



Public Health
England



Department
of Health

NHS
Digital

Protecting and improving the nation's health

Implementing the McNeil Review recommendations in 2017/18

17 November 2017

Introduction

Aims:

- To set out the agreed next steps, ways of working and indicative timelines to implement the recommendations of the McNeil review of Public Health England's data collection and data management functions.

Contents:

- Slide 3 summarises the McNeil Review findings.
- Slide 4 outlines next steps agreed by Public Health England (PHE), NHS Digital (NHS D) and the Department of Health (DH).
- Slides 5-6 outlines ways of working and provides indicative milestones for implementation.
- Slide 7 sets out the full 'tranche' definitions (annex A).

Summary of Review Findings

1. **Ensuring the timely accessibility and use of data** is the key issue, not how and where data is collected and held.
2. The health and social care system should **maximise opportunities to link data sets and gain optimal value** from them.
3. **PHE needs data to carry out its core functions.** It will continue to hold and use significant amounts of data and to lead on public health analytical functions. It will need to work closely with NHS D to ensure that the data it needs is available and that collections are refined to meet its needs.
4. Changes will only be made where it has been confirmed that both **PHE and NHS D have the capacity and capability to deliver the change** and if costs have been assessed and funding / resource identified to cover these. Changes should not negatively impact on the delivery of core functions for any of the affected organisations.
5. NHS D, PHE and DH should work **together to carry out a “due-diligence” process** for each of the data collections and to develop business cases and produce joint implementation plans.
6. Data collections currently held by PHE should be considered in **four tranches** (see annex A), broadly these are:
 - I. Those which could potentially be transferred in short order (around 12 to 18 months)
 - II. Those with more complex requirements which should be considered in the medium term (18 months to 3 years)
 - III. The National Cancer Registry and the National Congenital Anomaly and Rare Diseases Registry which should be considered over the longer term (3 to 5 years)
 - IV. Data sets that should remain with PHE.
7. PHE and NHSD should work together to categorise each of the data collections into the four tranches. A **“due-diligence”** process should then be followed for each of those included in tranches I and II.
8. A **pilot should begin immediately** to test the “due diligence” process, focusing on the four syndromic-surveillance collections.
9. DH, NHSD and PHE should work closely together to implement the changes in the most effective way, **delivering taxpayer value and improvements for the health and care system** as a whole.

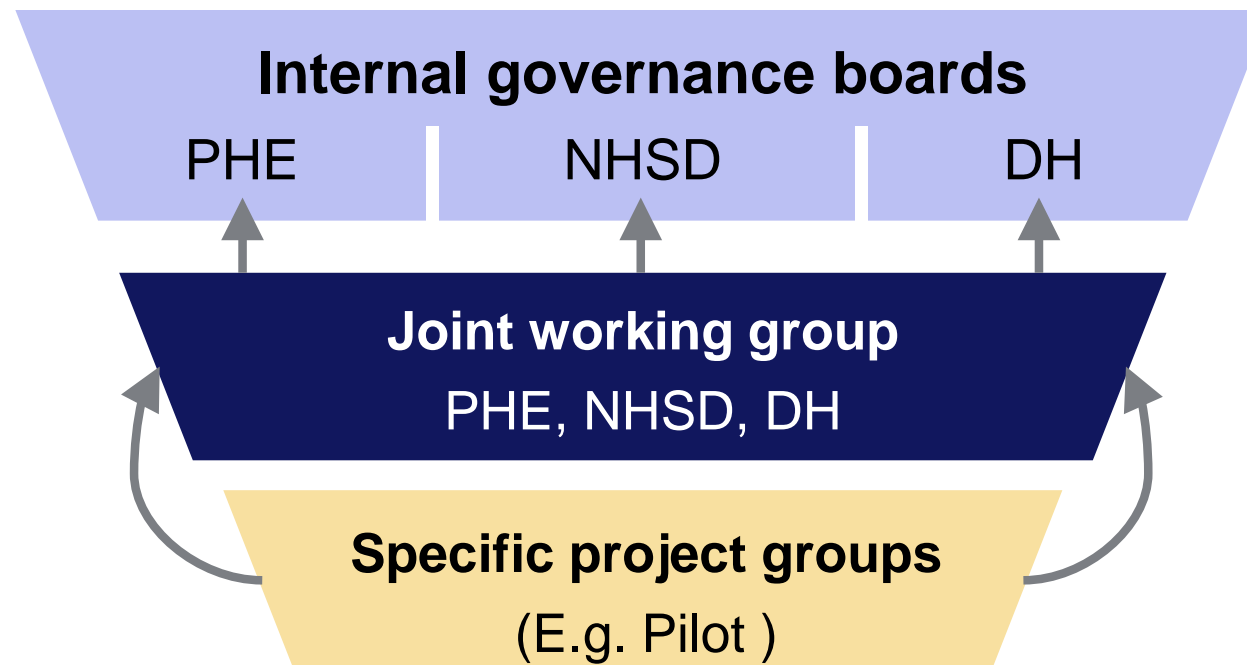
Agreed next steps for McNeil Review

PHE, NHS D and DH will establish a joint working group with senior representation to oversee the implementation of the McNeil Review recommendations.

This McNeil Joint Working Group (the Group) will:

1. Develop **Terms of Reference and governance** arrangements for the Group, including clearance and escalation protocols.
2. Agree which of PHE's primary data collections **fall into each of the tranches** and how to schedule activity to carry out "due-diligence" on each of those in tranches I and II.
3. Refine and publish a **list of all PHE data collections** by tranche.
4. Trial the "due diligence" process by piloting the consideration of the PHE **syndromic surveillance collections**.
5. **Apply the due diligence process** and develop plans (supported by business cases as appropriate) for all PHE data collections that are agreed to be in tranches I and II.
6. For those data collections that, subject to the outcome of the "due diligence" process, **PHE and NHS D agree in principle to transfer** from PHE to NHS D:
 - a. agree costs and resourcing requirements;
 - b. implementation plans; and
 - c. timelines to implement.
7. Work through the usual mechanisms to agree and secure funding / resources for implementation, **delivering taxpayer value and improvements for the health and care system** as a whole.
8. **Oversee implementation plans** and agree the approach and timing for transferring data collections, escalating issues within represented organisations to ensure resolution and an agreed collaborative approach.

Ways of working and decision-making



- Implementation will be taken forward jointly by NHS D, PHE and DH working in partnership.
- Each organisation will be clear on the mechanisms for transparent and open information sharing and decision making.
- The Group will agree clear governance and reporting arrangements, including the extent to which it has authority to make decisions independently and where a decision will require sign-off via each organisation's internal clearance processes.
- PHE, NHS D and DH will each have representatives on the Joint Working Group who will have appropriate delegated authority to make independent decisions as required. Specific project groups / boards will include data asset owners and experts from PHE and NHS D.
- All members of the Group will contribute to discussions transparently and will openly share information, including regarding the current and future capacity and capability of the organisations to facilitate any transfer.
- The Group will be supported by subject-specific project teams, for example for the pilot, who will report into the Joint Working Group and will include experts for the relevant data collections.
- The Group will meet at least every month, and more frequently when required.

High-level timeline for implementation

Key
Milestone 

Key actions

Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18
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1. Agree tranches I, II and IV

Circulate information on PHE data collection and workshop to develop a proposed list of collections in each tranche

Workshop

Discuss and agree allocations to tranches

2: Apply due diligence process for Pilot

Trial due diligence process to the pilot data collections (syndromic surveillance systems)

Test “due-diligence” process

Reach decision on approach

Develop business case and secure funding / resource for transfer, if agreed, on basis of business case

£ agreed

If transfer agreed, and funds / resource secured, develop and deliver implementation plan

Design, prototype and deliver plan (into 2018/19)

3. Apply “due-diligence” process to collections in tranches I, then II

Agree timeline then apply “due-diligence” process to all PHE data collections agreed to be in tranche I, then tranche II.

Agree schedule

Carry out “due-diligence” for **tranche I**

Iterate approach for **tranche II** into 2018/19

4. Deliver transfers (subject to outcomes of “due-diligence” process)

Design and deliver asset transfers, in line with final agreed implementation plans

Dependent on “due-diligence” process, **delivery from 2018/19.**

Annex A: Definitions of tranches

The McNeil Review concluded that individual collections involved should be considered in 4 separate tranches:

- I. Those which could, subject to the satisfactory completion of a “due diligence” process, potentially be transferred in short order (around 12 to 18 months) with minimum if any disruption to functionality (i.e. where the capacity, capability, and costs were already in place).
- II. Those data sets with more complex requirements where, subject to the satisfactory completion of a “due diligence” process, a “medium term” (around 18 months to 3 years) plan would be required to ensure maintenance of functionality and time for capacity to be planned and built by NHS D to house the data sets.
- III. The National Cancer Registry and the National Congenital Anomaly and Rare Diseases Registry should be considered over a longer term (3 to 5 years).
- IV. Data collections that should remain with PHE. These will include:
 - a. those that support the real-time or near real-time provision of patient or population facing public health services as part of PHE’s core functions in areas such as health protection case incident management;
 - b. data collections performed on the basis of contractual activities on behalf of other organisations (e.g. laboratory results); and
 - c. non- mechanistic/ non-automated data collections requiring significant public health expertise in identifying and entering the required data.