The Go-Between would like to hear from potential contributors. Articles should be on health informatics related matters and around 250-400 words in length. Copy deadline for Issue 117 is 20 March 2014.

For contributions etc. please write to the Editor (address on back page).

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Apprenticeships

Following the development and launch of the Level 3 Diploma in Health Informatics the Health Informatics Apprenticeship Framework has also been further enhanced and now covers both intermediate and advanced levels. The apprenticeship framework has been approved for funding by the Skills Funding Agency. This means that colleges and training providers can access funding to cover the cost of the training.

The qualifications were developed in partnership between the Developing Informatics Skills and Capability (DISC) team within the Health and Social Care Information Centre (HSCIC), NHS Wales Informatics Service (NWIS), Skills for Health, and awarding bodies in England and Wales.

Supported by the HSCIC, the Skills for Health Academy North West, Health Education England North West, the City of Liverpool College and local NHS employers worked collaboratively to launch the first cohort of health informatics apprentices, in September 2013. As part of the scheme, the apprentices will undertake the Level 2 Extended Certificate in Health Informatics qualification which underpins the intermediate apprenticeship framework.

The apprentices are employed by the National Skills Academy Health’s Apprenticeship Training Agency and are supported by academy staff throughout their apprenticeship. After completion of their six week college-based induction, this first group of apprentices moved into work placements late last year. The apprentices now spend one day in college and four days a week in their placements within the information management departments of over 12 NHS organisations across Cheshire and Merseyside including Liverpool Women’s Hospital, Liverpool Clinical Commissioning Group and Informatics Merseyside, amongst others.

The apprenticeship scheme gives the cadets the chance to develop the knowledge and experience that will make them more employable and allows them to develop skills that will prove valuable to any NHS organisation.

NHS organisations considering taking on health informatics apprentices may find it useful to take a look at the National Skills Academy web site. They offer a membership scheme to employers which can support an organisation with recruitment, identification of funding and practical support with setting up and maintaining apprenticeships.

More Information:
Contact: disc.team@hscic.gov.uk

Strategy for HSCIC

In October the Health and Social Care Information Centre (HSCIC) Board approved a strategy for the HSCIC.

The HSCIC is responsible for providing a trusted, safe haven for sensitive health and care information. It is also responsible for building and delivering the technical systems that enable that data both to be used to support the care of an individual and to deliver better, more effective care for the community as a whole. The strategy sets out the priorities for the HSCIC for the next 18 months.

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The main objectives for the HSCIC may be summarised as:

- **Promoting trust through secure and interoperable services** - acting in the public interest by ensuring the robustness, effectiveness and the security of the information and data which flows across the whole health and care system;
- **Delivering the national technology services** - developing and delivering the critical infrastructure that is used nationally;
- **Providing information to support better care** - making available the information that citizens need to manage their own health and care and that organisations use to deliver, safe high quality care services;
- **Supporting the wider economy** - contributing to the development of the health and care informatics industry and the wider UK economy.

The Strategy details the actions that the HSCIC will achieve by 2015, of which there are many. Below is a selection of some of the more significant actions.

- Support the implementation of the Government’s response to the report of Dame Fiona Caldicott’s Information Governance Review (the Caldicott 2 Review);
- Consult on and publish the Code of Practice for the handling of Personal Confidential Data;
- Publish draft quality standards for the major care sectors and consult on their applicability and appropriateness;
- Publish the performance of the care providers in each major care sector against data quality standards;
- Implement common data services to accelerate the adoption of more efficient methods for data collections and extractions;
- Publish on the HSCIC website a range of tools that can be used for self-assessment and benchmarking purposes;
- Complete the re-procurement work associated with the key national technology services and infrastructure, including the replacement of the Spine, a new public service network for health to replace N3, a new NHSMail service, the replacement of the GP systems of choice framework, and the new eReferrals service to replace Choose and Book;
- Agree a set of standards for interoperability to be applied progressively to all new enterprise systems, enforced through the requirements for accreditation to the Spine services.
- Extend support for local health and care organisations in their use of Open Source software, especially for their Electronic Patient Records;
- Bring forward proposals to develop professional education and training resources for informatics specialists, including within secondary schools and at apprenticeship, university and post-university levels.

More information:  

## Architecture for Interoperability

The last decade has seen more care records move from a mainly paper-based format to a mainly electronic one. With increasing demands placed upon health and social care against a backdrop of reducing resources, the growth of clinical applications and the move away from record-based systems to function-based are a necessity and the next chapter in the digital revolution of healthcare. With it comes the need for systems and technology to work across organisational boundaries (internal departmental and external) to be interoperable. This requirement for interoperability includes the use of applications by the client, patient, customer or carer.

Governmental policy of increasing the diversity of provider organisations involved in a patient episode of care – NHS, local authority, private companies, social enterprises, voluntary and charitable organisations – also increases the need and demand for interoperability.

Interoperability can be at various levels – from looking up data on another system via a real time link, sending data from one system to another, supporting processes from one system to another to processes that seamlessly work across many systems (such as workflows and alerts). However sophisticated, the end user interface should be such that they are unaware of what is going on in the background.

A fully interoperable healthcare environment would enable transparency (being open about performance of services) and participation (patients in control of their care and active citizen involvement in wider decision-making).

The Interoperability Toolkit initiative has been in place for some years now to facilitate the adoption of standards to enable interoperability to take place. There are several technical challenges to making interoperability work effectively. These include:

- A common identifier – the NHS Number is key to this. “Fuzzy matching” or any other linking techniques are not good enough when handling sensitive patient information.
- Non-NHS organisations involved in care do need to effectively use the NHS Number.
- Data standards – the lack of common data standards does inhibit interoperability. It is possible to share data via the common identifier but the extent of true interoperability would be compromised if other data items cannot be matched or mapped in some way. The task of mapping data items should not be underestimated.
- Data Quality – poor data quality could compromise the integration of systems and functionality. However, there is an opportunity to use system integration as a way of driving up data quality. The importance of the data to the end user could increase and there may be opportunities to rationalise data capture (data collected once and populating several systems thereby reducing the burden).
- Scope of electronic systems – how much of the care information is recorded in electronically? And how much of that data is structured? Free text data fields are more limited in their application and harder to use.
- Operating environment – incompatibility between different technical environments can prevent systems “talking” to one another. It is inevitable that organisations will be upgrading their technical environments at different times so a way to manage this needs to be put in place.
- System architecture – the architecture of care record systems and clinical applications may inhibit sophisticated interoperability.

The key principles of interoperable systems might include:

- Information flows should not be restricted by organisational boundary
- Duplicate data entry must be minimised
• Information process should be minimised: avoid needlessly more information and avoid holding multiple copies of the same information
• Move away from only “pushing” information, as information may not be up-to-date or may be limited in scope
• Patient information held in multiple systems should be capable of being located subsequently and “pulled” as the need arises.

More information: http://systems.hscic.gov.uk/interop

Care.Data
In the 19th Century a doctor working in the East End of London identified contaminated water as the source of a cholera outbreak as he collected data on where his patients drew their water. Florence Nightingale used data to improve the recovery of injured servicemen in the Crimean War. With clinical records becoming increasingly electronically based the opportunities for using data to make improvements to health and care outcomes have substantially increased.

There has recently been a publicity campaign; including a leaflet drop to each household Better Information means better care, to launch care.data. Specifically it covers the extraction of patient data from primary care records to care.data, NHS England’s new flagship data programme for the NHS. NHS England has commissioned a helpline so that patients and the public will be able to access help and advice. The publicity campaign, however, has received some criticism and it is understood that the extraction of data, due to begin in March, it has been postponed.

care.data is a programme that will build on the existing data services provided by the Health & Social Care Information Centre (HSCIC) and expand them to provide linked data, and will eventually cover all care settings, both in and outside of hospital.

The specification of the data to be extracted by GP practices were considered by the Joint GP IT Committee of the British Medical Association and the Royal College of General Practitioners, as well as an independent advisory group. The General Practice Extraction Service (GPES) will be used to extract GP data each month. Initially, the data will cover the period from April 2013 onwards. The identifiers to be extracted are: NHS number, date of birth, postcode, and gender which will allow patients’ GP data to be linked to their hospital data. No free text will be extracted, only coded information about referrals, NHS prescriptions and other clinical data.

The data to be extracted from GP systems for care.data includes information such as family history, vaccinations, diagnoses, referrals, biological values (such as blood pressure, BMI and cholesterol with QOF exceptions codes) and all NHS prescriptions.

GP practices are not able to opt out of the care.data extracts; the Health & Social Care Act 2012 legally obliged to comply with this requirement.

care.data has the potential to enable the NHS to better understand the health needs of the population and the quality of the treatments it receives. Specifically, researchers could:
• identify patterns in disease and the most effective treatments.
• identify more effective ways of preventing or managing illnesses
• advise local decision makers how best to meet the needs of local communities
• promote public health by monitoring risks of disease spread
• map out pathways of care to streamline inefficiencies and reduce waiting times
• determine how to use NHS resources most fairly and efficiently

Data from care.data will be made available to organisations outside the NHS; but no identifiable data will be made available. Any organisation can make an application for data but must go through an application process and meet the conditions for the release of that information.


Coordinate My Care
Coordinate My Care (CMC) is a clinical web based service that allows patients to co-ordinate a personalised care plan. It is hosted by The Royal Marsden NHS Foundation Trust.

The record can be accessed by clinicians who have been trained, signed information governance and acceptable usage policy. A CMC record can only be created with the explicit consent of the patient.

The CMC co-ordinates patient information across all care providers and includes:
• Patient demographics
• Current care plan
• Advance care plan
• Treatment escalation plan
• Medications
• Community contacts
• Hospital contacts
• Social services
• Next-of-kin and carer details
• Disease specific care plan
• Outcomes
• What to do after death

The drivers for the CMC include the reduction in the number of unplanned admissions and crises, reduction in the cost of hospital stay and reduction in length of stay in hospital.

The benefits of CMC for patients include advance care plans, enabling preferred place of care and dying to be achieved, and the integration of services.

As a patient, an individual may well have views about their care: what they would like to happen, where they want to receive care, and even things they would like to avoid. Coordinate My Care supports patients by enabling them to record this information. Patients can direct those involved in their care by using the care plan on Coordinate My Care. Coordinate My Care enables the patient to take more control in their care and decisions about them.

At present CMC is for any patient with a life limiting illness, but the potential is there to extend the service to others. The CMC has a development roadmap to extend the use to the Out-of-hours GP service, community teams, nursing and care homes, and hospices. By July 2014 it is planned to give access to patients to their own record.

More information: http://www.coordinatemycare.co.uk/
IG Advice on Invoice Validation

The Secretary of State for Health has approved Clinical Commissioning Groups (CCGs) and Commissioning Support Units (CSUs) to process personal confidential data when required for invoice validation purposes, subject to a set of conditions. NHS England has issued advice explaining these conditions and setting out the actions that CCGs, CSUs and providers must now take in order to ensure that they are acting lawfully. See: http://www.england.nhs.uk/ourwork/tsd/ig/in-val/.

MH Payment Systems

The Royal College of Psychiatrists (RCP) recently issued a statement on Mental Health Payment Systems (formerly Payment by Results). The RCP supports a fair tariff, but not the current Clustering model. The concern is that the system has not been demonstrated to be valid or reliable and not a basis for payment and pricing. The RCP feels that the Currency must include diagnostic data, rather than case mix. The RCP understands that MH Payment Systems does not meet the criteria set out by the Department of Health.

Entrepreneur Zone

The HC2014 Conference will include an entrepreneur zone this year. It will provide an opportunity to:

- learn key skills and receive drop in style mentoring
- a chance to optimise your technology through total user feedback groups
- Apply for the chance to pitch investors, with the daily winner guaranteed immediate in-kind support for their venture

Register for sessions at at www.hc2014.bcs.org and selecting the 'invited entrepreneur' attendee option.

Choose & Book

Choose & Book recently processed its 50 millionth patient referral.

ECDL for Schools

BCS – the Chartered Institute for IT - has created an ECDL Qualification to meet the criteria set out by the Department for Education. This qualification is graded and gains school performance points. ECDL – once known as the European Computer Driving Licence – remains an international standard and is proof of digital literacy. Learners with improved computer skills enjoy an enriched educational experience and are better prepared for life, work and further learning.

New HSCIC Chief Executive

The Health & Social Care Information Centre has appointed Andy Williams as its new Chief Executive, taking up post on 1 April. He has experience in overseeing large transformational technology projects and has led teams in companies such as IBM, Alcatel-Lucent and CSC.

Health CIO Network

Health CIO Network is the new independent national network of health CIOs (Chief Information Officers) and other health information leaders as a professional best practice network. The aim is to create a platform to give health CIOs greater professional recognition, to build a shared identity, to influence national policy and to discuss the business issues that affect healthcare IT.

Diary

13 Mar 14  BCS London Central: “Supporting Learners in the Digital Age”, London WC2E 7HA (http://www.bcs.org/content/conEvent/8156)

19 – 20 Mar 14  HC2014 (Health Informatics Congress 2014), Manchester (http://www.hc2014.bcs.org/)

03 Apr 14  BCS London South: “Who controls your BYOD Strategy? You or them?”, London WC2E 7HA (https://events.bcs.org/book/984/)

29 Apr 14  InfoSecurity Europe 2014 Earls Court, London SW5 9TA (http://www.infosec.co.uk)

30 Apr 14  BCS Elite: “Journeys into the Cloud”, London WC2E 7HA (https://events.bcs.org/book/930/)

12 May 14  BCS: “Big Data & the Geographies of Knowledge”, London WC2E 7HA (https://events.bcs.org/book/756/)


Address for correspondence:

The Go-Between,
c/o David Green, Director of IM&T,
SW London & St George’s MH NHS Trust,
Springfield University Hospital, Tooting,
LONDON SW17 7DJ.
david.green@swlstg-tr.nhs.uk