



Department
of Health

FROM THE RT HON JEREMY HUNT MP
Secretary of State for Health

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Dear Professor Newton

Intelligent Transparency

Thank you for your letter of 31 March on behalf of the National Information Board (NIB) setting out your plans and ambitions in support of intelligent transparency across the health and care system. In my turn I undertook to respond to the NIB by the end of May. As yours, a copy of this letter goes to the Health Select Committee.

First, thank you for reiterating your and the NIB's commitment to intelligent transparency. This has to be a joint enterprise, working together to achieve a culture change whose own aim is to improve the effectiveness and efficiency of our health and care system, to the benefit of patients, the public, and the services and systems themselves.

The role of the National Information Board

The NIB has a major part to play here, given its role of setting the strategy and direction for information and technology for the health and care system. NIB's membership of ALBs and other system partners position it to help deliver on the task of informing and developing the necessary strategic consensus, engaging the public, citizen and patient voice in its decisions and ensuring professional input through its clinical reference structures.

This steers the priorities and commissioning for technology and information services delivered by the HSCIC – soon to be NHS Digital - and by other ALBs and system partners.



The NIB's assurance role in delivery of *Personalised Health and Care 2020* commits it to continuing engagement with intelligent transparency in practice. Intelligent transparency also forms a part of the strategic agenda, including its focus on horizon-scanning, as well as highlighting best practice and supporting communication and engagement.

I take great encouragement from the summary you provided about the actions NIB members are already taking in the field of intelligent transparency.

My NHS

You highlight the My NHS website and the plans to increase its coverage and improve its functionality. My NHS is written into the Department of Health's Shared Delivery Plan. The Department will be held to account for delivering against that plan. As well as the scheduled enhancements to the site itself the SDP sets out metrics on site usage as the mechanism we shall be using to track progress. My NHS is designed as a tool to help people apply intelligent transparency to their own areas of work so NIB and NIB members can help here by promoting the site through their networks, encouraging use of the site and providing feedback on how we can make it even better.

Audiences and engagement

Your letter recommends that we segment and prioritise the audience for intelligent transparency and then undertake a programme of direct engagement to:

- promote knowledge and use of the My NHS site;
- allow us to understand better our audiences' needs to make intelligent transparency a reality; and
- help us develop our network of champions for intelligent transparency.

I agree with your assessment that we should begin this process with leaders and decision makers – primarily planners, commissioners and Board members, looking to the NHS; local government; social care providers; and the voluntary sector. NIB members have a role to play here in facilitating access to the best contacts and networks for this engagement.

You suggest that, to help us identify the most profitable actions we can take to promote the strategic culture change we are pursuing, we should engage with international experts to learn from their experience. I am happy to report that George Freeman has already written to a range of experts both abroad and in the UK to invite their thoughts as what our key interventions should be.



He took advantage of his speaking slot at Health Datapalooza in Washington to promote this agenda and to invite wider participation. He will be following this up with a round table of experts in the summer.

Access to data

I recognise the challenge posed by the King's Fund to make health and care data easier to navigate and easier to access. There is a wealth of information available, including open data, but it is widely dispersed. That is indeed part of the thinking behind My NHS, bringing information together from a range of sources to show a more complete picture in one accessible place.

Different users of data need different tools and processes to help them find the information they need. For example, NHS Improvement has been working with ALBs to examine the practicalities of a more integrated approach as part of their work to provide a one-stop shop to improvement resources. As one strand of this work they have set up a directory of useful sites, with descriptions and hyperlinks, on their new site. This is still in development and users are invited to contribute suggestions to expand its coverage. Rather than inventing another compendium we shall be promoting this through My NHS. On a similar theme, Health Education England has embarked on a work programme, 'Knowledge for Healthcare: a development framework for NHS library and knowledge services in England' focused on mobilising knowledge and evidence into practice. At the heart of this programme is better coordination, collaboration and cooperation, including pooling resources and expertise.

I welcome the NIB's commitment to support and facilitate the provision of open data and would in particular note NHS England's data directory project which aims to help us demonstrate the benefits of providing open health data.

I also recognise the challenge and opportunity of accessing the richness of routine health and care data. The prize of a broader and deeper understanding of patient pathways, effectiveness and efficiency is tantalising. We need to distinguish between sensitive data which cannot be shared and non-sensitive which is available to be exploited more fully, and I am delighted to note that work has already begun to find ways of realising more of the potential of the non-sensitive information. Under NIB's new domain H there is work under way to create a single, shared view of the information needed for secondary uses across all care settings. This information will be increasingly extracted at source, reducing the bureaucracy associated with many current data collections. Meanwhile the model hospital work following up the Carter review is blazing a trail on clinical variation which has immense potential to make real progress here.



On the key question of data sharing, we await Dame Fiona Caldicott's report and recommendations which will allow us to take the next vital steps, using information intelligently for health and care while giving full weight to patient choice and confidentiality.

Intelligent transparency, alongside digital transformation, is a prime enabler fitting our health and care system for the 21st century. When we repeat this exchange of letters next year we shall be able to reflect on significant progress and look forward to the next phase.

*Yes we
Jeremy*

JEREMY HUNT