



**Public Health
England**

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To: The Chief Executive
Director of Public Health

PHE Gateway number: 2013009

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Dear Colleague,

Council access to health care data from the NHS

Public Health England (PHE) is aware that, in the last week, the expected arrangements for Councils and Clinical Commissioning Groups (CCGs) to access health care data from the NHS through Clinical Support Units (CSUs) have been interrupted for information governance reasons. This has of course caused concern among affected Directors of Public Health, their teams, senior Council officers and others.

Urgent action is being taken by NHS England (NHSE, formerly the NHS Commissioning Board) to restore data flows through the CSUs.

PHE is doing all it can to support this process, but since the problem stems from the need to establish a clear legal basis for CSUs to access the data they need to carry out their functions, it is largely for NHSE to provide a solution.

To mitigate the immediate situation for Councils, however, PHE has made arrangements to provide interim access to a locally responsive Hospital Episode Statistics (HES) enquiry service. Further details on how this service can be accessed are provided below.

Context

The transfer of Directors of Public Health (DsPH) and their teams to Councils provides new opportunities to share and link data to improve understanding of the factors that underlie differences in health and wellbeing outcomes at a local level. Timely access to the right level of health care data is vital to enable this to happen.

At a national level, the reformed HSCIC – as the national repository for health and social care data – will provide access to a wide range of data, indicators and

information products. NHSE, through its CSUs, will supply Secondary Uses Service (SUS) and other local data to Councils to support their statutory duty to provide public health advice to NHS commissioners. Finally, PHE will be the supplier of a range of knowledge and intelligence products and services, both nationally and at a local level.

Undertaking routine data management and linkage functions once in a safe haven environment will ensure that the same data is used at national and local levels. In line with the Data Protection Act and the well-established Caldicott principles, person confidential data (PCD) should only be used where necessary, with aggregate, de-identified or pseudonymised data being the norm for the majority of public health purposes.

The Caldicott Review¹ is expected to be published later this month and will make a number of recommendations on the processing of PCD, which will help clarify the position for public health. Shortly thereafter, the HSCIC will publish its mandatory code of practice on the handling of confidential information, which Councils must have regard to.

Access to health data from the NHS through the HSCIC and NHSE

Councils currently have unrestricted access to a wide range of aggregate data from PHE, the HSCIC and other sources. However, the transfer of DsPH and their teams out of the NHS does mean they no longer have the access to health care PCD that was common practice previously.

PHE is making good progress with the Department of Health to clarify a legal basis through *The Health Service (Control of Patient Information) Regulations 2002* for Councils to access PCD for clearly defined public health purposes. PHE is working closely with the Faculty of Public Health on this, and we will be contacting you again with further details by the end of April. Additional information in the form of frequently asked questions is also available through the HSCIC website².

The reformed HSCIC is the primary route for DsPH and their teams to access aggregate, de-identified and pseudonymised data from HES, the personal demographics services (PDS) and other routine national data sets. A data sharing contract allowing access to these is being produced and will be sent to all Councils shortly.

As a condition of access, Councils will need to ensure they have achieved, or have an improvement plan to achieve, level 2 of the Hosted Secondary Use Team/Project view of the NHS Information Governance Toolkit³. Further information on this is contained in the *Local Public Health Intelligence* factsheet⁴ published in September.

¹ caldicott2.dh.gov.uk

² www.hscic.gov.uk/dataflowstransitionmanual

³ www.igt.connectingforhealth.nhs.uk

⁴ healthandcare.dh.gov.uk/health-intelligence

In addition to the national data sets available through the HSCIC, Councils will be able to access SUS, community health services data, local tariff and other data sets through the CSUs. NHSE is working with the Confidentiality Advisory Group⁵ to establish a longer-term solution for CSUs to legally handle PCD from SUS.

PHE Hospital Episode Statistics enquiry service

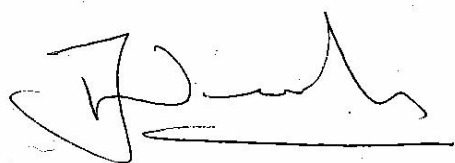
As an interim measure, PHE is able to provide access to aggregate HES data through a locally responsive enquiry service delivered by its regional Knowledge and Intelligence Teams (KITs). A list containing the details of the PHE KIT contact for your area is included in the appendix to this letter.

Turnaround times will depend on the complexity of the query and the level of demand, but the KITs will work closely with you and your team to ensure as rapid a response as possible.

Finally, Councils are still able to access a wealth of aggregate data, indicators and information tools through the HSCIC (such as the Indicator Portal⁶) and PHE (such as the Public Health Outcomes Framework⁷ and Local Health⁸). These knowledge and intelligence resources are likely to be sufficient to meet many of your needs for public health data. PHE will also be providing simplified access to a large number of knowledge and intelligence tools and products through a data portal, which will be available by the end of April.

I hope this letter provides helpful information on the steps being taken to provide you with access to health care data for your local area. I will be writing to you again by the end of April to provide further information on the legal basis for your Council to access PCD. If you have any questions in the meantime, please feel free to contact the PHE KIT director for your area, or myself at PHE@phe.gov.uk.

Yours faithfully,



Professor John Newton
Chief Knowledge Officer

⁵ The Confidentiality Advisory Group provides independent advice to the Health Research Authority (for research) and the Secretary of State for Health (for health and social care) on applications for s251 support (www.hra.nhs.uk/hra-confidentiality-advisory-group). The CAG has taken on many of the functions of the Ethics and Confidentiality Committee of the former National Information Governance Board (which was abolished on 1 April 2013).

⁶ indicators.ic.nhs.uk

⁷ www.phoutcomes.info

⁸ www.localhealth.org.uk

cc.

Clare Sanderson, The Health and Social Care Information Centre
Ming Tang, NHS England
PHE Region and Centre directors
PHE National Executive

Appendix: PHE Knowledge and Intelligence Team (KIT) director contact details for Hospital Episode Statistics enquiry service

PHE KIT	PHE KIT director	Email
East	Julian Flowers	julian.flowers@phe.gov.uk
East Midlands	David Meechan	david.meechan@phe.gov.uk
London	Elizabeth Davies	elizabeth.davies@phe.gov.uk
Northern and Yorkshire	Brian Ferguson	brian.ferguson@phe.gov.uk
North West	Clare Perkins (acting)	clare.perkins@phe.gov.uk
South East	Monica Roche (acting)	monica.roche@phe.gov.uk
South West	Julia Verne	julia.verne@phe.gov.uk
West Midlands	David Meechan (covering)	david.meechan@phe.gov.uk