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BOARD PAPER – National Information Board Leadership Meeting

MARCH 2015

Title: Work stream 2.1: Setting the commissioning and regulatory roadmap for implementing of digital data standards by 2018/2020

Purpose of paper:
- To outline the objectives and plans of the work stream

Actions required by the Leadership Group:
- To note the report
- To ratify the plans set out in this paper

CONTEXT AND OBJECTIVES

The NIB framework made a commitment that all patient and care records will be digital, real-time and interoperable by 2020. By 2018 clinicians in primary, urgent and emergency care and other key transitions of care contexts will be operating without needing to use paper records. This will be achieved by alignment of national technical and professional data standards with regulatory and commissioning requirements.

The purpose of this work stream is to ensure progress towards real-time digital information on a person's health and care being available both within and across care settings. It is therefore focused on the implementation of digital data standards and moving towards a paperless environment in a way that supports both practitioners and the public.

A key focus of this work stream is the identification of relevant standards, building on work being undertaken by local areas that support interoperability and the adoption of these standards.

The work stream is responsible for overseeing the commitments on pages 29-31 of the Framework:

- All patient and care records will be digital, real-time and interoperable by 2020. By 2018 clinicians in primary, urgent and emergency care and other key transitions of care contexts will be operating without needing to use paper records. This will be achieved by alignment of national technical and professional data standards with regulatory and commissioning requirements. By April 2015, building on the existing interoperability programme, the NIB, in partnership with users and industry bodies, including the Foundation Trust Network and the NHS Confederation, will coordinate agreement on these standards and how they should be 'hard-wired' into commissioning and regulatory oversight.

- Guidance to commissioners and providers will be published by June 2015. NHS England will support national and local commissioners to develop roadmaps for the introduction of interoperable digital records and services by providers – including in specialised and primary care – which commissioners and providers will publish by April 2016.

- The NHS number is unique to each of us from birth and key to ensuring that clinicians can share information about us so that we are treated safely. In April 2014 the use of the NHS number as primary identifier in clinical correspondence and as a means of identifying all patient activity was introduced in health and social care via the NHS standard contract and CCG planning requirements. NHS England with DH and the HSCIC will work with

commissioners and providers across the care system, including local authorities, to agree how the NHS number can be universally adopted.

- The NIB will support key standards that help clinicians ensure that patients are safely transferred between episodes of care. We propose the adoption of the Academy of Royal Medical Colleges' publication Standards for the [clinical structure and content of patient records](#), with a requirement that all organisations and clinical systems should implement the standards, following consultation and completion of an impact assessment.

- The NIB will prioritise work to build upon the existing standards supporting transfer of care to incorporate informal and personal care.

- The NIB endorses the move to adopt a single clinical terminology – SNOMED CT – to support direct management of care, and will actively collaborate to ensure that all primary care systems adopt SNOMED CT by the end of December 2016; the entire health system should adopt SNOMED CT by April 2020. During this time, we must also work with local authorities to understand and address the implications of this for social care.

- In addition to the work on structured data standards, NICE, in collaboration with other members of the NIB, will convene a forum to support the adoption of semantic web technologies and the further development of established semantic standards, thus improving the management of less structured information within the health and care system.

- It is important that commissioners and care providers can compare how they are making the best use of information technology, digital data and services for their professional staff and service users. The Digital Maturity Index will be a census of digital progress developed by NHS England alongside the HSCIC's work on burden reduction. This tool will track increases in the effective use of information technology, digital data and services, and the consequent reduction in clinical bureaucracy. It will highlight for commissioners and providers the variations in progress between NHS trusts. Key indicators will be published by October 2015 via [NHS Choices](#). This work will be extended beyond acute hospitals to other sectors and from March 2016 will be taken into consideration by the Care Quality Commission (CQC) as part of their inspection regime and by Health Education England (HEE) with regard to training accreditation.

- The GS1 standard, which includes the unique identification of patients, products and places, as well as Radio Frequency Identification (RFID) tagging, makes a well-evidenced contribution in health and care. This international standard has been shown to improve patient safety and quality of care by minimising the risk of errors occurring, and is also used for more effective and efficient supply chain management, resulting in significant cost savings. In order to maximise the opportunity that technology offers to promote safe care and productivity, NHS England will, with the HSCIC, develop a joint approach to implement the GS1 standard across the health

and care system. This will feature from April 2016 within the NHS England commissioning framework and relevant system specifications.

- In order for real-time direct care data, which supports clinicians, patients and carers needs, to flow across the administrative boundaries of local services, the NIB, with PHE, the HSCIC, DH, the Local Government Association and the integration pioneer sites, will, by April 2015, establish a working group to review the opportunities for integration between local government and NHS infrastructure and data assets.

- Information technology has a vital role in incident reporting on adverse drug reactions, device defects and counterfeits. Building on the good work in GP systems the HSCIC will, in partnership with the Medicines and Healthcare Products Regulatory Agency (MHRA), produce proposals to ensure that reporting standards are implemented in all information systems in hospital, pharmacy and other sectors.

- Carers are vital to the sustainability of health and care services and they should also share, and have access to, digital tools to support those they look after, with appropriate consents. In April 2016 the HSCIC will consult on ways of supporting carers, to access digital records.

- The NIB will work to drive up adoption and optimisation of mobile technologies that enable healthcare professionals, service users and carers to collaborate effectively in the organisation, delivery and evaluation of care in community and home care settings.

WORK PLAN

The short-term deliverables and the development of a roadmap to 2018/2020 will be taken forward through four work packages which will be developed and consulted upon:

1. **Interoperability and standards adoption**: The agreement on the process for the generation and introduction of standards for safe digital record keeping, digital services and a paperless NHS by 2020 (i.e. which standards do we focus on, which settings are they relevant to – what is the clinical and business case for change and the evidence base).

2. **Guidance for a paperless 2020**: The publication of guidance to commissioners/providers for the production of a roadmap indicating how they will be paperless by 2020 and the production of those roadmaps by April 2016. The work stream will also outline the capacity and capability building that needs to be undertaken to ensure that local health and care economies (and where relevant national commissioning bodies e.g. NHS England) produce and can realise the ambitions outlined in viable local roadmaps.

3. **Incentives and levers**: The levers, incentives and other enablers and mechanisms by which we ensure that these standards are adopted across the health and care system.

4. **Digital maturity**: The mechanisms by which organisations demonstrate progress on the above by assessing their digital maturity. Creating and promoting indicators that measure progress towards a "paperless" health and care system and detailing how organisations demonstrate progress by assessing their digital maturity.

GOVERNANCE

A programme board, drawn from National Information Board (NIB) members, including independent members and the clinical reference group, is being established to oversee the delivery of work stream 2.1. Members will include representatives of the following:

- NHS England
- Monitor
- Trust Development Authority
- National Institute for Health and Care Excellence
- Care Quality Commission
- Health and Social Care Information Centre
- Association of Directors of Social Services
- NHS Confederation
- NHS Providers
- Clinical Reference Group
- Independent NIB member

The programme board will be co-chaired by Stephen Dunn, Chief Executive of West Suffolk NHS Foundation Trust and Rob Tinlin, Chief Executive of Southend on Sea Borough Council.

The work stream is led by Paul Rice, Head of Technology Strategy at NHS England and Mark Golledge, Programme Manager for Health and Care Informatics at the Local Government Association.

HIGH LEVEL CHALLENGES AND ISSUES

There are different levers, incentives and approaches to improvement across health and social care, and therefore a need to understand how best to generate progress in health and social care and ensure effective alignment and consistency. This will be addressed through building a deep understanding of the relevant cultures through engagement and sharing proposals for views.

There is also a need to take into account the diversity in scale and complexity of models of care and the current and future provider landscape. In the future as further variants of the commissioning model emerge e.g. integrated personal commissioning, there is an expectation the content of future digital roadmaps will need to be refreshed. A one size fits all approach is not proportionate or appropriate. There will however be a set of minimum viable information standards that will apply in all contexts. The work stream will be co-designing the approach to address these challenges in a collaborative way with local areas.

There is a need to build a common understanding of the meaning of a paperless 2020 given it must extend beyond integrated digital care records but it would not be meaningful to cover the whole agenda of digital health and care. This will be addressed through creating a dialogue and agreeing the definitions.

A register of detailed project risks is being managed by the work stream programme office.

DECISIONS REQUIRED OF THE LEADERSHIP GROUP

Work stream 2.1 requests the Leadership Group make the following decisions:

1. **To ratify the plans set out in this paper.**