



# PHE Board Paper

<b>Title of meeting</b>	PHE Board
<b>Date</b>	Wednesday 23 November 2016
<b>Sponsor</b>	John Newton
<b>Title of paper</b>	Data Access for Public Health

## 1. Purpose of the paper

- 1.1 To set out the current situation in relation to access to person level health data for public health purposes for local government public health teams and for Public Health England.

## 2. Recommendations

- 2.1 The PHE Board is asked to **NOTE** the progress made so far (see annex A) and the following:
- 2.2 On vaccination coverage statistics:
- PHE will be commissioning *ImmForm* to provide practice level aggregate data on childhood vaccinations
  - PHE should ensure that NHS England and NHS Digital prioritise the new child health dataset and master child health record
- 2.3 On screening uptake statistics:
- PHE to ensure that the data sharing Memorandum of Understanding (MoU) with NHS England is fully implemented for all screening programmes across the country.
  - PHE to work with Directors of Public Health (DsPH) to specify and develop a user interface to provide access to the statistics and to publicise the ad hoc request service.
  - NHS Digital, through its management of the Information Governance Toolkit, to support local authorities in their responsibilities for information governance standards. PHE to continue to support this dialogue.
- 2.4 On Hospital Episode Statistics (HES) and birth and mortality data:
- PHE to work with local authorities to agree a core data requirement (with appropriate information governance conditions) for every authority
  - NHS Digital to continue to engage with local authorities and DsPH in particular to understand and meet their needs for data, including providing access to anonymised HES extracts for those that can analyse them or another level of service for those that cannot.
  - NHS Digital to provide a more streamlined approach to providing access to births and deaths data for DsPH.
  - PHE to continue to support and develop public health intelligence capability and capacity in local authorities.

### **3. Local government access to health data**

3.1 Directors of Public Health and their teams in local authorities (LAPH) report that obtaining access to the data they need is more difficult than when they were in the NHS, potentially compromising their efforts to improve and protect the health of local people and to address health inequalities. The problem of data access for local authorities was highlighted by the Health Select Committee in their recent inquiry into post 2013 arrangements for public health.

3.2 This is a complex area and the specific challenges vary from data set to data set, the fundamental underlying issues can be summarised as:

- a. the absence of a legal basis for local processing of identifiable health data;
- b. the current lack of practical alternatives to such local processing;
- c. the logistical and organisational barriers to accessing anonymised data and information services (including unresolved questions over who pays for these);
- d. the lack of a common LAPH requirement for data access and information services; and
- e. the differences in local health intelligence capability and capacity (including IG compliance).

3.3 The Annex to this paper focuses on local data access setting out the current situation and proposed solutions in response to concerns raised (for example at the Health Select Committee enquiry) for the following data flows:

- a. Vaccination coverage statistics
- b. Screening uptake statistics
- c. Record level health service activity data for resident populations statistics
- d. Record level births and deaths information for resident populations

3.4 The Board is asked to **NOTE** the progress and the areas for joint working, especially between PHE and NHS England and PHE and NHS Digital

### **4. Data for Public Health England**

4.1 PHE and NHS Digital continue to work closely on data sharing between the two organisations, and are seeking the agreement of a new MoU with advice from the Office of the Information Commissioner. PHE relies on data provided by NHS Digital to supplement other sources. It is essential that these data flow in a reliable and timely fashion. PHE is able to hold the data securely and NHS Digital has confirmed that information governance standards in PHE are satisfactory. The MoU is an important measure to ensure access to those data and it is essential that the current negotiation is concluded promptly.

4.2 The Department of Health (DH) is committed to implement a patient consent model for the sharing of NHS data. As National Data Guardian (NDG), Dame Fiona Caldicott has recently chaired a review on the design of this model, producing a set of proposals for consultation. DH is currently considering the responses and drafting a Government response. PHE contributed extensively to the review and has ongoing engagement with the NDG review implementation team.

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