round table meeting for acoustic providers and NHSD. A summary of the outcomes – greater knowledge, pilots, the formation of The Advanced Monitoring in Care Homes Best Practice Group (comprising CASPA members and representatives from NHSD) to consider the benefits of acoustic monitoring and the rapid scaling of systems. NHSD will share with CASPA its report on trials by the end of March 2021.

- **Digital Social Care (DSC)**

JP: DSC – recognised by many in NHSX, as a route to communicate digitisation plans to English care homes. CASPA’s input and a summary of the outcome – CASPA was successful in influencing the information published by DSC to ensure it is more systems-supplier-friendly.

Overview of market scanning – creation of a list of suppliers of technology for care providers, now used by Digital Social Care and others.

- Screenshare: The CASPA Suppliers List <https://caspa.care/suppliers-list/>

### ***2.1.2 Promoting advances in the digital information flow across social care to provide openness and transparency of care being provided.***

NA: An overview of the dialogue with NHS Digital and CQC – the challenges of the initiative and its potential.

CASPA’s role in promoting potential approaches for facilitating a system-wide digital transformation and the outcomes – the North Star Principles.

- Slides: Status of Digital Transformation in Social Care (January 2021)

### ***2.1.3 Lobbying parties outside social care to improve the digital information flow between social care and others, in particular, the NHS***



TG: A summary of the Round Table events held since the last AGM:

- September 2020 – brought together stakeholders to discuss CASPA's objectives, flows of information and progressing improvements.
- December 2020 – focused on the topic: what information should be accessed and by whom?

The outcomes – CASPA has extended its representation into new fora as a result of developing closer working relationships with stakeholders (arms-length organisations and care providers associations).

Leading the discussion on digital transformation:

- GP connect – the NHS Digital interoperability platform (providing Access Record HTML; Appointments Management and Access Record Structured). As a result of previous engagement with NHS Digital, CASPA (and some of its members) were approached to give their input at the meeting on the initial discussion. Access Record: HTML was rolled out in December 2020 and the evaluation commissioned to better understand the impact of this information is ongoing.
- eRedBag – a programme predating CASPA to digitalise the physical red bag, led by South West London CCG with pilot sites at Epsom and St Helier NHS Trust in partnership with PCS (part of one of the NHS Digital pathfinder programmes). The initial pilot concluded in January 2021, with significant benefits reported.
- INTEROPen – an action group to accelerate the development of open standards for interoperability. CASPA is actively involved, attending hackathons and recently joining the INTEROPen board.
- COVID-19 data initiative – CASPA was approached by NHS Digital to share information captured as part of the initiative. This data was shared at the Sit Rep meetings in the early days following the first lockdown in March 2020. To this date, data is still collected and provided to NHSD.
- DSPT for Social Care – Following an invitation to comment on revisions to The Data Security and Protection Toolkit (DSPT), as 'entry level' is replaced by 'Approaching Standards', CASPA continues to work to develop an easy mechanism to enable care providers ready access to responses to the technology-related questions that form a requirement of their assessment.

**2.1.4** *Creating standards, such as those for electronic information transfer, where such standards do not currently exist*



JP: Brief overview – PRSB is tasked by NHSX to create the standards for interoperability. Summarising CASPA’s input and the outcomes – contributed to numerous calls (initially health-focused), which subsequently brought about a core change in the understanding of social care; an invite to all CASPA members to be part of the social care interoperability pilot (a trial prompted by the discussions with CASPA); contributing to PRSB’s Information standards for Health and Care Integration (Draft v1.0).

Five first data standards:

- Screenshare <https://theprsb.org/standards/healthandcareintegration/>

Work with PRSB on these standards is ongoing – commentary on Urgent Referral to Hospital and About Me (incorporated in the Core Information Standard –RB’s introduction to DSCAG; part of the Shared Care Record – Minimum Viable Product; elements shared with eRedBag).

## 2.2 Results of the CASPA Members Survey

SP:

- Slides: Members Survey 2021: Early Insights

Overview of insights [extracted 9:00 AM, 03.03.21] to the following: would recommend CASPA to other software providers, could do better, getting it right, more to do, helping to direct growth and suggestions for subgroup categories.

## 2.3 The plan going forward

### 2.3.1 North Star

NA:

- Slides – CASPA’s Five Principles For Digital Transformation of Care Providers

An overview of the context and discussion of each of the principles – answering the questions raised by members Sam Hussain and Max Parmentier in the chat window: CASPA has raised the need for a social care information exchange system, and in response, heard that such data exchange should be met by the Social Care Record.

CASPA documented a set of principles to ensure digital delivers a positive impact for care providers and those receiving care: centred on the person receiving care, intuitively part of the operational workflow, avoids duplication of effort, shares required information appropriately, no decisions about social care made without social care providers.



Work is ongoing – CASPA members are invited to comment on or endorse the principles.

### *2.3.2 The need to create subgroups*

JP: The decision in brief – CASPA’s influence with organisations at various national and government levels, the evolution of a subgroup from the CASPA Main Board to cover digital care software (and its involvement in scoping the funding proposal put forward by NHSX for all social care providers in England to implement digital care systems by 2024).

The commitment required – estimated time required: 10 hours per week.

### *2.3.3 Nominations for new board members and voting process*

RW: The Executive Board is to expand from six to eight directors – eight prospective candidates are preparing statements for circulation to the membership ahead of the election. Following the vote, the top four candidates will be interviewed by the board. The process is expected to complete by mid-April.

The nominees: Sam Hussain (Log my Care), Paul (Radar Software), Wendy Kendall (Legrand Assisted Living & Healthcare), Max Parmentier (Birdie Care Services), Philip Morecraft (CLB), Lorenzo Gordon (Maldaba Ltd.), Josh Hough (Care Line Live) and Fiona Hale (CoolCare Ltd.).

### *2.3.4 To create a framework to assist in providing service continuity for members’ customers*

RB: An overview and outcomes – CASPA’s services and products are key to delivering the best care outcomes (they are not “just suppliers”); the need to be seen as very dependable; other industries have schemes to provide assurance to both the public and regulator, CASPA to begin exploring initial members’ thoughts for establishing a CASPA assurance scheme/framework.

## **3. Member Q&A**

### *3.1 JP: Questions received prior to the AGM*

#### *3.1.1 Question from John Cooling (WHZAN)*

**Do you think you could include an Agenda item about the fees EMIS and SystemOne GP record systems charge technology providers such as CASPA members to provide interoperability to companies delivering valuable services to NHS patients? To be frank,**



**I'm hoping the organisation can exert some positive influence on the NHS to eliminate this cost in providing improved services to patients.**

Response: The question was referred to a contact at NHSX and the following feedback provided: GP Connect is the solution to get data – shared care record MVP is due in September – we need to know the use cases to inform what is included in the MVP. JP provided further clarification and urged members to submit use cases as part of the MVP if they wish to have input.

### **3.1.2 Questions from Max Parmentier (Birdie)**

**Governance: we often have the feeling that CASPA does not speak on behalf of its members but rather of its board members.**

Response: JP clarified that the introduction of subgroups increases the opportunity for others to be more involved and also the inclusion of board members from other disciplines in social care will ensure CASPA is more representative going forward.

**While there is increasing transparency on the topics ongoing, it's often information shared post-meetings rather than consultations pre-meetings.**

Response: JP clarified that CASPA-managed meetings, such as the Round Tables and AGMs, are consulted pre-meeting. Participation at meetings is on board members' own time. Board expansion will allow more participation, but many meetings are held by individual companies and shared through CASPA (e.g. eRedBag).

**Governance to appoint Board members has never been explicit; it's great to see there is an extension for an additional two seats but the process is still unclear to us (are the members' votes binding for instance?).**

Response: JP clarified that governance was covered earlier by RW.

**Transparency: how opportunities on behalf of CASPA are made available to all members rather than result in a competitive advantage (e.g. on eRed Bag scheme and GP Connect).**

Response: JP clarified that eRedBag was an open pathfinder that pre-dated CASPA and GP Connect was offered to all members from the outset.

**A clearer mandate/set of priorities (no more than three for the year?) that CASPA engages on, and is agreed by members. Identify associated two-three very concrete asks that CASPA campaigns on, on behalf of members, such as:**

- **Confirming SNOMED CT as the standard coding for social care software solutions**



- **Enabling social care professional access to NHS data**

Response: JP clarified CASPA's five core objectives and also the invitation extended to members to participate in the creating standards pilot with PRSB. He stated this was done prior to the three founding companies joining the initiative. He confirmed the financial outlay each company paid to contribute to the pilot (set by PRSB).

On SNOMED CT, JP explained there was no current agreement for it to be the standard, clarifying that it was for members to decide whether to adopt the coding – CASPA is not in a position to recommend.

On enabling social care professional access to NHS data, JP clarified a resolution was ongoing and gave the following update: Dawn Monague, NHSx plans to announce updated principles. Once released, the update will be communicated.

Max Parmentier - thanked CASPA for its response and work so far.

#### **4. Any other business**

**END OF THE MEETING**