Health and Social Care – Data Strategy
RCGP Scotland consultation response
August 2022

6A. What are the top skills and training gaps relating to data in Scotland's health and social care sector?

- Data visualisation
- Understanding/use of management information by managers
- Understanding of what data exists and where to find it
- Knowledge of how to access data
- Confidence in using data
- Understanding of governance
- Other

RCGP Scotland welcomes the opportunity to respond to this consultation. As the membership body for general practitioners in Scotland, we exist to promote and maintain the highest standards of patient care.

GPs play an important role in managing patient data and, where appropriate and with patient consent provided, are responsible for sharing certain pieces of information across the interface with social care and secondary care services.

RCGP Scotland is supportive of the creation of a data strategy care as a crucial step in an evolving health and social care service. RCGP Scotland's ambition is to deliver the highest standards of general medical practice and bettering digital approaches and securely collecting and analysing information can improve research on treatments, deliver the right services, improve the NHS, and support the delivery of excellence in patient care.

Understanding of what data exists and where to find it will be an Important starting point In Improving public health through data use.

To date, efforts have been made identify the multiple sources of primary care data that already exist. A better understanding of existing data is crucial, to enable healthcare professionals to Identify gaps, create the systems required to overcome the current gaps, and properly link the data banks together for best possible effect.

RCGP Scotland would also highlight confidence in using data as an area for improvement. When making decisions around individual patients, confidence in data is reasonable. However, there should be consideration given to why health and social care staff lack confidence when using data that describes activity within the system, and system pressures, on a larger scale, for example, in service planning.

Training in data science and data use is not abundant across many different professions. It is worth noting that e-learning modules would appear unlikely to whet the appetite of learners.

6B. How do you believe they should be addressed?

With care spread across different teams, settings and services, sharing vital information about those accessing services is a key part of care giving. For GPs and health and social care professionals to best use and protect data, upskilling is required. As mentioned above, consideration should be given to the appropriate form of training to avoid deterring those with a lack of confidence in data usage.

With unprecedented workforce and workload demands in primary care and across the NHS, this can only be achieved through protected learning time (PLT).

6C. What actions must be taken as a priority to ensure that the public have access to health and social care data that they can understand and use?

In the early parts of the Covid-19 pandemic we saw a great deal of interest from the public in the granular data that was made available, often on a daily basis, alongside ongoing interest in trends and interpretations of system wide data, and lessons should be taken from that.

There can be variation between health boards in how data is made available, for example the publication of waiting times data. We do note that waiting times are of course not a good proxy measure of clinical outcomes.

7A. What three things are needed to improve quality and accessibility?

In our June 2022 publication "Fit for the Future: Relationship based Care" we asserted that to further support relationship-based care within multi-disciplinary team environments, action is required to ensure all staff have access to the correct level of personalised information about the patients they care for. We considered the implications of expanded general practice teams and identified the importance of patients being able to have the opportunity to add key information about themselves to their GP record, including patient-focussed outcomes.

7B. If you are responding on behalf of an organisation, what role do you believe your organisation has to play in improving accessibility and quality of health and social care data?

The Royal College of General Practitioner (RCGP) are the professional membership body for GPs in the UK. Our purpose is to encourage, foster and maintain the highest possible standards in general medical practice. We support GPs through all stages of their career, from medical students considering general practice, through to training, qualified years and retirement. The RCGP has a Health Informatics Group (HIG) to advise on issues of information management and technology in general practice and healthcare in general. RCGP Scotland will play a part in providing advice to our members and to a range of organisations around the implementation of a wide range of changes to systems and practice that will be needed to improve the accessibility and quality of health and social care data.

8A. To what extent do you agree with the proposal that Scottish Government should mandate standards for gathering, storing, and accessing data at a national level?

[agree, disagree. Unsure]

RCGP Scotland agrees with the proposal to mandate standards for gathering, storing, and accessing data at a national level.

GPs and the wider clinical team often input information using clinical codes. These can give very granular information, not just about diagnoses but also symptoms and other elements such as lifestyle and social information. There are multiple sources of advice for which codes are preferred which can invite breakdowns in understanding. We welcome the move towards using SNOMED-CT as the clinical coding system that can be applied across primary and secondary care settings.

RCGP Scotland is a member of the Scottish Academy, which has recently become a member of the Professional Record Standards Body (PRSB). This organisation is concerned with developing and implementing common standards around records in health and social care. RCGP Scotland understands that PRSB has confidence that standards will be effectively implemented in England, and work is ongoing in Scotland to better develop connections with institutions.

While the organisations in Scotland have yet to settle on a definition of value-based health and social care, it is clear that we need robust evidence to inform decisions and to optimize the resource available to us. We recognize the societal value of data, but must emphasise that in general practice that our most of our current clinical systems are built around recording information for direct care, rather than being able to use it for purposes such as intelligence that informs service planning.

9A. Do you agree with the idea that greater sharing of an individual's health and social care data between the organisations in the health and social care sector will lead to better quality services?

[agree, disagree, unsure]

Safe and appropriate information sharing across health and social care settings is essential for good care.

There are many aspects that an individual would wish to be streamlined shared for their safety, best standard of care and to avoid multiple organisations asking for the same information at each encounter.

There is significant room for improvement in digital data sharing. The existing mechanism, the Key Information Summary (KIS), isn't visible to social care and has functionality limitations. Currently there are significant challenges within the NHS with the transfer of patient details when people move addresses, e.g. students or cross border transfers. IT systems must be developed which enable information to be shared which is relevant to a person's care, to reduce duplication, repetition and the risk of gaps and lack of access to relevant data. This optimisation of digital opportunities aids communication, develops relationships and enhances collaborative interface working.

RCGP Scotland supports standards such as the About Me, which allow people using health and care services to determine what information about themselves they wish organisations to be made aware of.

However, some people will access health and social care services after symptoms or events that are distressing or involve deeply personal aspects. In certain circumstances, some information

divulged to health and care professionals in patient consultations should be treated with the privacy that they deserve.

Role-based access control (RBAC) controls the sharing of information on GP clinical information systems. It ensures different levels of access based on our expectations of which professions are involved in which parts of care. This is a positive step towards good information governance, however in practice permissions are granted based on assumptions.