

Eve Roodhouse

Practice Management catches up with the director of the Care.data programme to find out the latest developments



who have provided valuable feedback to help us shape the programme.

The pathfinder stage will help smooth the way for the national roll out of Care.data. We are looking to work with two to four CCGs with the aim of engaging as many GP practices as possible across each CCG to become pathfinder practices. It is the platform by which we can work with CCGs, local GPs and other local representatives to make sure we get the materials, messages (including benefits and risks) and safeguard rights, and that we provide the right support for GPs, practice managers and their staff, including in meeting their fair processing obligations. As requested by RCGP, BMA and others, we will use the pathfinder stage to test a patient letter addressing the patient's right to opt out. The Independent Information Governance Oversight Panel (IIGOP), chaired by Dame Fiona Caldicott, has also scrutinised the approach and will evaluate the pathfinder phase stage.

'As part of the pathfinder stage, we will assess the burden on GP practices. We want to hear the views of practice managers who are at the sharp end'

As part of the pathfinder stage we will assess the burden on GP practices and are keen to hear the views of practice managers who are at the sharp end in GP practices. We are working with the Information Commissioner's Office (ICO) to determine what guidance they might be able to provide to GPs to assist them in delivering their fair processing responsibilities.

The support of practice managers is extremely important, particularly as they will be involved in the day-to-day interaction with patients. For this reason, we are working with this group specifically as part of our current engagement activity.

Patients, the public and colleagues from the voluntary and community sector in England joined in the dialogue at the NHS England Open House event on 17 June 2014 at four regional venues and via the live webcast, Twitter and an online discussion forum.

We extended the timescale for Care.data in response to concerns raised that we were moving too fast, that we needed to explain more clearly what the programme was for, how patients would benefit, the potential risks and how patients could opt out. We heard that people wanted clarity. We also needed to understand the level of effort that communicating these messages might put onto GP practices and find the best ways of supporting them.

Since we announced an extension to the timescale in February, we have engaged with almost 3,000 people at more than 145 meetings. We have also continued to meet with Healthwatch England, BMA, RCGP, charities and the research community at a national level

The notes from each Care.data advisory group meeting will be published here – www.england.nhs.uk/ourwork/tsd/ad-grp/

Get involved!

The best way to get involved in the workshops is to email england.cdo@nhs.net if you are organising an event and would like an NHS England speaker to attend. If you wish to submit views, comments, questions and queries. You can also contact the HSCIC Contact Centre, who are acting as a helpline for GPs, by calling 0845 300 6016 or emailing enquiries@hscic.gov.uk quoting 'Care.data – GPs'

Videos, slidepacks and resources are published on the event microsite here <http://www.nhsengland-openhouse-public-i.tv/core/portal/home>. Other national events include a workshop, hosted by Mencap on communicating with vulnerable and excluded groups and stands at the Healthwatch conference and National Practice Managers' educational event. As at the beginning of July, we have taken part in more than 145 local and regional events where the Care.data programme has been discussed, including meetings with BMA, AMRC, RCGP, RCN, NICE Patient Liaison Group, members of the public, GPs, practice staff, patient representatives and councillors.

The programme will be rolled out when it is right to do so – we will not be constrained by artificial deadlines. We are implementing a phased roll-out to test, evaluate and refine all aspects of the data-collection process ahead of national roll-out and the pathfinder stage, which is now underway, is very important to this process. Of equal importance is continuing to listen to the public and inform them of developments.

An independent report published last year by the OECD found that many developed countries are improving their health information infrastructure along the same lines as Care.data. Like us, these countries are aiming to make better use of linked primary care and secondary care data in order to improve the quality and safety of services for patients – especially those with long-term conditions and multiple illnesses. The report contains a number of recommendations on how countries can learn from each other; for example, by promoting international comparability of data standards, by reducing unnecessary obstacles to data use, and by strengthening patients' rights to privacy.

Care.data is funded centrally, not from funding allocated to direct care. This means that the delivery of the programme will not take any resources away from direct care services in the NHS. Indeed, Care.data aims to help direct care by ensuring resources are best used across the NHS through the use of better information.

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