

Informing Healthier Choices: Information and Intelligence for Healthy Populations

Comments from the Faculty of Public Health

Overall this document is very much to be welcomed. It is ambitious but the development of the strategy is timely given the rapid developments in Information Technology and the capacity and capability of data collection and analysis in the NHS and other related organisations.. Against this background it is important that the Public Health agenda is fully recognised within the NHS information strategy so that the potential benefits from use of information within the patient record and linkages to other sources of information about the community can be properly exploited.

We fully acknowledge the importance and overall thrust of the recommendations but would also wish to make some specific points. Answers to the specific questions posed are also enclosed.

1. Aims

The strategy importantly specifies that information to improve the health of the population should be concerned with population health improvement, health protection **and** healthcare. However the strategy itself has less focus on the monitoring of access to, quality and outcome of health care and this might be strengthened in subsequent sections. The aims could also usefully be extended to developing and using information on the views of the public and service users.

2. Data Quality:

The strategy acknowledges the importance of data quality in a number of areas, but this needs to be strengthened as it is of fundamental importance. Too much intelligence is currently dismissed on the grounds of poor data quality. To change this culture requires significant effort and development of reliable sources of information based upon accurate clinical information.

The section on Delivering the Vision, notes the data quality initiative from the Health and Social Care Information Centre and links with the Connecting for Health, but does not address for example the detailed

steps for ensuring that data from GP systems on smoking or obesity will be accurate and comparable.

Future work on the health and health care of the population will need to look increasingly at levels of health/ severity of illness in order to enable sensible interpretation of results. For example, risk adjustment is required to compare the outcomes of care in different units, and stage at diagnosis is required to understand the reasons for the substantial social class gradient in Cancer survival. This clinically rich information is not easy to capture consistently and if it is derived from electronic clinical records there must be nationally agreed definitions with clear incentives to record the information accurately, completely and consistently. All this needs to be incorporated into the implementation of the Care Record Service and linkages made to Connecting for Health, not just as part of the SUS user group, but designed in as a fundamental part of the CRS.

3. Data Modelling and Flexible systems

The proposed National Settlement System (NSS) and Financial Resource Management Systems (FRMS) will be particularly important when it comes to justifying health promotion and preventative measures in terms of cost effectiveness, both within the NHS and as far as partnership working is concerned. To answer many questions in the above lists, it will be necessary to link data from different systems (some in the NHS, some in Private medical systems, and some in non-health services) relating to individual patients. This will be more complex and potentially controversial than bringing currently available data sets together, as mentioned on page 21, and Public Health specialists could help reassure the public that such data will be both confidential and utilised to the public good.

However, work will also be required at national level to mandate inclusion of care records from providers delivering care to NHS patients and provide appropriate incentives to encourage other private providers (including alternative and complementary therapies) to contribute care records to fill in the current gaps in our understanding of the health and care of the whole population.

To ensure that appropriate linkage data is collected where necessary, it will also be necessary for system designers to consult widely in order to agree on the Data Model. Costing out how much time nurses and other professionals spend treating asthma, for example, would require them all to keep more detailed records concerning individual patients than they do at present, and the model would specify that this asthma-

specific time will be kept in such a way that it can be aggregated and analysed. The same would apply to other investigations and treatment for asthma. Models based on business requirements such as this, which will also include resources spent on the prevention of illness, should lead to the design of more flexible systems (able to answer questions which have not been detailed yet but which may well become important in future).

It will be important for Public Health be fully involved with the LSPs developing new information systems to ensure that there is national consistency in the modelling, design and testing of these systems. The brief mention of the issue of data quality on page 26 could benefit from expansion.

Flexibility will be an important aspect, given the constantly changing requirements from NHS information systems.

4. Historical data sets and registers:

At present there are a number of rich collections of data (specialist registers for example) which contain valuable information which needs to be preserved to ensure continuity of historical trends, but at the same time these collections are vulnerable to the retirement of key staff and closure of units. There need to be ways within the PH Information strategy to both preserve and protect the investment by ensuring appropriate migration of this data into the mainline data warehouse.

5. Workforce implications

We particularly welcome the recognition of implications for workforce as regards training and support (page 19). In particular there will be a need for staff in professions, including Public Health, to be able to develop and utilise data systems, and for some professional IT staff to have a background in Public Health – both to ensure that appropriate linkages are established at the data modelling stage and to ensure that resulting systems are capable of meeting user requirements. This will have training and career implications for all health professions, including Public Health, and the document will need to be drawn to the attention of appropriate professional bodies.

In addition, there are training implications for clinical staff using the systems to ensure that they understand the data definitions and capture information in the clinical record is complete and accurate. This requirement needs to be incorporated into the implementation plans of the LSPs as well as through professional organisations.

A further training implication is raised by the potential for providing more detailed health information to the public as suggested in a number of places in the document. Whilst we welcome this as better engagement of the community, development of an understanding of statistics is important to ensure that inappropriate and alarming conclusions are avoided. The NHS and Public Health community need to think how this may be achieved.

Questions for Consultation

1. Have we presented a fair view of the current position, and have we identified the main problems that need to be addressed?	This is a reasonable picture of the current situation, but the problems of data quality are not given as much prominence as they might be.
2. Apart from this consultation, what is the best way for us to ensure user input shapes the strategy and its implementation? Is the National Analysts Forum a good idea?	The Faculty of Public Health will be happy to continue to provide input.
3. Does the overall strategy and vision for the future cover the right areas? Are there any that in your view require particular emphasis?	The area covered is appropriate, but there may be a need to ensure explicit coverage of all three areas of health promotion, protection and health care from time to time.
4. Are the principles set out in the vision the right ones? If not what changes would you suggest?	Broadly yes
5. Taking the delivery plans as a whole, are these the right areas in which to work? Are we taking the right approach to individual issues – please comment on any particular plans that you think need to change or would benefit from a different approach? Are there any additional initiatives that you would like to see included in the strategy(either existing or new)?	As noted above, data quality is fundamental to this.
6. Of the outline delivery plans, what are the priorities for early delivery and what would be an appropriate timescale for these?	Improving data provision is the fundamental task. This is not a single one off event, but must be seen as an ongoing incrementally improving work programme.
7. Is the balance between developing new	Broadly yes, although the importance of

<p>data sources and using existing ones about right?</p>	<p>preserving the existing data flows, to ensure that time series can be preserved is very important.</p>
<p>8. It is clear where responsibility lies for the developments described in the strategy? If not, which areas need clarification?</p>	<p>In order to be confident that these proposals are properly developed, it would be useful to have a clear understanding of the size of the Strategy Implementation Team, accountability, management lines and budget</p>
<p>9. What obstacles do you foresee to the delivery of the strategy and how best do you think these could be overcome?</p>	<p>Interaction with Connecting for Health and clinical purposes of the CRS.</p>
<p>10. Can you suggest ways in which you or your organisation could contribute to further development or implementation of the strategy?</p>	<p>The Faculty of Public Health would be pleased to be able to participate in further discussions and as a means of disseminating messages about information and Intelligence to the PH work force</p>