

SEVEN DAY SERVICES
CASE STUDY

MAY 2015

County Durham and Darlington Health Community

**Information governance for
seven day services****AT A GLANCE:**

- County Durham and Darlington Health Community has developed two new information sharing agreements (ISA's) to support the delivery of seven day services and the development of new ways of working.
- The ISA's enable all parties to agree what information will be shared, how it will be shared, transferred, stored and securely disposed of.
- Patient data and information can now be shared between local health and care organisations and the voluntary sector.
- Analysis of the shared data is now informing planning of services for frail and elderly people.

NHS England guidance

Advice from NHS England's Information Governance office is that data from the NHS number can be used for planning and commissioning purposes, if all agencies agree, and this agreement is documented, using an information sharing agreement.

Information governance regulations around sharing patient level data and information between organisations for planning purposes are commonly cited as a barrier to implementing seven day services across a health community.

County Durham & Darlington Health Community (CDD) have developed two information sharing agreements between all relevant health and social care organisations. These were initially used to help integrate community-based care for frail, elderly patients and those with long-term conditions, but the model could be extended to other areas. The two agreements are:

- Phase 1 – Data analysis ISA
- Phase 2 – Process ISA

How the improvements were made

The 'key' to unlocking the issue of data confidentiality was the NHS number, which could identify the services these patients were actually using, enabling CDD to plan a new integrated service for this group.

CDD used NHS numbers to identify over 3,000 frail, elderly patients who were potentially suitable. The data was used to determine which parts of social services, mental health and acute services held information on these patients, which informed the planning of roles and capacity.

The agreements developed are consistent with local and national guidance around data sharing requirements.

An agreed approach was developed for potential differences of opinion or interpretation about the data analysis requirements being met.

How to set up an Information Sharing Agreement

- Ensure the ISA is documented and signed by all organisations. This should include agreement on:
 - Specific criteria for the data analysis with clearly defined purposes.
 - NHS number is the agreed identifier to be used for the data analysis.
 - How the data flows will be mapped.
 - Fair processing notices – including which organisations will share the information and for what purposes.
 - The onus is on each organisation to fully inform all patients who will be involved and obtain consent.
- Initial identification of patients and ID can be done by an accredited safe haven (ASH) including data analysis and anonymising, as long as it can be demonstrated that the legal purpose under Health & Social Care Act (HSCA) 2012 and Data Protection Act 1998 can be met*.

- The Data Services for Commissioners programme** has established a number of regional processing centres, known as Data Services for Commissioners Regional Offices (DSCROs). These offices support the information needs of commissioners with provision of appropriate data controls.
- Each organisation is responsible for its data so has to have a proper governance process and assure risk.

Challenges

- There has been some resistance to the data analysis because it is 'not for primary health care purposes' but for planning purposes. Balance this for redesigning services 'fit for purpose' and in the best interests of the patient.
- There are still challenges around what IT systems should be used to enable everyone to enter data and view the care pathway.
- Including voluntary sector organisations in the process ISA was challenging, this has been achieved through 'brokers' who already have information governance (IG) standards or equivalent in place. Discussions are continuing over how to include a broader range of 'sub-contractors'.

TOP TIPS

- Engagement between IG leads is essential to understand concept and agree way forward.
- ISA including Third sector organisations were new.
- A single lead or facilitator for developing the agreement should be identified as a central point for all comments and signatories.
- Version control is essential when developing the agreement so that comments from all parties can be tracked.
- Output is the development of an agreed approach to deal with potential differences in opinion/ interpretation of the requirements around the collection of Personal Identifiable Information (PII) across all local health and social care providers
- Patients need to be fully informed and their views documented so that they understand how their information will be used and their wishes are clear.
- The voluntary sector organisations involved demonstrate they meet the legal and local governance requirements.

The process is simplified if electronic systems are shared and integrated.

Useful links and information

*Data flows transition:

www.hscic.gov.uk/dataflowstransitionmanual

**www.hscic.gov.uk/dataservicesforcommissioners

Copies of the ISA templates are available on our website: www.nhs.uk/sevendays