

Streamlining the independent information governance advice to HSCIC

**The future of the GP Extraction Service Independent
Advisory Group**

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Background

Collections and Extractions

Currently there is one operating framework for information standards and collections in the health and social care system. This framework is embodied in the Standardisation Committee for Care Information [SCCI] which is a sub-committee of the National Information Board and advises Secretary of State and NHS England on the approval of information standards, and enables all public bodies with primary legislation to enable them to collect data to work together synergistically. It also advises HSCIC when a collection is ready for it to be required from the health and social care system.

Disseminations

Currently there are three bodies that play a key role in advising on the potential use or disclosure of identifiable data held by the HSCIC. These are the Health Research Authority's (HRA) Confidentiality Advisory Group (CAG) and two HSCIC advisory groups, the Data Access Advisory Group (DAAG) and the General Practice Extraction Service (GPES) Independent Advisory Group (IAG or GPES IAG). Of the three the CAG is a formally established body under the Care Act 2014, while the DAAG and GPES IAG are part of the HSCIC's own current assurance processes.

Confidentiality Advisory Group [CAG]

Discussions between CAG and HSCIC IG officials are ongoing to work through the operational detail of how CAG and HSCIC will interact when the CAG Regulations are approved. The current expectation for implementation is around October 2015.

GP Extraction Service Independent Advisory Group [GPES IAG]

The GPES Independent Advisory Group was established in 2012. It is another advisory group set under the auspices of the NHS Information Centre and now operated by the HSCIC. It was established to provide advice to the HSCIC on proposed customer use of the GPES system and in particular to provide oversight/assurance to GPs that data for which they were data controllers was being used in an acceptable manner, delivering benefits for patients whilst protecting patient confidentiality and privacy. There are a number of GPs and retired GPs who are members of this group. Like the DAAG it is an advisory group and not a decision taking body. It does not have a role in GP extractions which do not take place via the GPES system nor a role outside general practitioners to other disciplines or specialists

Current situation

The current advisory system appeared confusing for customers, duplicating effort in some places and having gaps in others. HSCIC information governance systems needed to change following the Partridge Review and the Care Act 2014 and the question was how?

1. An internal review of the HSCICIG Advisory Structures was undertaken by David Evans, senior IG adviser called CAG, DAAG, GPES IAG – now and tomorrow
2. A piece of work led by the Deputy Caldicott Guardian Dr Alan Hassey and supported by Dawn Foster the HSCIC Head of Information Governance looked at how to make the current DAAG process better in terms of efficiency, effectiveness and customer experience whilst addressing short falls exposed by the Health Select Committee
3. Operational planning work with the DH, HRA and HSCIC began to explore the optimum way of working for HSCIC to receive CAG advice and both processes to avoid duplication, improve efficiency and improve customer experience.

The conclusions were that GPES IAG structure and function should be:

- Subsumed into the SCCI structure and process for collections and initial flows and
- Subsumed into the new DAAG structures and processes and this should be consulted upon and
- DAAG should be re-named and
- This should be undertaken openly in full view of the National Data Guardian such that any significant concerns could be made directly known to the HSCIC Board.

The proposed process is set out below:

1. To plan that GPES IAG will close on June 30th 2015
2. That the responsibilities of GPES IAG will be transferred to SCCI and the new DAAG
3. That a consultation on the new DAAG will be conducted by Nicholas Oughtibridge (who will attend GPES IAG meeting as part of that consultation)
4. That the consultation will either be an informal consultation with important stakeholders, a consultation including the public (taking approximately 5 weeks) or a public consultation that will take a minimum of 12 weeks with further time to collate and publish findings
5. The current preference is for a consultation with the public but that this decision needs to be made by the HSCIC Board on 29th April 2015
6. If the decision is for a public consultation then the proposed date of start for new DAAG (July 1st) will inevitably be later particularly as pre-election restrictions will interfere and that a start date of August 2015 is more likely
7. The SCCI proposal which is currently held by Dave Roberts and Gwen Smith will be a informal consultation including GP stakeholders hopefully resulting in a final proposal that will be accepted by SCCI on 29th April 2015
8. The SCCI proposal is not part of the new DAAG consultation
9. That the SCCI processes are currently being reviewed and the SCCI proposal will be part of that review
10. If the new DAAG is not fully formed on July 1st 2015 then the GPES IAG responsibilities for the dissemination of data by the HSCIC from GP clinical systems will transfer to [old] DAAG in the interim period before new DAAG is formed

Actions Required of the Board

This paper is for information only

A more detailed paper on the consultation process and time scales will be brought to the HSCIC Board on 29th April 2015