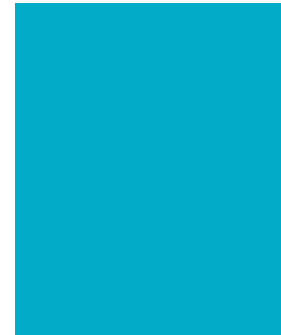


care.data and GP extract GPES IAG



14 February 2013



THE NHS
CONSTITUTION
the NHS belongs to us all

Role of the NHS Commissioning Board

(from Mandate, November 2012)

9.2 The NHS Commissioning Board will be directly commissioning NHS services provided by GPs, dentists, community pharmacists and community opticians; specialised care; health services for people in custody; and military health. This offers a great opportunity to improve standards and national consistency, for example in services for people with rare conditions. The Board has an important responsibility to drive improvements in the quality of primary care, reflecting the vital role that stronger primary care will play in supporting delivery of objectives across this mandate.

Role of the NHS Commissioning Board

(from Mandate, November 2012)

9.3 The Department will hold the Board to account for the quality of its direct commissioning, and how well it is working with clinical commissioners, health and wellbeing boards, and local healthcare professionals. An **objective** is to ensure that, whether NHS care is commissioned nationally by the Board or locally by clinical commissioning groups, the results – the quality and value of the services – should be measured and published in a similar way, including against the relevant areas of the NHS Outcomes Framework. Success will be measured not only by the average level of improvement but also by progress in reducing health inequalities and unjustified variation.

Why this extract ?

1. Communities have a right to expect services are designed based on meaningful assessment of need in a local population
2. Patients have a right to know that unexplained variation in primary care provision is identified and managed
3. Patients should be confident that service planning is done in a coordinated way for their own care journey not just organisation by organisation
4. We need to understand the health priorities of communities not just 'sickness priorities' and shift to a sustainable local health promotion model based on a whole picture of health behaviours

Why this extract ?

5. We need to capture the outcomes of different patients groups from start to finish of an episode of care to develop data driven segment care planning
6. Patients will expect outcomes to be measured in transparent ways by professionals based on data that takes a patient centred view not an organisational view
7. For communities to be more active in planning, redesigning and prioritising local care , they will need information that reflects the end to end process of care (real world information model)
8. Linked data is the prerequisite of integrated care

Francis Report (Chapter 26)

- The effective collection, analysis and dissemination of relevant information is essential for swift identification and prevention of substandard service, facilitating accountability, provision of accessible and relevant information to the public, and supporting patient choice of treatment
- Reliable data, enabling comparison of treatment outcomes by reference to individual professionals (where appropriate), provider units and organisations, is an essential element of effective learning for improvement, performance monitoring, and patient choice. Healthcare professionals and organisations, individually and collectively, must commit themselves to identifying with patients and the public, and introducing measures that fairly reflect their performance
- It was generally accepted that failure to share relevant information lay at the heart of the failure of the system to detect the scale of the deficiencies at the Trust and that an effective overall system of information is essential

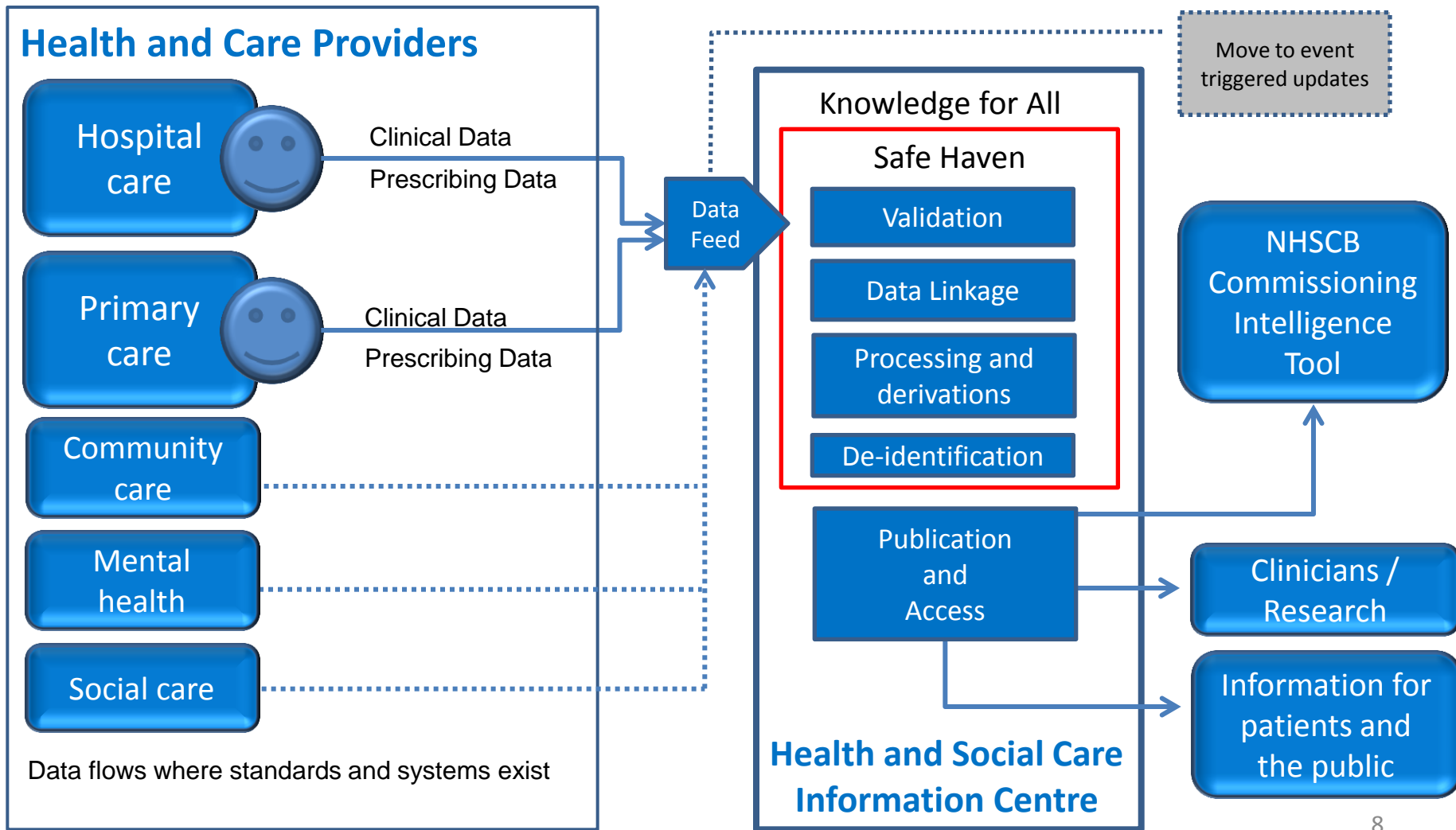
What is Care.data ?

Unleashing the power of information and technology for patients and those who serve them

- The Patients and Information Directorate of the NHS Commissioning Board will support the NHS in designing and operating a world-class patient service in response to the Government's mandate and in support of the NHS Outcomes Framework
- The NHS CB may direct the Information Centre to collect data on its behalf
- Care.data is one of the programmes; it will provide the infrastructure to support the collection, validation, storage and presentation of data to provide the foundations for timely clinical, financial and administrative information capable of interrogation by patients, the public, and health research organisations

Care.data

Linked interoperable data infrastructure which protects patients' information



Purposes for care.data

- To support measurement against the domains in the Outcome Framework
- To support monitoring of patient pathways
- To provide commissioners with information to monitor and manage services and outcomes in line with their own priorities
- To provide information for patients
- To provide data for life-sciences
 - NICE analysis
 - Research activities
- Key Message from this exercise:
 - GPs are users and customers, and would greatly value availability of data to support their work

Benefits ... + some examples

- Improved monitoring of outcomes through linkage between primary and secondary care
 - *what is the route to diagnosis ? (routine, urgent appointments, A&E, screening)*
 - *what is the route from diagnosis ? (bed utilisation, complications, heart attacks, etc.)*
- Improved performance monitoring through linkage between primary and secondary care
 - *track patients registered at the practice who are attending A&E either frequently or with complaints that could be seen in the practice*

Benefits ... + some examples

- Improved management of patients with QOF conditions
 - *Use hospital admission data to validate my LTC registers: Are any of my patients being admitted for diabetes who are not on my register?*
- Earlier diagnosis of patients with QOF conditions
 - *Identify patients where secondary care activity indicates a diagnosis for a QOF condition where the patient is not already on the practice register*
- Improving commissioning of primary care activity
 - *how I am doing against the Outcomes Indicator Set ?*
- Improved data quality
 - *Examples: ethnic category, referrals in GP records*

Extract Specification – Release 1

- Cohort
 - All patients
- Fields
 - Patient data
 - Events
 - Referrals
 - Prescriptions
- Coded, structured fields: not free text nor fields deemed inappropriate for commissioning

Extract Specification – Release 1

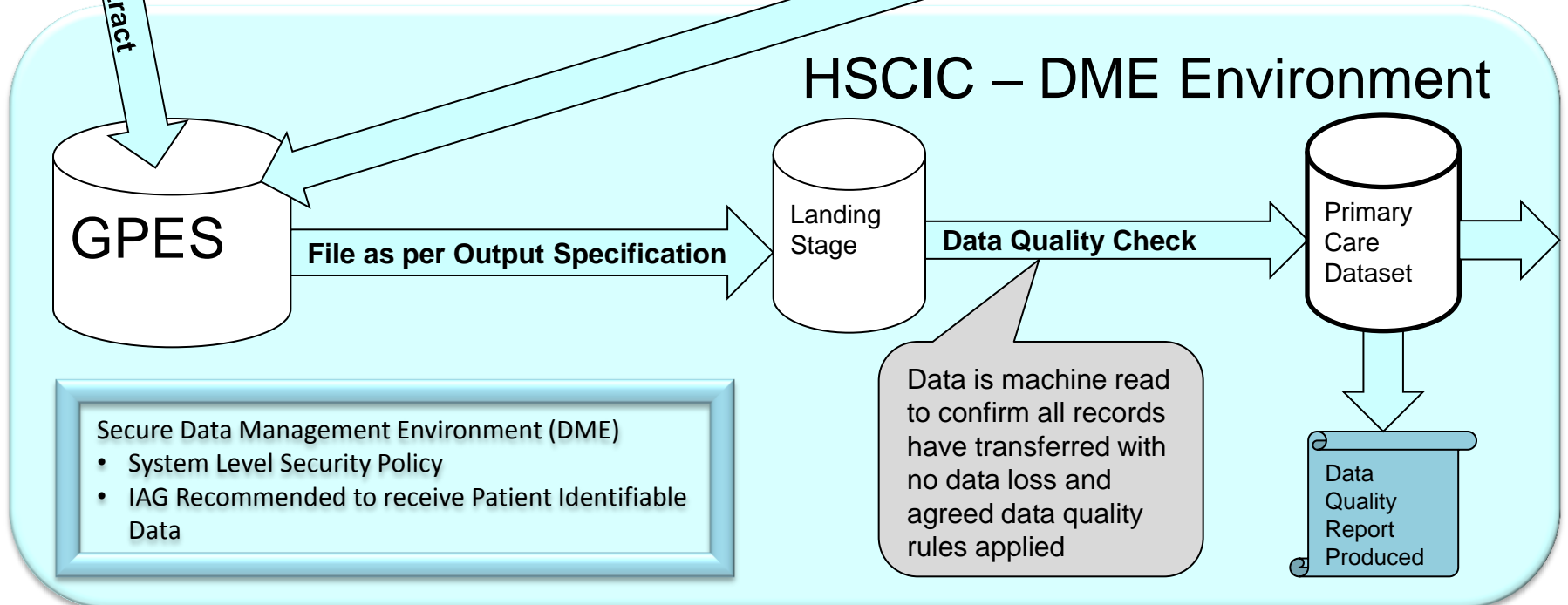
- Event types
 - Include
 - Relevant codes relating to clinical conditions (e.g. QOF, LTC)
 - Exclude
 - Events with any of the “sensitive” codes
- Timing
 - Extract data prospectively on a monthly basis from April 2013 ...
 - except specific types of historic codes (e.g. first diagnosis) needed to track patients with LTCs

Data Processing



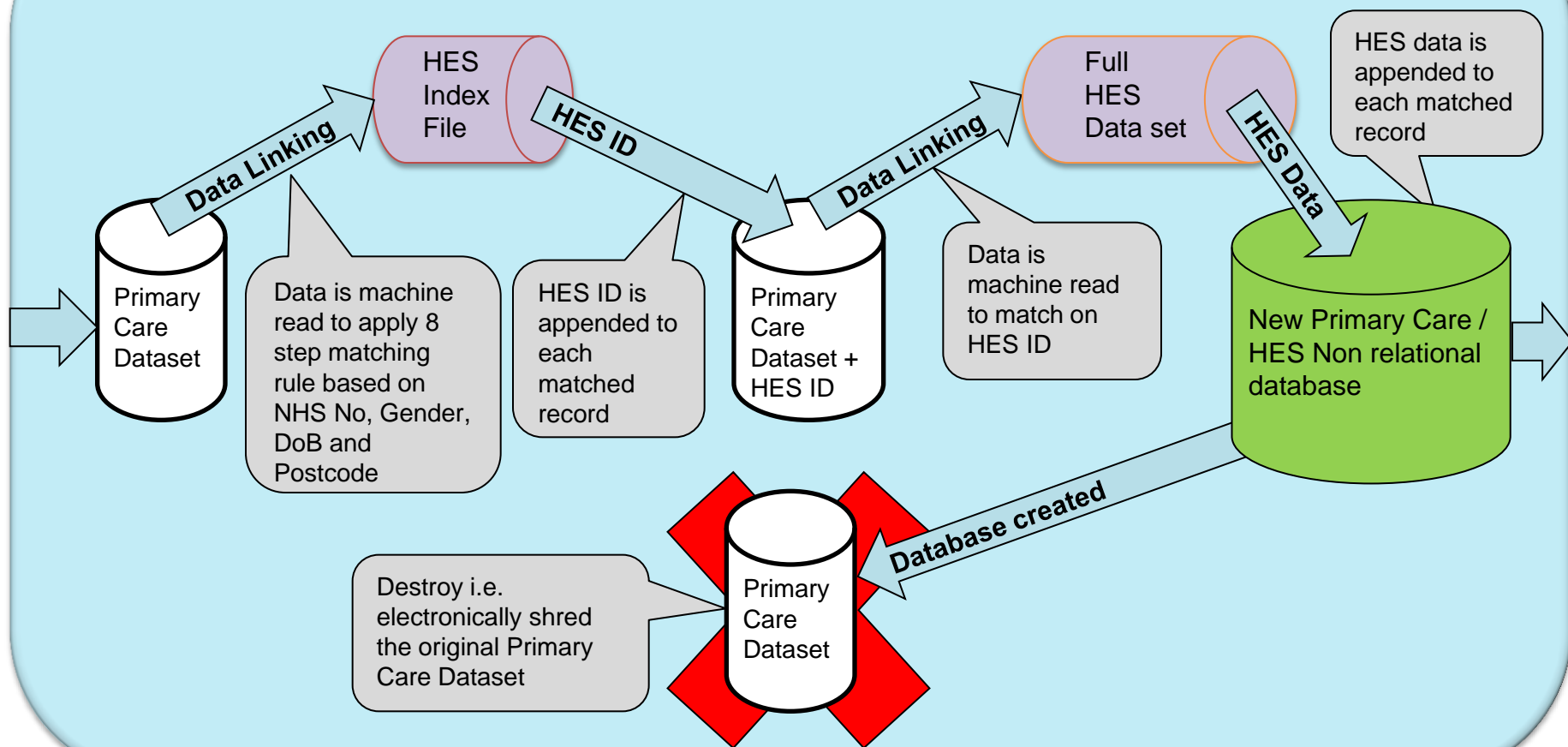
Data Extracts

Events marked as sensitive as per specification are not transferred



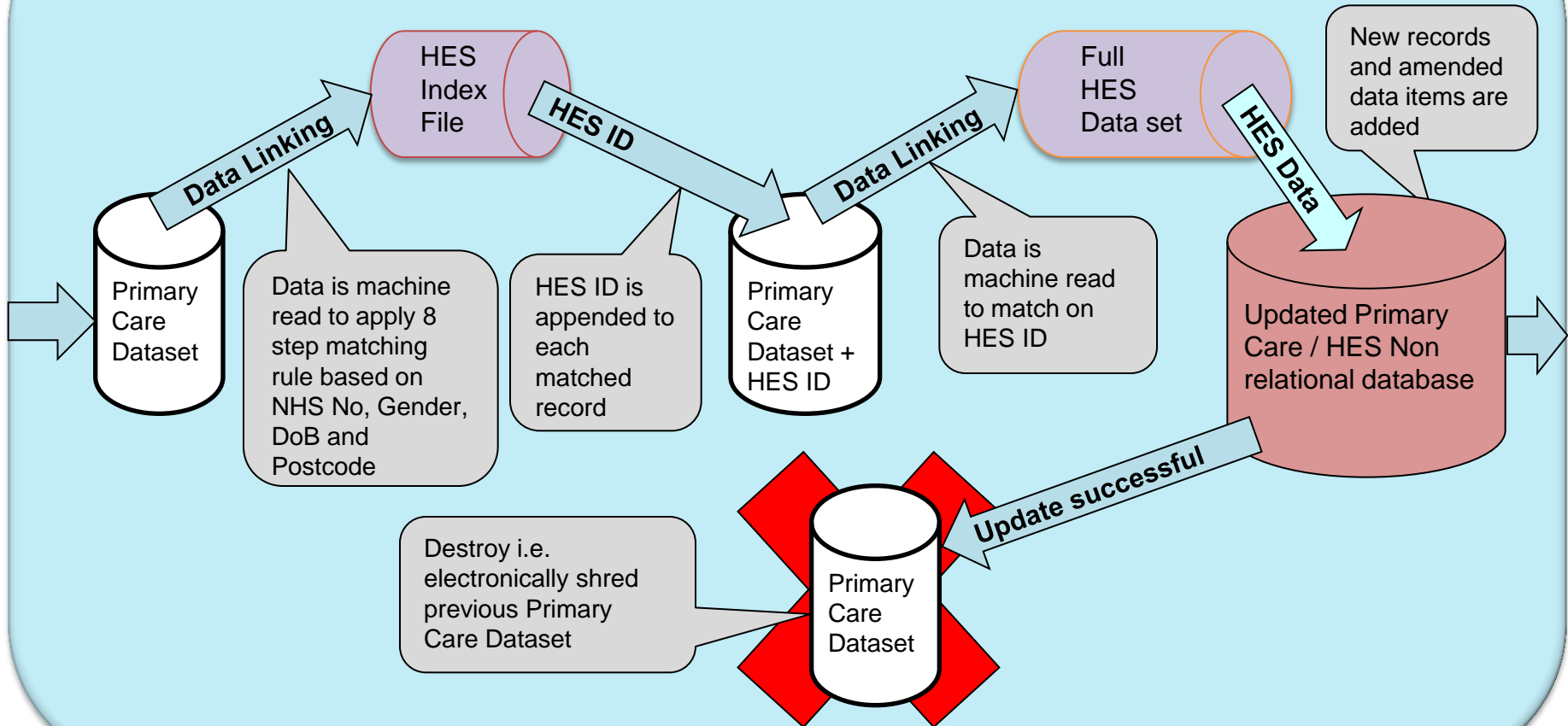
Data Matching – Initial Load

HSCIC – DME Environment

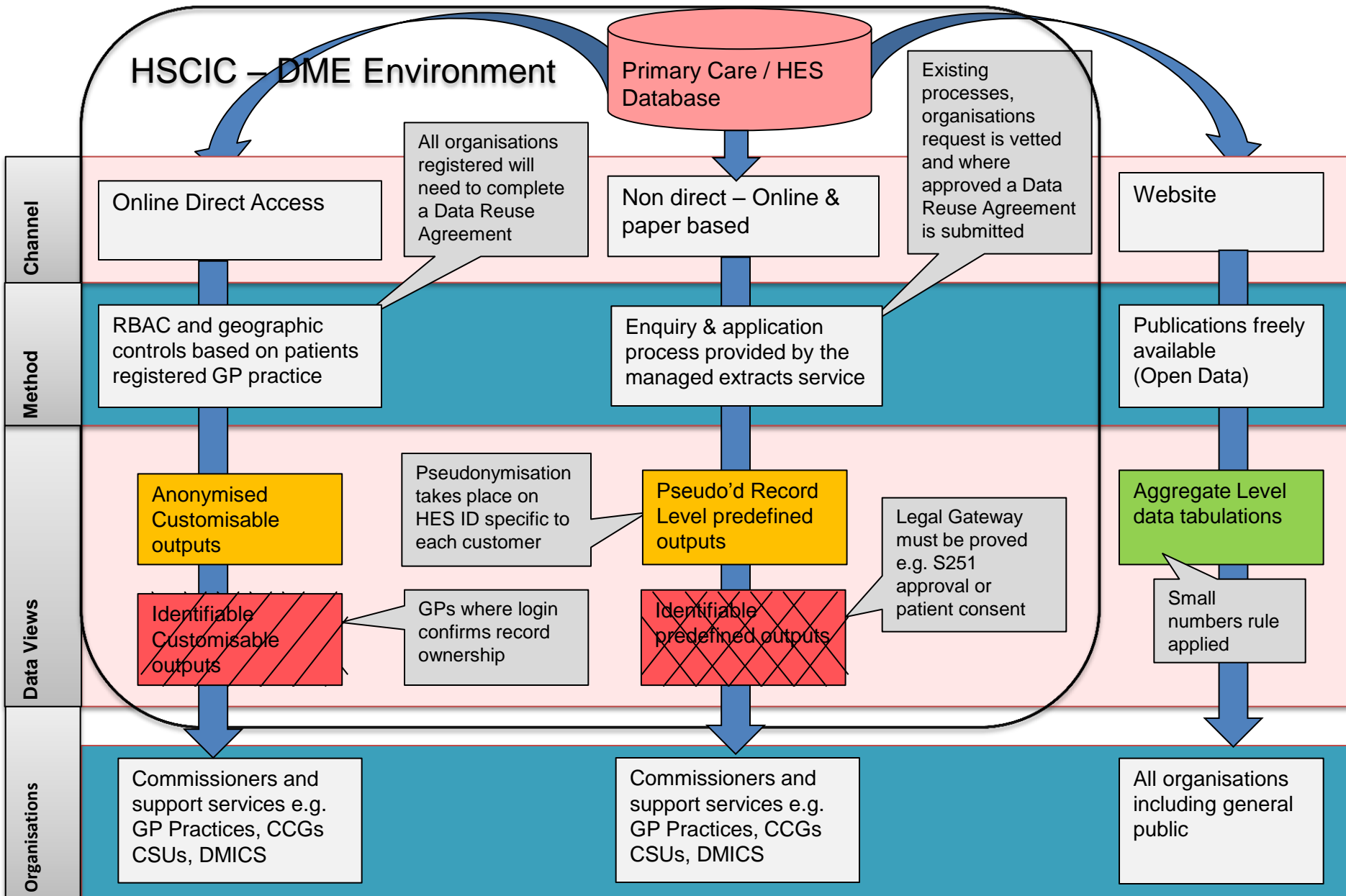


Data Matching : On-going Updates (Net)

HSCIC – DME Environment



Outputs



Outputs

- For publication :
 - Aggregated only, with small number suppression
- For disclosure to those with agreements in place (e.g. CCGs) :
 - Aggregated / or
 - Anonymised
- There will be no identifiable disclosures in version 1
 - expect to return with proposals for version 2, with treatment of legal basis and handling of patient objections

