



National Quality Board

Secretariat:
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Dear Secretary of State,

THE QUALITY INFORMATION COMMITTEE'S RECOMMENDATIONS FOR TAKING FORWARD THE FUNDAMENTAL REVIEW OF DATA RETURNS

You asked the National Quality Board to provide an independent view of the very important work to deliver the commitment in *Liberating the NHS* to undertake a fundamental review of data returns. As chair of the NQB sub-group (the Quality Information Committee - QIC) that carried out this task, I am writing to set out the results of our challenge and scrutiny.

In summary, we believe that the processes used to deliver the fundamental review of data returns was as robust as needed, given the pace at which this work has been progressed. The approach taken was positive, transparent and inclusive; and underpinned by a set of clear and robust criteria that the sub-group found very helpful. Our headline outcome is that the review successfully identified a significant number of returns that have a recognisable data burden and that can be discontinued; and that these conclusions should now proceed to public consultation.

However, in applying this strategically focussed methodology at pace, there are a number of complex data returns, some of significant burden, with a prima facie fit with the criteria for discontinuation. We recommend, however, further work to identify more cost effective alternative options to meet the information needs that these returns currently satisfy. We believe it is important to signal this in the consultation, highlighting in summary where the unresolved issues and remaining challenges are.

The Information Revolution

The objective of this work has been to reduce the regulatory burden and impose a discipline on the Department and its Arm's Length Bodies to be selective about what data they request from the NHS. However, we also recognise that information is the lifeblood of the healthcare system, which has to record details about its activities to

support the care giving process and its own governance; and use this data to make statutory returns to regulators and contractual returns to commissioners.

Whilst we seek to reduce the burden of data returns from providers, we should also recognise that the amount of information about the care system has to increase to drive both accountability and quality improvement. For some significant areas of activity, eg. adult social care, there is currently little data collection.

In order to do this, we need to move to a system where requests for central data returns are derived from the data that is flowing to support and enable the delivery of high quality clinical care. This should be the same data that also meets the business needs of providers, thus eliminating any additional burden on providers caused by new central data returns. We also need to consider the frequency of data collections and whether data needs to be collected from all, or from a sample of organisations.

We should therefore not be afraid to state our goals as being both the reduction of the data burden on providers, and an increase in the amount of information about the care system: efficiency and transparency are valid and complementary objectives.

Context and approach

You set out your priorities in *Liberating the NHS* and agreed a set of core criteria against which judgements on retaining data collections should be made. The recent consultation *Liberating the NHS: An information revolution* set out the "longer term approach in which the Information Centre will become the focal point for national data collections for health and social care, taking over data collection responsibilities from other ALBs and central data collectors such as the Department of Health itself."

This is a complex area which generates considerable interest amongst the NHS, with a long history of attempts to review, refine and reduce the number of collections and unnecessary burden on the service. NHS colleagues have welcomed the opportunity to engage with this project and the review team (comprising officials from the Department and the Information Centre) have shared material related to this work with our committee at key stages. We established a working group to consider the proposals in more detail. We have been pleased with the open and transparent approach adopted by the review team to this work.

Quality Information Committee involvement

A QIC working group met in December to consider whether the methodology used, its application, and the results generated are reasonable; and what further action, if any, was required. This group in turn advised the full QIC which discussed this work at its own December meeting.

Both QIC and its working group based their views upon a consideration of the principles underpinning the review, the methodology applied and the key themes that emerged from the fundamental review's stakeholder workshops.

The committee recognised that:

- the review work has proceeded at pace and the process used for the fundamental review appears sufficiently robust;
- the proposed reduction in volume of data returns of just above 25 per cent. and its associated data burden of approximately £10 million are significant, and should be positively recognised. I understand work is continuing to resolve a small number of outstanding decisions but these are unlikely to impact significantly on these figures;
- the large volume of individual data returns considered (over 300) meant that QIC did not validate decisions on each one, but we did satisfy ourselves firstly that the inclusive processes for deriving these conclusions and the level of engagement both from NHS colleagues and from policy teams was positive; and, secondly, that there was a large degree of consensus for the recommendations to discontinue some returns;
- the use of a criteria based approach¹ was welcomed, and this enabled a thorough and objective assessment of data returns. QIC particularly considers that the key to embedding these reforms lies in deriving information from the data that clinicians need to record as a routine part of care delivery.

We recommend that wider validation of the results should now be undertaken through public consultation and, following this, to proceed as rapidly as possible with the decommissioning of relevant returns.

Challenges

The functional, thematic approach taken to validating the strategic fit between the criteria and grouped data returns (eg, Workforce, Cancer, Performance, etc) appeared to work well in most cases.

However, for some themes, the timing of the review, or the criteria based approach, did not work as well:

- public health – it would make sense to revisit this area once further work has been completed on both the function and form of public health bodies;
- cancer – much of this data is drawn directly from operational data systems, and appears to fit strategically with the criteria used, but the data collections themselves are large, and there should be significant gain in looking in a

¹ The review used a set of criteria agreed with yourself which assist the drive for clinical improvement and performance and meet the statutory needs of the NHS Commissioning Board and regulators.

All central returns should meet at least one of the following criteria:

- helps drive the achievement of a key priority with the focus on outcomes and the quality standards that deliver them, safety and patient experience;
- provides comparable information about the quality of services
- supports patient choice and empowerment;
- is required to demonstrate public or parliamentary accountability for the efficient stewardship of public money, or
- is necessarily generated as a result of the care giving process

more granular way at individual data lines to remove any duplication between datasets;

- for Arms Length Bodies, the review team adopted a different approach by assessing their data returns against statutory functions of those bodies being retained through the ALB Review. This approach appears less successful for ALBs than the comparative criteria based approach for the Department, mainly because of a superficial fit between the purpose of individual ALB data returns and their statutory functions. A subsequent granular phase of work could prioritise further action for ALB data returns to ensure any overlap is removed.

The approach taken has identified the more obvious data returns to be discontinued where they did not align with the high level criteria. Both QIC and the DH review team recognised that there are some unresolved challenges that follow from undertaking a review at this time of major structural change with key organisational changes not formed sufficiently to provide meaningful input to the review. We believe to make this review truly fundamental, and for this to deliver significant and recognisable benefits, further work is required to make those connections.

We recommend that a further phase of work be undertaken to ensure we move to a system where central data returns are derived from the data that is flowing to support and enable the delivery of high quality clinical care. This phase of work should analyse in detail the proposed retained returns, to identify and remove those individual data lines which are no longer required. This could also ensure proper engagement with the new organisational entities in the form of the NHS Commissioning Board and Public Health England.

We recommend this should be recognised in the public consultation to signal (in particular to an NHS audience) this positive intention.

This work should:

- set out clearly and in advance the anticipated cost/benefits of undertaking such a piece of work;
- be prioritised to focus on those returns with the highest potential cost/burden;
- make an accurate assessment of the continued cost of collecting those returns;
- include the full range of data sources, including clinical datasets;
- be designed in a way to enable a full breakdown of the content of existing data returns to enable duplication and overlap of data lines/items to be removed;
- assess the implication of stopping data collections.

Without a second phase to the work delivering recognisable benefits, QIC are concerned the estimated burden for a number of data returns remains unacceptably high.

Proposals for future governance of data collection

We recognise that there are significant gaps in the data required if the Department is to deliver on Ministers vision of healthcare in the 21st century and that we will need to think strategically about how we spend the resources we have in supporting our information needs.

This work is something that QIC are keen to assist the Department with, where independent advice is required, in delivering the Government's Information Strategy. QIC are also currently undertaking work to scope out options for:

- i. improving the quality of data within the care system, underpinning improved transparency and accountability and driving improvement in care quality;
- ii. prioritising the development of future information collection (including any additional central returns), reconciling efficiency and transparency; and,
- iii. stimulating a market of information intermediaries

These functions described above will be made available to the National Commissioning Board in its consultation processes for collections which are to be considered for approval in the NHS.

We will therefore provide what I hope will be useful and welcome advice to the Department in coming months on these issues.

Kind Regards



Professor David Haslam

National Clinical Adviser to the Care Quality Commission,
Expert member of NQB and Chair of Quality Information Committee