HEALTH AND SPORT COMMITTEE

Additional information from Information Services Division, NHS National Services Scotland following the Primary Care Inquiry - Technology and Innovation evidence session on 5 November 2019

What are the current barriers to data collection and publication of statistics on primary care activity and demand?

ISD has found that key challenges, rather than barriers, are information governance and data consistency in general practice. However, ISD has been working closely with the GP community to work through these challenges.

The information governance landscape is important. General practitioners (because they are independent contractors) are data controllers for their data and therefore have a say in what data are collected by bodies like ISD and how those data are used. ISD has been actively engaging with the GPs (including professional groups like the Scottish General Practitioner’s Council (SGPC) and the Royal College of General Practitioners), to champion the use of data within primary care. Our current focus has been on working with GP clusters (and their constituent practices) to support the use of their data locally through a suit of Primary Care Indicators and through analytical support locally with Local Intelligence Support Team analysts forming part of the multi-disciplinary team in each cluster.

This local focus is important as it ensures the information needs of each cluster are understood (and recognises that local priorities across the country will not be the same), and helps us address data consistency issues which make Scotland-wide comparisons difficult (due to different recording practices across the country).

For confirmation of if/when national data on activity and demand in primary care will be available and what this will include? (as called for by the Office for Statistical Regulation). Who will be able to access this?

ISD are currently reviewing the portfolio of statistics we currently publish on primary care in Scotland. ISD already publishes a range of statistics on some aspects of primary care, including prescribing, out of hours and workforce, and is working to complement this with statistics on “in hours” activity.

In addition to the local focus described above, ISD is working with the GP community to agree a suite of indicators (likely to include statistics on practice demographics and disease prevalence) which will be published nationally, giving a Scotland-wide picture (as well as the ability to drill-down to lower levels like NHS Board) of in-hours data. We expect this to be complete by Spring 2020 at the latest. ISD’s aim is to present a more joined up, coherent summary of primary care statistics for Scotland. These statistics will be published on the ISD website and, hence, available to all users. We will consult with users, working with the Office for Statistics Regulation throughout this process, to ensure this development meets as many user needs as possible.
Whether witnesses consider that joined up statistics showing the complete picture of people’s journeys through the different parts of the health and social care system could/should be produced and what is the likelihood of/possible timescales for this?

Scotland is well-placed to produce analysis of patient journeys/pathways. Most of the data held nationally (within ISD) is at individual level and can be securely linked to allow patient pathway analysis to be undertaken. ISD has been linking data in this way for many years.


This publication includes exploratory analysis on patient pathways from social care into the hospital setting. ISD plans to further refine this type of analysis and this “whole system” approach is a clear priority for ISD as it moves into Public Health Scotland in April 2020. As with all our published statistics, engagement with users is key here to ensure that the statistics we publish meet user needs.

ISD has recently completed a consultation on its social care statistics (including linkage to health data) and will be undertaking similar engagement to understand user needs from primary care statistics.

For an update on the **AHP Operational Measures (AHPOM) project** and how this information will link to other primary care data. (this was promised)

The AHP Operational Measures (AHPOM) project was established in ISD to provide a focus for addressing the information gaps in services provided by AHPs to:

- Provide insight into the demand for, and volume of, AHP contacts with individuals
- Explore variations in service delivery and outcomes
- Highlight opportunities for service improvement.

A key element of the AHPOM was to work with NHS Boards to define a national data-set for AHPs, and ascertain the feasibility of collecting this data locally. The current AHPOM dataset (as at August 2019) is available at: [https://www.isdscotland.org/Products-and-Services/Data-Definitions-and-References/Allied-Health-Professionals-National-Dataset/_docs/AHP-Operational-Measures-Dataset-v1.1.pdf](https://www.isdscotland.org/Products-and-Services/Data-Definitions-and-References/Allied-Health-Professionals-National-Dataset/_docs/AHP-Operational-Measures-Dataset-v1.1.pdf)

Because this is a new data set, and due to the multitude of professions covered, there is no single electronic data collection system in Boards. Therefore, the current focus of the work is with NHS Boards to work to collect this information locally, after which this will enable data feeds to ISD to report on AHP activity nationally. Due to the developmental nature of this work, there are currently no timelines for ISD to routinely capture these data (and hence routinely publish), however ISD are currently working through all of the information governance requirements and are building a national data repository so that when the data become available we can move quickly.
Once available, these can will be linkable to other national data held within ISD (as described above), including primary care.

**Provide the additional information about Community Pharmacy Scotland/NSS**

Practitioner Services (within NHS National Services Scotland) meet CPS on a monthly basis to discuss a range of things including payment operational issues, details of planned system changes and issues about implementing policy or contractual changes that require to change payment processing. Practitioner Services share payments calculations for a sample of contractors to allow CPS to confirm that processing is accurate. Practitioner Services also work in partnership with CPS beyond transactional aspects of payments, for example on embedding process change in community pharmacies, information sharing and governance etc. There are also discussions with NSS pharmacists about certain pricing and availability (limited supply) issues that also require amendments to pricing files or occasionally adjustments to payment processing procedures or to payments themselves.

ISD are also engaged in the analysis of the margins obtained by Community Pharmacists on drugs reimbursement, the outcome of which is discusses with CPS as part of the General Pharmaceutical Services contract negotiations.