



Burden Reduction Plan

2016/17

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Burden Reduction Plan

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2 Introduction

The health and social care system in England was transformed following the implementation of the [Health and Social Care Act 2012](#).

The new structures across the health and social care system are designed to improve the outcomes for people using these services, and give citizens a greater say in how services are operated.

Organisations delivering direct healthcare, social care, public health teams and healthcare commissioners require access to up-to-date information about the people they are treating.

This enables those involved in the planning and delivery of health and social care services to ensure not only the best outcomes, but those services are delivered efficiently, whilst working in an environment where budgets are under pressure.

At the point of care, it is vital that practitioners treating patients capture information in standard ways, which enables those analysing that data on a larger, regional or even national scale to extract and report on that information in a meaningful way.

NHS England is fully committed to the principles and practices required to reduce the burden of data collection on the organisations within the health and care sector. The Burden Advice and Assessment Service (BAAS) process now incorporates all the costs into the assessment process. However it is fundamentally more difficult to assess the potential benefits of the information and intelligence produced from the data collected. Indeed it is quite often the case that the benefits of information and intelligence gathered from the data are not realised in the organisation where the data burden occurs. It is vital therefore that when weighing up the benefits of a data collection that the broader downstream benefits are considered. This is particularly pertinent to organisations who provide care and upon whom the data burden falls. It is difficult for those organisations in some instances to be aware of the use to which these data are put and the data collection is then regarded as centralist imposition which has no benefit. The reality of the situation is more likely to be that the data is required for longer term strategic and/or planning purposes and is beneficial to the entirety of the system.

It is a fundamental requirement that when new data collections are being considered that the full range of end users and benefits be considered and articulated.

2.1 Purpose of the Burden Reduction Plan

Following the recommendations from the NHS Confederation, in their [report](#) on reducing burdens in November 2013, a set of core principles (a [concordat](#)) governing the collection of data from NHS bodies, to secure a more collaborative and systematic approach to data collections across the health and social care system was put together and signed by the Department of Health (DH) and each Arm's Length Body (ALB).

In summary the concordat for reducing burden asks DH and its ALBs to:

- collect data which is proportionate and with a clear business purpose
- not duplicate other data collections
- work through the Health and Social Care Information Centre (HSCIC) as the national base for all data
- review the need to collect the data regularly

This burden reduction plan has been put together to share wider NHS England plans to minimise and reduce burden and to monitor successes.

2.2 About NHS England

[NHS England](#) leads the National Health Service (NHS) in England. We set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.

We want everyone to have greater control of their health and their wellbeing, and to be supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly-improving.

NHS England shares out more than £100 billion in funds and holds organisations to account for spending this money effectively for patients and efficiently for the tax payer.

A lot of the work we do involves the [commissioning of health care services in England](#). We commission the contracts for General Practitioners (GPs), pharmacists, and dentists and we support local health services that are led by groups of GPs called Clinical Commissioning Groups (CCGs). CCGs plan and pay for local services such as hospitals and ambulance services.

We have devised a strategic vision for the NHS, along with our partners in health, called the [Five Year Forward View](#). And now, with our partners, we are delivering that vision.

The Five Year Forward View creates a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

We strongly believe in health and high quality care for all, now and for future generations.

2.3 Data Collections

NHS England data collection information is available via the HSCIC's Central Register of Assessed Collections: [NHS England Collections](#)

3 Minimising Burden

3.1 NHS England Collections Burden Reduction Activities and Plan

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As an ALB, NHS England is committed to minimising burden and to the concordat recommendations which include:

Activity Number	Burden Reduction Activity	Description	Timescale	Progress
1	Only collect information from service providers where there is a clear business purpose which justifies the administrative burden required to provide the information.	<p>NHS England has in place a cross-organisation Data Coordination Group (DCG) that manages the progression of new or revised data collections. Part of the remit of the group is to ensure specific business objectives will be met by the collection, to identify any duplication, and support the prioritisation of collections.</p> <p>The DCG reports into the NHS England Data and Services Panel (DSP) which has delegated authority from the NHS England Board to manage information standards and collections, including publication of information standards and the production of directions to the HSCIC.</p>	6 Months	In progress
2	Work with the Health and Social Care Information Centre (HSCIC) as the national base for all information which is collected or extracted from local systems.	<p>NHS England is committed to commissioning the HSCIC to collect person confidential data on its behalf, and for managing data extracted from primary care systems.</p> <p>Where aggregate data is being collected, which can be routed via</p>	On-going	In progress

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Activity Number	Burden Reduction Activity	Description	Timescale	Progress
		existing systems (i.e. Unify) then this option will be considered to maximise return on investment.		
3	Establish clear criteria which can be used to measure the administrative burden arising from each national request for information.	NHS England relies on the Burden Advice and Assessment Service (BAAS) methodology for calculating burden as per the Standardisation Committee for Care Information (SCCI) operating process.		Complete BAAS methodology used to calculate burden
4	Through the HSCIC, publish details of all the national collections and extractions, and the criteria that are used to justify each decision	<p>NHS England is committed to ensuring all national data collections and extractions progress through the SCCI and BAAS processes. This will enable details of these data collections and extractions to be published and the burden assessed.</p> <p>Work continues to communicate this requirement across NHS England, CCGs and Commissioning Support Units (CSUs).</p>	6 Months	In progress
5	Where appropriate, ensure that all aggregated and non-personal information that we collect is made available for others to use, in the interests of transparency and avoiding	Data that NHS England collects itself is published on the NHS England website		Complete

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Activity Number	Burden Reduction Activity	Description	Timescale	Progress
	duplication.			
6	Agree with the HSCIC an annual MOU which sets out each organisation's commitment to an agreed reduction in data collections that are undertaken outside the national process managed by the HSCIC.	<p>One of the main functions of the DCG is to ensure all requests for new or amendments to existing data collections adheres to the national process. Where the HSCIC are managing the data collection on behalf of NHS England, there is agreement that they will not progress the work until internal NHS England approval has been obtained.</p> <p>The DCG contains membership from across the organisation, and this commitment is reinforced to business units via this route.</p>	6 months	In progress
7	Making better use of technology to introduce more efficient ways of acquiring the information, especially by moving away from manual collections to automated extractions of data directly from local systems, and using existing data held nationally.	<p>NHS England is working with the HSCIC to enhance the ability to extract data from primary care systems. By supporting the strategic goals outlined in documents such as 'Personalised Health and Care for All 2020', NHS England is committed to developing the infrastructure to enable data to flow seamlessly from its primary use.</p> <p>Work is underway to implement data stores which will enable a combined set of data to be used for multiple purposes.</p>	2020	In progress

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Activity Number	Burden Reduction Activity	Description	Timescale	Progress
		By ensuring data requests flow through the agreed approval processes, the reuse of data can be identified, thus reducing the need for additional data collections.		
8	Ensuring that the collections and extractions are aligned with robust professional practice, such as NICE or other professional guidelines, and information standards.	The DCG receives requests for new data collections and extractions. Advice will be provided on the next steps which may include linking with existing work in a domain area. NHS England is committed to taking work through the SCCI assurance process, a part of which is to ensure alignment with existing information standards or professional guidelines.	On-going	In progress
9	Reducing and retiring those national requests for information that is no longer needed or justifiable.	A function of DCG is to review requests to discontinue information standards or data collections. This will link to reviews of information standards undertaken as per the timescale when they are approved. For collections that are not subject to a review timescale, these will be reviewed by DCG on an annual basis.	On-going	In progress
10	Work closely with the HSCIC on the three year review of	The DCG will support the identification of data collections that are	On-going	In progress

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Activity Number	Burden Reduction Activity	Description	Timescale	Progress
	<p>existing data collections to make sure that collections are still necessary, are not being collected elsewhere, and are collected in the most efficient and least burdensome way possible.</p>	<p>suitable for retirement, which can be discontinued.</p> <p>All data collections owned by NHS England will be reviewed on an annual basis for the on-going requirement for their collection.</p> <p>NHS England will work with the HSCIC on the three year review to ensure the burden of data collections is minimised.</p>		
11	<p>Work closely with the HSCIC when designing new data collections to ensure that they are not duplicating any other existing data collection and that they are designed in a way to minimise burden on the service.</p>	<p>Via the DCG, NHS England assesses requests for new or amended data collections. This will both assess the business requirement that will be fulfilled, and whether the data is already available. Where appropriate, the requirement for a new or amended data collection will be progressed to SCCI, and their assurance function will be applied.</p>	On-going	In progress
12	<p>Keep these arrangements under regular review and contribute to the HSCIC's annual report detailing their progress in reducing burden, with clear reference to the targets agreed in the MOU.</p>	<p>The DCG will manage this burden reduction plan, and keep it updated with current activities being undertaken to minimise burden. Revisions to the plan will be progressed to the Data and Services Panel for agreement.</p>	On-going	In progress

3.2 Specific Burden Reduction Activities/Case Studies

- a. For 2016/17 the development of CQUIN items involved a step to review the data burden on provider organisations, and the requirement to collect data unstructured and manually held data. This has resulted in no new data collection requirements to support the CQUIN items for 2016/17.
- b. Historically, the NHS Standard Contract has contained contractual provisions to minimise any burden on providers with regard to information requirements. The Contract ensures that the commissioner must act reasonably in requesting information from a provider, and that the commissioner cannot (without good reason) request data locally that is available nationally, or request data in a different format than that in which the provider submits nationally. For 2016/17, the NHS Standard Contract includes a new clause ([Service Condition 28.1.3](#)), which provides that a provider need not supply any information locally for which the commissioner cannot demonstrate purpose and value in connection with the discharge of its statutory duties and functions.
- c. The NHS Standard Contract 2016/17 [Technical Guidance](#) reinforces these provisions and makes it clear that commissioners must have regard to the burden which their information requests place on providers and that information requests should be proportionate for the monitoring of the contract.
- d. An alternative, shorter form of the NHS Standard Contract has been developed for use from 1 April 2016. The shorter-form Contract may be used by NHS commissioners when commissioning certain clinical healthcare services and those which are of relatively low complexity and value. This shorter-form Contract is one third of the length of the existing full-length version and is much simpler and less burdensome. The shorter-form Contract sets a small number of specific national quality standards which a provider of relevant services must achieve. More information is available on the NHS Standard Contract [2016/17 webpage](#).
- e. Two recent submissions to the Data Coordination Group have highlighted the need to identify ways of reducing the burden resulting from national data collections. This involved determining the ability of the General Practice Extraction Service (GPES) to automate the extraction of the data from General Practice IT systems.
- f. Data Services for Commissioners (DSfC) is a joint programme between NHS England and the Health and Social Care Information Centre. An objective of the DSfC programme is to ensure that commissioners have access to timely, quality data that enables them to fulfil their statutory commissioning responsibilities within the legal framework of the Health and Social Care Act 2012 and enables effective integration of services for patients as set out in the Five Year Forward View. One of the objectives of the programme is to reduce the very high number of local patient-level commissioning data flows which

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flow between providers and commissioners, many of which are local variations of national datasets or slightly different versions of non-national datasets. The programme is working to improve the accessibility, frequency and timeliness of national data for commissioning purposes and also identifying areas of commonality and developing conformed dataset specifications, which can be appended to existing national flows or developed into new information standards.

- g. NHS England has in place a Publication Control Committee (PCC) and Gateway process that ensures all NHS England national communications are fit for purpose in terms of content and policy governance, affordability and in line with our Mandate, statutory requirements and Planning Guidance. Links have been established to ensure that data collections are not progressed until they have been through the Data Coordination Group. This ensures only data collections that are required and have been assessed will be progressed, and are undertaken in the most efficient way.
- h. A number of benefits have been identified as part of the National Information Board (NIB) Secondary Uses workstream. The implementation of the Data Services Platform will provide a single joined up data source, which will link data from a variety of sources enabling multiple data requirements to be met with this single data source. Additionally, data could be extracted automatically, reducing the burden and allowing for more timely access to the data.
- i. Project streamline was established at the request of NHS England's Commissioning Committee to consider steps which could be taken to address the disproportionate burden of reporting for clinical commissioning groups (CCGs). The aim of the project was threefold: to reduce the burden of reporting on CCGs; to reduce the scale and volume of guidance issued by NHS England to CCGs, and; to begin to address the culture that underlies these areas. A joint NHS Clinical Commissioners/NHS England task and finish group was established to oversee the work. The project data capture began in early January and ran until end of March 2016. During this time the project team worked closely with seven CCGs to monitor all reporting requests received from either national or regional/local NHS England teams. Findings from the work were collated in early April and recommendations arising from the project are planned to be discussed at the Commissioning Committee meeting at the end of May 2016.

4 Next Steps

NHS England has put together a plan to review collection requirements, processes and to consider areas where further reductions in burden could be made. This burden reduction plan will be reviewed by the Data Coordination Group on an annual basis, and progressed to the Data and Services Panel for signoff. The document will be shared with the HSCIC in order for them to meet their responsibilities in this area.

This document will be published online and available at: www.england.nhs.net

5 Glossary of Terms

Abbreviation	What it stands for
ALB	Arm's Length Body
BAAS	Burden Advice and Assessment Service
CCG	Clinical Commissioning Groups
CQUIN	Commissioning for Quality Innovation
CSU	Commissioning Support Unit
DCG	Data Coordination Group
DH	Department of Health
DSfC	Data Services for Commissioners
DSP	Data and Services Panel
HSCIC	Health and Social Care Information Centre
MOU	Memorandum of Understanding
NHS	National Health Service
SCCI	Standardisation Committee for Care Information