



## STPs

how information sharing can turbocharge system working

By Public Policy Projects supported by Capita  
April 2017

**CAPITA**



**The NHS plan for the next two years – published in March as *Next Steps on the NHS Five Year Forward View* – puts integration at the centre of the health service’s priorities. It describes Sustainability and Transformation Plans (STPs) as the vehicle for the biggest national move to integrate care in any major Western country.**

Nine STPs are leading the way with the likelihood of becoming Accountable Care Systems (ACSS), while every part of the country is trying to work as an integrated system rather than a series of discrete organisations. The aims are to drive up quality, cut costs, provide seamless care and keep people living healthier and independently for longer.

For both individual patients and populations, information and data are the lifeblood of this approach. This short report discusses one of the biggest challenges facing STPs – how to put information sharing at the heart of their work. Discussions in this area tend to focus on communicating digital information, but communicating information in other way (e.g. verbally) is also important to consider.

This contribution to the debate on integrating healthcare is based on a discussion among senior figures drawn from across the NHS and local government, chaired by Rt Hon Stephen Dorrell. We are grateful to the following for their contribution:

- Simon Brake, Director of Primary Care, Sustainability & Integration, Coventry City Council and Coventry & Rugby CCG/Primary Care
- Sir Sam Everington, chair, Tower Hamlets CCG and Clinical lead, North East London STP
- Ursula Gallagher, Deputy Chief Inspector of General Practice and Integrated Care, Care Quality Commission
- Neil Griffiths, Market Director for Health, Capita
- Penny Harris, Director, Staffordshire STP
- Andy Hughes, Head of Care and Health Improvement Programme, Local Government Association
- Mark Kewley, Director of Transformation and Performance, Southwark CCG
- Kevin McDonnell, Business Director, Capita
- Dr David Paynton, National Clinical Lead, Royal College of General Practitioners Centre for Commissioning
- David Pearson, Corporate Director, Adult Social Care, Health and Public Protection, Nottinghamshire County Council, and Lead, Nottinghamshire and Nottingham STP
- William Perks, Director and Market Lead, Capita Health Advisory
- Wendy Thomson, Chief Executive, Norfolk County Council and Lead, Norfolk and Waveney STP.
- Clare Whelan, Director, Public Policy Projects

The report was drafted by Richard Vize



# STPs how information sharing can turbocharge system working

## Building shared purpose

The cultural barriers to sharing information must be addressed in a spirit of collaboration to build shared values and objectives; simply criticising people who are seen as blockers will not work. Relationship building cannot be short-circuited by instructions, and equally, relationships are strengthened by communicating and sharing information.

In a competitive, target driven, heavily regulated system, GPs and others can feel threatened by how information might be used. A systems focus creates an opportunity to build a sense of common purpose around the interests of patients.

In that context, information, and the appropriate communication of it, becomes central to providing the service and supporting quality improvement, as opposed to data being used to measure performance against targets.

With a system approach, sharing information between GP practices becomes part of helping outliers improve their performance and identifying good practice. The job of managers and clinicians is not to run the system but to improve it, with data at the core of that work.

## Clear national leadership

Across the country time and resources are being absorbed in individual STPs working through data governance issues. This takes months; the Connected Nottinghamshire programme took two years to resolve data protection difficulties. Apart from the time and resources, different STPs are coming up with different answers to the same problems; this piecemeal approach is unlikely to deliver optimal solutions.

The central bodies need to provide national solutions to these common and long-standing issues.

## Clear local leadership

There is also an obligation on local teams to avoid duplication. Chief Information Officers for the STP and its member organisations should be seeking off the shelf solutions to information sharing protocols from other parts of the country.

There needs to be clearer clinical leadership of data sharing. Too often it is seen as a technology project; the problems arise when it is designed and developed without taking account of the needs of the staff.

IT staff and data guardians need to be charged with finding solutions, not identifying problems.

Clear local leadership would be enhanced if the geographies of the Local Digital Roadmaps matched those of the STPs.

## Patient power

### *the secret to information sharing*

The appropriate role for the patient in information sharing is widely misunderstood. The patient is often viewed as an obstacle to be overcome, but a more progressive view of the patient can unlock many of the problems which STPs are encountering.

The patient's role depends on who owns the data. This is not a philosophical question. Many organisations and staff treat patient information as if it belongs to them, and that they have the right to determine whether and how it is shared.

However, if everyone agrees patients own their data, then once they have authorised its sharing for appropriate uses the question becomes not whether the information should be shared, but how do health and care staff fulfil the wishes of the patient? Sharing is no longer an option – it becomes a duty to fulfil the patient's wishes.

If STPs took this approach, patient consent would move from being a hindrance to information sharing to a facilitator and accelerator of it.

If patients can see direct benefit to them they will be warmer to the idea of sharing their data; one of the problems has been the perception that data is being handed over to a faceless central body where it is being exploited for commercial gain. If they are approached by someone they know and trust, who can explain the benefits for them personally, they are more likely to agree.

In time, patients will take a view on how effectively their data is used when they are choosing their GP. That will not be enough to drive substantial change in the next few years, but STPs should still be encouraging patients to have that conversation with their doctor.



## The new professional norm

Information sharing needs to become part of professional culture, synonymous with being a good doctor striving to meet the needs of the local community. The attitude should be 'how do I maximise the value of the data I hold for the patient and the population?'

This will promote a responsibility to use data for population analysis. Inspectors can start to focus on whether a GP is using population data to best effect rather than seeing it as a tool to measure performance against targets.

GPs' view of their own role is evolving from their value being based exclusively on spending time with patients to having a wider system responsibility for populations, quality improvement and working as a member of a multidisciplinary team.

## Out with the old, in with the new *delivering what's already been agreed*

The NHS is still plagued by fax machines. These need to be dumped. Since 2015 secure fax has no longer been permitted for sending discharge summaries from hospitals to GPs; organisations are required to use either secure email or direct electronic transmission.

Meanwhile the GPs' General Medical Services regulations 2015-16 state that practices must promote to patients the facility to view their detailed online record.

Both these requirements have been in place for more than a year, yet many trusts and surgeries are breaching them. STPs need to ensure that obsolete technologies are scrapped and patients are given access to their online record.

## The local government role

Local politicians have tended to shy away from the issue of patient records and information sharing, fearful of its political toxicity. But with their responsibilities for public health, councils need to champion information sharing and demystify the issue for local people. For many members of the public, their most pressing question will be why their records are not being shared already.

Population health management is just as important for managing social care demand and costs as it is for the NHS.

As an exemplar on which to build, local government already has excellent examples of information sharing in local Multi Agency Safeguarding Hubs (MASHs), which typically bring together social care, police, mental health services, housing and education.

## It's not just patient records

STPs – and particularly those designated as Accountable Care Systems – will need to be increasingly open with their financial information. Analysing data such as cost per patient is essential to running efficient systems. This will be an important part of facilitating systems working and building trust between organisations.

## Finding the resources

The existing IT resources for a typical STP could total hundreds of millions of pounds and scores of staff. With IT operations run separately in most organisations, there are big efficiency gains to be found. Technology needs to be planned and run across the entire area.

Investment should not be fixated on big, expensive, high risk systems.

There are many tactical improvements that can be secured for less money and time. Simply giving people such as GPs and district nurses basic technology such as iPads can be transformative.

Web-based platforms where patients own their data should be explored, not least because they cut through the interoperability problems.



# Recommendations

1. Data sharing needs to be repositioned as a route to seamless, high quality service for patients, improving population health, and driving quality and cutting costs across the system, as well as helping build a shared purpose
2. National bodies should provide leadership in the development of solutions to long-standing data governance issues and encourage widespread use of proven models
3. STPs need to develop clinical engagement in data sharing and clinical leadership of improved information systems
4. IT staff and data guardians need to be incentivised to develop and deploy practical solutions which encourage data sharing
5. Information systems should begin with the assumption that patients are regarded as the metaphorical owners of their own data, and they should be engaged with by those they trust, and who can explain the personal benefits to them of sharing information
6. When a patient has authorised information sharing, the system should have a duty to make best use of that information for both individual and population health
7. The duty to share and use authorized information should be recognized by all professional staff; the attitude should be 'how do I maximise the value of the data I hold for the patient and the population?'
8. All extant fax machines should be discarded as embarrassing anachronisms
9. GPs should honour their duty to provide patient access to online records
10. Local Authorities should be explicit champions of local information sharing by local public services
11. All providers of public services should be expected to participate in open exchange of financial data
12. Improved information sharing systems must be a core objective of all STPs as well as being an essential facilitator of improved services.

## CAPITA

Capita works with 95% of NHS trusts and 80% of all NHS organisations providing digital, property, corporate and other support services, and advises NHS England and other NHS bodies on issues such as Future Models for Urgent Care, Frailty Services, and Productivity & Efficiency.

Capita's digital services to the NHS include clinical triage systems, ambulance control centres and finance systems, as well as specialist clinical data and healthcare analytics services through CHKS, Healthcare Decisions and Cymbio. The company is actively developing digital services that will support the NHS to make STPs work and deliver future models of care.

For further information contact Neil Griffiths on 0207 654 2264



Public Policy Projects

# Insightful Policy Advice

Independent and cross-party, Public Policy Projects (PPP) brings together public and private sector leaders, investors, policy makers and commentators with a common interest in the future of life science and health and care policy.

Working in partnership with LaingBuisson, the UK's leading provider of healthcare market intelligence, PPP offers policy analysis and a secure environment for the discussion of ideas.

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## Contacts and biographies



### Stephen Dorrell

Stephen is Chairman of PPP. He is also Chairman of LaingBuisson, the healthcare market intelligence company. Stephen was appointed chair of the NHS Confederation in November 2015. Stephen was a Member of Parliament from 1979 to 2015 and a member of the government from 1987 to 1997.

Stephen was a member of the Cabinet as Secretary of State for the National Heritage from 1994 to 1995 and Secretary of State for Health from 1995 to 1997. Between 2010 and 2014, Stephen was the first elected chair of the House of Commons Health Committee, developing the role of the Committee as an authoritative cross-party voice on health and care policy.



### Clare Whelan OBE

Clare is a Director of PPP. She was an elected local government councillor from 1990 to 2014 holding different roles including Mayor, Cabinet Member, Scrutiny Chair and Health & Wellbeing Board Member.

Clare was active in the cross-party Local Government Association from 1998 to 2014 on programme boards and developing councillor recruitment and leadership training programmes. Her day job at Westminster involved working with politicians and the policy world. She is now also an advisor on healthcare and local government to a multinational company. Clare was appointed an OBE for services to local government, is a Fellow of the Royal Society of Arts and Deputy Lieutenant for Greater London.



### Richard Vize

Richard Vize (@RichardVize) has been a commentator on public policy and public services reform for 25 years. He is a columnist for the *Guardian Healthcare Network*, contributes to the *British Medical Journal* and works with a range of organisations across health and local government.

Richard is a former editor of both *Health Service Journal* and *Local Government Chronicle*, and spent a year as head of communications at regulator Ofsted. He and his teams have won several awards. He is a trustee of the whistleblowing charity Public Concern at Work. Richard's passions are photography, independent travel and political history.

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