

Findings from Select Committee Inquiry into the Sharing of Patient Data

Governing Body meeting

5 June 2014

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Is your report for Approval / Consideration / Noting	
Consideration	
Are there any Resource Implications (including Financial, Staffing etc)?	
To be determined	
Audit Requirement (This section must be filled in even if it is a nil return)	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
Principal Objective 3: To work with Sheffield City Council to continue to reduce health inequalities in Sheffield	
Principal Risk 3.2: Budgetary constraints faced by Sheffield City Council and CCG prevent development of effective joint governance and commissioning of integrated services from the Better Care Fund.	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i> No	
<i>If not, why not?</i> Part of Stage 2	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i> By improving the sharing of patient data, the care professional will have access to all relevant information at the point of need to provide optimal care to the patient	
Recommendations	
The Governing Body is asked to: <ul style="list-style-type: none"> • Approve the summary of findings produced by the Committee during Stage 1 • Approve the Select Committee Inquiry process utilised to produce the findings • Approve the Stage 2 objectives which will be the basis of the Terms of Reference 	

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1. Introduction / Background

Improving integrated care is a strategic priority for Sheffield CCG. Good quality, seamless, integrated care across health and with social care is compromised if patient data is not effectively shared with care professionals involved in a patient's care.

Across Sheffield, the different organisational approaches have led to highly variable levels of sharing with a potentially adverse impact on patient care. In particular, the CCG Governing Body is concerned that the level of sharing of GP-input data could more effectively meet the needs of patients receiving care outside their registered practice. The Governing Body decided to set up a parliamentary style Select Committee Inquiry to understand the range of factors and to draw up an action plan to address the issues.

The Inquiry was divided into two stages. During Stage 1, the Committee examined the level of information sharing, the reasons given by GPs for not sharing data, the effectiveness of guidance for, and communications, with GPs and patients and the risks and benefits. Stage 1 of the Inquiry was concluded in May and the Committee found a number of areas that required further consideration during the second stage. The overall aim of Stage 2 is to identify the changes required to address these areas which when implemented should improve both the care of patients being treated by all clinicians involved in the patient's pathway and the confidence of GPs in sharing.

2. Stage 1 Summary

The Committee formed for Stage 1 comprised 11 members who called 14 witnesses to give oral evidence in addition to receiving written evidence. The members and the witnesses covered all health and social care organisations, patients and academia in Sheffield plus IT Supplier representatives who overall provided a representative range of views on the subject of sharing. One witness came from Cumbria, the national exemplar community for data sharing.

The report from Stage 1 (Interim Report) has been approved by the Select Committee. Safe and appropriate data sharing among care professionals to support direct patient care is universally accepted as being in the best interests of the patient. Both the Caldicott Review and the GMC state so. Furthermore, patients expect that those involved in their treatment can access all relevant information.

The Committee found, however, that sharing was not universally practiced for a variety of reasons and understanding these reasons was the purpose of Stage 1 of the Inquiry. Overall, the Committee found that the benefits of sharing outweigh the risks ie the appropriate and safe sharing of patient data improves integrated care and there are clinical risks of not doing so.

Given the overwhelming evidence in favour of sharing, why is sharing not practiced more widely? We identified two specific barriers for GPs and a number of common issues. Firstly, the current way of obtaining patient consent to sharing their data is felt by GPs to be time-consuming and deters GPs from gaining consent. Secondly, the record sharing models used in SystemOne require the GP to set the patient's sharing preferences in their 'unit' and, if this is not done, other care professionals cannot otherwise access this data. The record sharing model was questioned by the majority of the Committee but it has been confirmed by the IT suppliers that it will not change. It is incumbent upon GPs to share so we would seek to work with GP representatives, IT suppliers and national Caldicott representatives to improve the guidance and support for GPs. The other common issues could be broadly categorised into:

- lack of awareness and understanding (by GP practices and patients),
- concerns about consequences of sharing,
- security controls not fully utilised
- resistance to change.

The Committee found therefore that a number of changes were required, particularly to GPs' working practices, and should be undertaken with care and with a high level of support and guidance.

In accordance with Select Committee rules, the findings were based on evidence that was submitted to the Committee and no external sources were considered.

3. Select Committee Inquiry (SCI) Approach Used During Stage 1

The SCI approach is used to examine some of the most important issues in government. The process therefore has to be proven, rigorous, fair and open. A SCI takes place mostly in public and all issues submitted to a Select Committee are examined mainly by members asking questions of witnesses. In the case of this Inquiry, a witness can be any stakeholder eg care professional, patient or expert in a particular field. The Committee can also examine written evidence and can commission research if necessary. The Inquiry must be as comprehensive, rigorous and thorough as members and stakeholders wish it to be.

This approach was intended to give the findings credibility and encourage the implementation of the recommendations.

The Committee found that this approach has worked well and was an appropriate mechanism to deliver the Stage 1 Terms of Reference.

4. Communications and Engagement

Communications and engagement is a major activity supporting the SCI. In Stage 1, this was limited to broadcasting the existence of the Inquiry to care professionals and patients through a variety of channels. In Stage 2 this will need to be enhanced with more direct interaction with GPs, in particular, so that there is wide scale awareness and potential risks to the implementation can be addressed as soon as possible.

5. Stage 2

The overall goal of Stage 2 is to take the findings from Stage 1 and recommend changes which will address the key issues. Together with ongoing improved communication and

guidance, the sustained implementation of the changes will give confidence to all concerned that the sharing of patient data is safe, hugely beneficial and will reduce clinical risk.

The objectives proposed by the Committee were:

- a. To put a call out for further written evidence
- b. Draw up a blueprint of a 'good' information sharing process.
- c. Identify the criteria which define a good process
- d. List different options for sharing
- e. Assess options against the criteria and identify a preferred option
- f. Identify the changes required to move from the current situation to the preferred option. Stage 1 found that changes are needed to the:
 - consent process
 - record sharing model guidance
 - provision of information to patients and their understanding of this information
 - information governance awareness, training and guidance
 - record keeping and data sharing awareness, training and guidance
 - existence and use of checks and balances in the system
 - information sharing agreement(s)
 - systems interoperability
- g. Identify appropriate approach to managing changes and realising benefits; establishing the benefits baseline
- h. Widen communication and engagement and obtain feedback; identify and recommend actions to address apathy, concerns and resistance
- i. Gain buy-in for the recommendations from the health and social community and from public/patients groups especially from those who will need to implement the changes

6 Recommendations

The Governing Body is asked to:

- Approve the summary of findings produced by the Committee during Stage 1
- Approve the Select Committee Inquiry process utilised to produce the findings
- Approve the Stage 2 objectives which will be the basis of the Terms of Reference

Paper prepared by Nick Allan-Smith, Select Committee Inquiry Manager

On behalf of Idris Griffiths, Chief Operating Officer

27 May 2014