

Learnings from the HSJ Integrated Care Virtual Summit 2020 Interactive Discussion Groups

Session theme:

Unlocking data across organisations, systems and service providers to improve outcomes.

Session leader:

Elaine O'Brien, Strategy Executive, Population Health Europe, Cerner

Questions posed:

- What are the current challenges and opportunities you have identified in using joined-up data to support health and care system recovery from COVID-19
 - E.g. Joint risk identification and care to shielded patients across health and care
 - E.g. To support health system recovery in responding to unmet needs resulting from delayed healthcare access for chronic conditions, planned and unplanned care
 - E.g. Thinking about the wider societal impacts on, for instance, mental health – such as anxiety and depression resulting from unemployment and the need for joint care planning and delivery
- How would shared data and intelligence help you deliver your future priorities across health and care systems?
 - E.g. to support more preventative, personalised and proactive care, such as better understanding of data on the wider determinants of health (e.g. environment, housing and nutrition) and interventions to support those at risk of frailty or chronic conditions
 - E.g. to support research-related priorities such as the design, development and evaluation of new models of care and new therapies using real-world data?

Outcomes and learnings

- Understanding the barriers to data sharing – if we can now say that we have resolved the technology and the 'legal' implications (ref. GDPR) then it must be the culture that's still preventing more widespread adoption. Good discussion around capabilities of digital technology and that this is no longer the barrier to integrated care and sharing. How do we address the cultural barrier? Great discussion around patient and carer empowerment to persuade from the ground up – if an individual can have an app on their own phone with access to their own care record, can care providers be 'shamed' into accessing and using this platform themselves? How do we empower people to know they can have access to their

health and care record, removing patriarchal controls from provider/organisations/professionals. Playing to the self care and personalised care?

- Catalyst of COVID expedited much of the data sharing work that had previously been blocked due to GDPR and concerns over data sharing – how can we make sure we capitalise on this and not take a step backwards once the pandemic has calmed down? Information Governance/GDPR – it would be remiss if we return to data silos once the pandemic crisis has been resolved – recognised that COVID has been a real stimulus to getting stuff done. How do we harness this and ‘convince’ government, DoH and NHS / care bodies that ICSs must not be impeded going forward and need to have the authority to continue with data sharing across organisations within a geography. Integrated care is never going to work unless there is the ability to share health and care information
- Local HealthWatch services in some areas of the country now have limited to no funding from local authorities and they are not well resourced anymore. What they do is fine but not integrated with other services and unable to perform their designated function, which is a huge gap. If this service provision does not function, who ‘speaks’ for local people on concerns about health and social care services? Those that need services and their carers are often unwell and focused on their own healthcare needs with limited time or health to participate.
- **People are too concerned about the wrong person seeing the record, but they should be more worried about the right person NOT seeing the record**
- Some of these data silos have been created by ‘ourselves’ (i.e. individual organisations and partners within an ICS). Furthermore, this division has not been helped by being restrictive about what can/can’t be shared with which organisations – why can different groups/organisations see different levels of data? This needs simplification and clarity so people can have confidence in the integrity of the data.
 - Financial impacts e.g. reimbursement, competition for funding
 - Patient impacts e.g. providers don’t have full picture of patient needs
- The group discussed what it means for people/citizens/residents (i.e. not just the care providers) and considered the impacts of integrated systems and data sharing from their perspective.
- If you have good data you can target your resources more appropriately to impact prevention, e.g. smoking cessation and alcohol reduction. Having access to a group of services as indicated by the data will lead to a better return on the funding you invest and consequently personalisation of service provision. **Integrated, trusted data will allow us to be able to address the unmet needs of the population.**