

National organisations providing health intelligence resources



Many existing datasets, and health intelligence products and services, will continue to be available from April 2013 from a range of national providers, as they are now.

This includes, for example, the public health compendium⁴ – a suite of population health indicators for national and local level information – and the local health profiles⁵ – providing reports and maps on public health data in many cases down to small area level.

Other sources include:

- national general practice profiles⁶
- indices of deprivation⁷
- a range of local authority data that can be accessed through neighbourhood statistics⁸.

A number of tools exist for the economic evaluation of interventions, such as Programme Budgeting Benchmarking Tool, Patient Programme Budgeting Atlas, Spend and Outcome Tool (SPOT), Reported Outcome Measures Tool (PROMT), Inpatient Variation Expenditure Tool (IVET), NHS Comparators⁹, the NICE Return on Investment Tool and health impact assessments¹⁰.

The “Right Care programme” has produced health investment packs that are a useful introduction to the above

economic assessment tools¹¹. In the future, Public Health England will provide a comprehensive list and set of links for tools available to support local health intelligence functions.

Under the national strategy for information in health and social care¹², large-scale datasets will increasingly be available under the principles of transparency.

This will add to the existing suite of datasets available, primarily from the Health and Social Care Information Centre, through NHS connections (outlined below) such as:

Open Exeter

- Primary Care Mortality Database (PCMD)
- Bowel Cancer Screening System (BCSS)

Exeter/Mconnect

- Master Patient Index

Primary care data

- Quality and Outcomes Framework (QOF)/Quality Management Analysis System

National N3 connection websites

- ePACT (provides information on prescriptions)
- National Cancer Information Service





- Immform (records data on uptake of immunisation programmes)
- National Child Measurement Programme (NCMP)
- NHS comparators.

A wide range of data required for health intelligence will therefore be accessible at the local level, although local expertise and capacity will still be required to extract and use relevant data, or to commission another body to do so.

In order for local authorities to consider their own needs for health intelligence support it is necessary for them to understand what support will be available from other agencies.

Many of the relevant national organisations are also in transition meaning it is not yet possible to provide a definitive list of products and services.

However, the following sections identify areas where these organisations are likely to contribute toward meeting local health intelligence requirements.

Public Health England

A specification for the contribution that Public Health England will make to local public health intelligence is being developed in partnership with local authorities and other partners in the health system.

On the basis of a refreshed and integrated view of the functions of its predecessor bodies, Public Health England will be able to provide a range of tools, indicators,

atlases and profiles, alongside education and training opportunities, to support local authorities across the whole range of their health responsibilities, including providing advice on healthcare services to clinical commissioning groups and health protection.

Health intelligence capacity within local authorities will be needed to request, use, interpret, and build upon these nationally available tools and service to provide the bespoke intelligence needed by both local authorities and clinical commissioning groups.

These products will be based initially on the Public Health Outcomes Framework¹³ and will include updated versions of the Local Health Profiles series and the NHS Atlases of Variation.

Public Health England will also provide easy access to a range of catalogued evidence resources and examples of good practice that, together with the statistical resources, will help local authorities to establish and address the public health priorities in their area.

For example, Public Health England will be working closely with National Institute for Health and Clinical Excellence (NICE) and other partners to provide integrated summaries of evidence, public health guidance and local statistical information to guide commissioning for local areas.

Public Health England will not in general provide record-level data services, as that function is expected to come from other sources, for example the Health and





Social Care Information Centre (HSCIC), commissioning support units and other providers.

However, Public Health England and, in due course, the HSCIC, will provide data and information directly to local authorities in business areas where Public Health England continues to be the primary data collector (health protection surveillance, drug and alcohol treatment, and disease surveillance such as cancer).

Public Health England will also provide a responsive ad hoc intelligence service to local authorities and the local NHS, accessed via the Public Health England centres and within available resources.

This service could be enhanced where local authorities or NHS commissioners require it through locally negotiated arrangements. These would need to include appropriate cost recovery, for example where Public Health England is contracted to provide a quality observatory function to the local NHS.

Public Health England intends to build on the successful model of the National Cancer Intelligence Network to establish additional multi-agency topic based intelligence networks in areas where such intelligence can drive improvements in outcomes, for example in child and maternal health, or vascular disease.

Further guidance will be developed on these before Public Health England is established in April 2013.

Health and Social Care Information Centre

The national Information Strategy clarifies the role for the re-formed HSCIC as the national repository for health and social care information.

HSCIC will be responsible for collecting, securely linking and making available a wealth of data in safe, anonymised formats to those who need it.

Public health teams in local authorities will be able, as at present, to access a wide range of aggregate data on the health outcomes of their population.

Increasingly, they will also be able to draw upon an expanding range of linked datasets, for example, to support the commissioning and delivery of local public health services.

Office for National Statistics

Data on births and deaths will be available to local authorities directly from ONS for health and statistical purposes.

This has been enabled by clauses 284, 285 and 287 in the Health and Social Care Act (2012), which amend section 42 of the Statistics and Registration Service Act 2007.

At present the HSCIC has a service level agreement with the ONS to provide births and deaths data to the NHS.

HSCIC and ONS are working together to consider how best to meet local authorities' needs for these data.





It is likely that deaths data will be provided via access to the PCMD (see page 1 of this document). ONS and the HSCIC are in discussion about the provision of births data.

In addition ONS will continue to supply data for the public health compendium¹⁴ and provide the ONS Vital Statistics tables. ONS is not expecting to contract individually with local authorities for the provision of births and deaths data.

National Institute for Health and Clinical Excellence

NICE will continue to provide access to a broad range of public health evidence and advice through NHS Evidence.

This content will also be made available through the Public Health England website.

NICE is currently working with local government to produce tailored summaries of evidence of effective public health interventions based on NICE guidance for local use, as well as a portfolio of public health guidance.

Local authority staff engaged in providing public health advice on healthcare services to the NHS (clinical commissioning groups or the NHS Commissioning Board) will be able to obtain access to evidence and information databases and resources purchased on behalf of the NHS including access to full text copies of articles free of charge using Athens login identities.

NHS library services have agreed to continue to administer public health staff accounts following their transfer to local authorities.

Public health staff who already have an Athens account should update their organisation details¹⁵. Public health staff who do not have NHS Athens accounts should register online¹⁶.

Any applicant/user who needs help applying for or changing an account should contact their regional administrator¹⁷.

⁴ <https://indicators.ic.nhs.uk/webview>

⁵ www.localhealth.org.uk

⁶ www.apho.org.uk/pracprof

⁷ www.communities.gov.uk/publications/corporate/statistics/indices2010

⁸ www.neighbourhood.statistics.gov.uk/dissemination

⁹ all accessible at www.networks.nhs.uk/nhs-networks/health-investment-network/key-tools/#programme-budgeting-benchmarking-tool

¹⁰ www.apho.org.uk/default.aspx?QN=P_HIA

¹¹ www.rightcare.nhs.uk/index.php/tools-resources/health-investment-packs

¹² www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134205.pdf

¹³ www.dh.gov.uk/health/2012/01/public-health-outcomes

¹⁴ <https://indicators.ic.nhs.uk/webview>

¹⁵ www.library.nhs.uk/myaccount.aspx (login required)

¹⁶ <https://register.athensams.net/nhs/nhseng>

¹⁷ www.evidence.nhs.uk/nhs-evidence-content/journals-and-databases/nhs-athens-administrators





Actions

- Local authorities will wish to understand national partners' roles and responsibilities, especially as firmer plans emerge over the rest of 2012/13.
- Public health teams will need to apply for Athens accounts in accordance with the instructions in this factsheet.
- Public Health England, NICE, ONS and HSCIC will need to keep local authorities and public health teams informed as plans emerge for 2013/14.
- Local authorities will need to alert any unmet requirements for data and information to Public Health England and to consider how best they can be met either nationally or locally.



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