

Executive Summary of the Community Health Information Requirements Project for the Audit Committee

Background

This project was established in response to the identification of a lack of reliable community information to support the Chronic Conditions Management Strategy and wider community services development. Information is essential to ensure that services are targeted at the right people in the right way at the right time. It also provides us with a basis for sound monitoring and evaluation and a means to ensure that services are equally and fairly available and that funds are spent well.

The lack of consistent and robust information about Chronic Conditions services was also highlighted by the Wales Audit Office report, "The management of chronic conditions by NHS Wales", Wales Audit Office, December 2008. This was followed up within the Audit Committee report in response to the Wales Audit Office. One of the six recommendations required that this report be formally received by the Committee.

The project was scoped and consisted of an investigation of the information requirements for Chronic Conditions Management (CCM) / Community Health centrally and locally, and a review of existing projects and a consideration of the linkages between them

Findings

1. There is a clear need for consistent, robust and reliable information to support CCM / community services planning and provision and for its appropriate use to inform this. This information requirement encompasses clinical, personal, service, patient experience and financial information.
2. The purpose for which information is required is varied and includes delivery of care, managing and monitoring services including identifying variances and gaps in care, ensuring high standards and safe delivery of services, audit evaluation and future planning.
3. Both patient level data to support delivery of care and aggregate anonymised data for secondary (summary) use are necessary.
4. In the context of CCM and community services the need for integrated care requires a parallel integration of information across organisations, professionals and clinical domains.
5. Current data for chronic conditions and community services however are often disparate, inconsistent and incomplete.
6. There is therefore a need to rationalise and focus current work to ensure community service information is fit for purpose.

Recommendations

There is a clear need to improve the existing information available for CCM and wider community services, to monitor and inform community health services and future developments.

1. Strategically we need to:
 - define and determine a core change of community services protocol for information for use by the new Local Health Boards.

- determine clear protocols and procedures for community health information to ensure a sound basis for measuring outcomes.

In order to achieve this and ensure the work is progressed and recommendations addressed, a national lead should be identified and supported by a Working Group.

2. A strategic approach is needed to make better use of existing data to ensure better coordination.

3. Better links between existing and evolving information work programmes are necessary. This includes:

- Enhancing the secondary use of primary care data, including Audit+ and the Welsh Predictive Risk Model, ensuring that governance issues are addressed.
- Sharing operational data more effectively and using this as a first stepping stone to a secondary use minimum dataset
- Rationalising disparate data, information, sources and initiatives.
- Building on existing projects such as CHAAP (Community Health Across Agencies Project)
- Developing existing community nursing and social care central data collections to ensure they address strategic information requirements
- Defining new data requirements where there are gaps
- Starting to build a CCM / community health services minimum dataset and a community services information protocol.

4. There is a need to establish a common language, standards and tools without which progress towards a minimum dataset is impossible.

More specifically we should:

- Agree common standards across Community Health starting by building on current work on community nursing and social care information
- Produce a dictionary for Welsh use of Read codes
- Establish the NHS number as the patient / client identifier across health and social care
- Establish a small working group to explore and make recommendations as to the most appropriate standard tools to be used operationally to measure Quality of Life/patient defined goals
- Ensure the potential for secondary use is recognised in work re-focusing on the principles of unified assessment.

5. Financial information related to chronic conditions and community services more broadly is currently not fit for purpose. Further work is needed to improve this as well as its links with planning and performance.

- In the short term strengthen unit cost data used by the Financial Information Strategy Costing Returns by improving and extending the activity data feeding into them
- In the longer term explore innovative costing models such as the 4 Quadrants model being developed in Gwynedd.

These recommendations are detailed in the full report and examples of the tasks implied by these recommendations listed.