NHS

Making it happen -

The power of information:

Putting all of us in control of the health and care information we need

An implementation and reference guide for Allied Health Professionals

Enter

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Foreword

Since the Information Strategy, 'The Power of Information', was launched in 2012 there has been a great deal of discussion about the opportunities, as well as the challenges, it offers to clinicians.

The conversation must now translate into action. I am eager for the clinicians in the 12 allied health professions to take a leading role locally to make sure we optimise the full potential of informatics to improve the services we delivery. There is no one else who will make this happen.

To this end, a workshop hosted by the National Allied Health Professions Informatics Strategic Taskforce (NAHPIST), was organised to share ideas between representatives of the professional bodies, the Council of Deans, the Health and Care Professions Council and frontline clinicians.

Everyone agreed at the workshop that information would alter our core practice in every aspect of service delivery. With ever-increasing demand, we will need to work through new ways of enabling patients and their families to manage their own healthcare, have sufficient information to make their own choices and have appropriate access to their records. Clinicians need to maximise the innovation that information and technology allows to improve the services we offer. Commissioners need to understand more about the services they are commissioning, be able to explore unacceptable variation and measure performance.

As the participants understood how far-reaching the impact would be, they recognised the need to ensure the present and future workforce is sufficiently educated in the value and use of informatics and technology. There will need to be quite a significant shift in culture too.

The following is an implementation guide, which pulls together the key aspects of the strategy with the outputs of the workshop. The latter provides you with ideas to assist you in taking this work forward in your sphere of practice and where you can look to others for further assistance. It is not, however, a top-down list of must-do's – the context in which we work is very different now and it is for you to exert your influence locally to make the conversations about the strategy into something that is meaningful and which will improve the quality of services we deliver.

Karen Middleton CBE
Chair of the National Allied Health Professions Informatics Strategic Taskforce

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1.0 The Information Strategy

"The power of information: Putting all of us in control of the health and care information we need" is a 10 year collective strategy rather than a centrally driven programme. The following elements are the key aspects with relevance for Allied Health Professions reproduced directly from the published strategy document.

1.1 The ambition will take time. Investment in information technology and systems is central to success, proving cost effective over the medium term. To achieve real benefits a fresh approach to direct and flexible use of information and Information Technology (IT) is required.

1.2 This strategy deliberately avoids prescription in all but a few essential areas.

1.3 Some actions will need to be led nationally, e.g. setting common standards so information can flow effectively around the system. Detailed implementation will be led by organisations including the NHS England, the Health and Social Care Information Centre, and Public Health England.

1.4 Central Government, or other organisations working at the national level, can take a range of actions, from: -

- Doing what can only be done centrally - being transparent with all data and providing the infrastructure and national standards;
- Catalysing action where needed - through working with suppliers and professionals, removing barriers and building the case for change;
- Providing space where it makes sense - for local and market-based innovative solutions.

1.5 From 2016, when nationally held contracts wind down, the balance of funding and responsibility for IT will increasingly become local.

1.6 For Trusts without secure patient administration systems capital funds will be available in the usual way for investment in IT from the Department of Health.

1.7 There is a continuing role for a national IT infrastructure - ensuring effective and secure information flows across the health and social care system so the Department of Health and NHS England will continue to deliver national infrastructure (such as the 'spine').

1.8 Local decisions, local leadership, local drive and implementation, will respond to local priorities and needs across health, social care and public health.

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2.0 What does the strategy mean for Allied Health Professionals

In common with all other staff groups allied health professionals will find that the strategy requires;

- **Changes in attitudes and behaviour**
- **New and enhanced skills**
- **Ability to interpret and communicate information**
- **Ability to act as information brokers for patients and carers**
- **Mature open approaches to sharing information across professional and organisational boundaries**
- **Partnership working**
- **Strong visible and positive leadership**

However there is very little as yet published that gives detail around how this is to be enacted in practice.

This creates an ideal opportunity for Allied Health Professionals who, working at the interfaces of care and across boundaries, are in direct interaction with service users. They are ideally placed to understand the opportunities improved use of technology can offer to really make use of the increased freedoms now available to influence and accelerate how it is innovated.

To assist application of the strategy each of the following sections, which are taken directly from the strategy itself, has a summary reminder of the key ambitions followed by a section suggesting to us what the chapter may mean for ‘me’ whether I am a service user, a carer, a health and care professional, a commissioner of care services, a service provider, an information or IT specialist, or a system supplier. It is essential to consider all these aspects to gain understanding ‘in the round’ of the expectations and requirements of others.

These aspects lifted directly from the strategy document, are followed by a series of suggested questions that allied health professionals may find relevant in their own areas of practice to challenge the extent to which there is work to be done, that could also be used to prompt debate locally.

Finally each section has a table of key issues and actions suggested by senior representatives nominated by the professions, the Allied Health Professions Federation (AHPF) and the National Allied Health Professions Informatics Strategic Taskforce (NAHPIST) compiled to assist in the implementation.

These are summarised as an integrated implementation guide for Allied Health Professional clinical and service leaders in Appendix 1.

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3.0 Information about me and my care

This chapter covers the information held within our own individual care records

Key ambition

- **A change in culture and mindset, so that our health and care professionals, organisations and systems recognise that the information in each of our own care records is fundamentally about us - and so that it becomes routine for us to be able to access our own records online.**

The accelerating pace of technological change offers unprecedented opportunities to interact with health and care services in ways that are convenient, cost-effective and reliable. In taking advantage of this transformation – as many of us have already done in so many other areas of our lives – we should be confident that personal support is available when needed. The primary use of information is to support high quality care. The most important source of information is the information held in our own health and care records. The information in our records can help make sure our health and care services join up efficiently and effectively, with us at their centre.

Being able to access, add to and share our health and care records electronically can help us take part in decisions about our own care. This chapter sets out the steps to make this a reality, beginning with electronic access to our GP record. These changes will support us as individuals to take more control of our own health and care and to work with professionals to ensure that there really is 'no decision about me without me'.

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3.0 Information about me and my care

What 'information about me and my care' means for me: -

- **as a patient or service user** - I look forward to being able to book appointments and order repeat prescriptions online, communicate electronically with my health and care professionals and use IT and online services to improve my health and better care for myself, where appropriate.

  I look forward to being able, by 2015, to access my general practice record, including my test results, online, as well as some of my other health and care records as more care providers make these available to me. It will be important that I can share my information with others who care for me, both professionally and informally. I will know how the information from my health and care records, together with information about my own needs and preferences, will be shared securely between the professionals providing my care, so that my care can be more joined up, safer and better, and so that I won't need to repeat important information to different staff.
- **as a carer** - I will be able to access services and health and care records online, according to the access authorised by the person/people for whom I care, helping me carry out my responsibilities safely, conveniently and effectively.
- **as a health and care professional** - Greater and better use of IT will help me improve the efficiency and quality of my practice of care, and I will be able to prioritise more of my time for those who need face-to-face care. I recognise that it is my duty to ensure people can access their records online if they wish and have the support they need to understand information in their records.
- **as a commissioner of care services** - I will ensure all patients and service users have the opportunity and support to benefit from online access to their own health and care records, and from a growing range of other beneficial online services. I will outline a clear and agreed timetable for providers to deliver this.
- **as a service provider** - My organisation will outline a plan and timetable for all of our patients and service users to have online access to their care records and to other beneficial services. Also, we will provide appropriate support to enable everyone to understand and take proper advantage of all these services.
- **as an information or IT specialist** - I will treat the provision of online access to records and other beneficial services for patients and service users as of equal importance as professional access to electronic records, and promote both equally.
- **as a system supplier** – I will ensure over time that patients, service users and professionals can have convenient and safe access to their health and care records stored in the systems which I supply to providers of state-funded health and care services, whichever system they use to access these records.

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3.0 Information about me and my care

3.1 Information about me and my care prompts & questions: -

- Are Allied Health Professionals (AHPs) ready for service users to access their records?
- What needs to change for AHPs to confidently share records with service users?
- Do AHPs recognise they have a professional responsibility to enable service users understanding of the records they keep? Is there a training need for AHPs in understanding the governance considerations around the safe and appropriate sharing of information?
- GP records are to be accessible on line by 2015. When is a reasonable target for AHPs?
- What needs to happen for AHP records to be electronically accessible?
- Do we have information available already that we could make available on line?
- What assistance is needed to make sure AHP records are written in such a way that they can be understood when they are shared?
- Should AHPs seek to enable access to their electronic records prospectively only?

3.2 Key issues and actions:-

	Key Issues	Key Actions	Suggested Lead
A	**Information about me and my care**		
A1	Differing Standards of clinical records; structure and content.	Agree Standards of record keeping; uni-professional and across professions. Link externally with Joint Working Group on Clinical Record Standards and interim body hosted by Royal College of Physicians	Allied Health Professions Federation (AHPF) and the AHP Professional bodies. National Allied Health Professions Informatics Taskforce (NAHPIST)
A2	Poor use of single User Identifier	Promote use of the NHS Number in both Health and Social care	AHPF NAHPIST Provider organisations

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3.0 Information about me and my care

	Key Issues	Key Actions	Suggested Lead
A	**Information about me and my care**		
A3	Retrievable information is inadequate within records	SNOMED CT (Systematic nomenclature of Medicine Clinical Terminology) subsets to be developed at national profession and / or specialty level.	Professional bodies.
A4	Poor clarity on who the 'record' belongs to.	AHP engagement with Dame Caldicott Review. Copying letters to patients	AHPF NAHPIST Provider organisations
A5	Limited understanding of Commissioner requirements with regard to records.	AHPF active engagement to be shared Clarify as part of local discussion	AHPF Provider organisations
A6	Requirement to ensure safe access to record content.	AHP engagement with Dame Caldicott Review Information Governance knowledge and training	AHPF NAHPIST AHP Clinical & Service Leaders
A7	Registrant knowledge of 'good practice' in data, documentation, record sharing etc.	Review Curriculum to ensure undergraduate training is preparing graduates adequately.	Higher Education providers. Professional Bodies
A8	Records not written for the patient / service user to understand content	Ensure registrants understand that the record is currently accessible and should in the future be written for the user to access and use.	Provider organisations AHP Clinical & Service Leaders Professional bodies
A9	Information systems disconnected and various.	Promote safe practice in transferring information between organisations; nhsmail	AHPF Provider organisations Higher Education providers AHP Clinical & Service Leaders
A10	Inconsistent use of abbreviations	Move to formalise around standardised terminology in alignment with A1 work stream above.	Professional bodies. NAHPIST

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4.0 Connected information for integrated care

Summary: This chapter outlines how professionals can use connected information to support safer, more integrated care for us, for example, through online access to GP records in hospitals, electronic prescribing and barcode-scanning in care homes and hospitals to reduce medication errors, and electronic access to results, X-rays and scans.

Key ambitions

- **Information used to drive integrated care - within and between organisations, and across the health, care and support sector as a whole;**
- **Our electronic care records progressively become the source for core information used to improve our care, improve services and to inform research, etc. - reducing bureaucratic data collections and enabling us to measure quality;**
- **Information recorded once, at first contact, and shared securely between those providing our care - supported by consistent use of information standards that enable data to flow whilst keeping our confidential information safe and secure.**

Many benefits and efficiencies can flow from information being recorded once, at first contact with health and care services, and shared securely between those providing our care. National standards will allow information to move freely through the health and care system, and will inspire trust in that information. Nationally adopted open information standards will be the ‘building blocks’ for the information infrastructure. This means that systems will be able to connect and join up, rather than every organisation using the same technology - and that innovation can flourish.

Our NHS number will be used to connect our records across the whole system as we move between services. This, as well as professionals being able to access relevant records online, simply, securely and all in one place (for example via ‘clinical portals’), will enable more joined-up care. By 2014, pilots for the use of integrated barcode medication administration systems in care homes will inform future plans for implementation across England.

Information will be taken from our records, combined and made anonymous. This will become a key source for all health and care service information, used in many ways: to assess clinical and professional performance, to plan and target services, research new treatments, improve the quality and safety of services and ensure value for money for taxpayers. This information will also be a vital resource for local councils and Public Health England to support their new leadership roles in health.

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4.0 Connected information for integrated care

What 'connected information for integrated care' means for me:-

- **as a patient or service user** - Wherever I go for my care services, such as my GP, pharmacist, care home or local A&E, professionals will be able to access the information they need about me to provide safe and coordinated services that work round my needs and wishes. They will have access to important information to make safe decisions – such as any allergies I have, or about the support I need. They will have access to my own care plan, my support needs or my expressed preferences at a glance. The results of important tests will be available rapidly and electronically, to provide faster diagnoses and treatment and reduce the anxiety of having to wait. If I know my own NHS number, I can help ensure that my care, and information about my care, can be better joined up and more efficiently and effectively coordinated.
- **as a carer** - Good information for professionals will ease the burden on me as a carer, making it easier and quicker for me to explain to professionals what is going on and what other services are being provided.
- **as a citizen and member of the community** - I will increasingly have useful information available on which services are available and how well they work. This will help me make the right choices. Information from my care records will be used (with my confidential information properly protected) to improve everyone's health, to improve care services, to support research leading to more effective treatments, and to ensure money is being well spent on health and care.
- **as a health and care professional** - I will understand better the needs of the people I work with and understand more about the impact my care is having on them. This will rely, in turn, on my recording data directly into their care records and sharing it. I will record accurate information, as close to the point of contact as possible, in line with national information standards, and linked by the person's NHS number. I will share it with other professionals along care pathways and with the Health and Social Care Information Centre, where it can be held and linked securely to support broader health and care improvements. IT will support safer handling of medicines in care homes
- **as a commissioner of care services** - I will have powerful data about the local population I serve, about how money is spent, and about the performance of providers. This will support good planning and good management of services.
- **as a service provider** - I will have detailed information about my organisation and the people within it to support continuous improvements in care.
- **as a system supplier** - National information standards, used consistently across health and care, will give clarity and will provide new opportunities for me to develop technology to support 21st century care. Government and central organisations will work closely in partnership with me to support and coordinate systems, but give me freedom to innovate and improve.

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4.0 Connected information for integrated care

4.1 Connected information for integrated care prompts & questions: -

- Do Allied Health Professionals (AHPs) provide information about their services to their users on line in accessible formats?
- Do AHPs provide means for routine feedback?
- Is service user feedback about AHP services used as a performance measure?
- Are AHPs aware of the 'quality of care' benchmarking sources such as NHS Choices Patient Opinion that service users currently use to inform choice?
- Do AHPs know the NHS number is mandated for use on all records and do they use it?
- Are processes and systems joined up across care providers to enable access to integrated information? If not what action can be taken to address this?
- Are AHPs engaging with IT system suppliers to shape function and standards that support and enable practice e.g. mobile or remote working, inter-organisational information sharing.
- Do AHPs use electronic means to transfer correspondence rather than paper?

4.2 Key issues and actions:-

	Key Issues	Key Actions	Suggested Lead
B	**Connected information for integrated care**		
B1	Inconsistent use of NHS Number	Promote use in all care records and transactions.	AHP Clinical & Service Leaders Provider organisations
B2	Information systems developed without clinical involvement	Engage AHPs with design and development of care record systems.	AHP Clinical & Service Leaders Provider organisations Professional bodies
B3	Poor availability of information to service users	Promote use of public facing websites e.g. NHS Choices or equivalent	Provider organisations AHP Clinical & Service Leaders
B4	Means for routine service users feedback patchy	Promote use of benchmarked 'quality of care' sources e.g. patient opinion / NHS Choices	Provider organisations AHP Clinical & Service Leaders

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4.0 Connected information for integrated care

	Key Issues	Key Actions	Suggested Lead
B	**Connected information for integrated care**		
B5	Scope of Summary Care Record constrains usability.	Advocate widening of content to include social care and rehabilitative aspects of care	AHPF Professional bodies
B6	Disconnection across provider organisations information and care systems	Promote System and Record standards. Use safe systems e.g. nhsmail for transfer of information in the interim	AHPF Professional Bodies Provider organisations AHP Clinical & Service Leaders
B7	Uptake of already available technology patchy and poor	Promote uptake of currently available systems e.g. Choose and Book	Professional Bodies Provider organisations AHP Clinical & Service Leaders
B8	Limited information system and informatics skills amongst clinicians	Create roles or responsibilities for AHPs to lead in Informatics. Develop engagement, integrated working, capacity and confidence to use and influence systems development.	Provider organisations AHP Clinical & Service Leaders Higher Education Providers
B9	Inefficient systems and processes.	Promote QIPP benefits of joining up data and systems	AHPF Provider organisations
B10	Multiple recording prevails in care record / transfer summary and data sets	Promote use of SNOMED CT terms to underpin data sets and enable recording once and use repeatedly for multiple purposes.	AHPF Professional bodies AHP Clinical & Service Leaders

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5.0 Better access to better information

Summary: This chapter outlines how we will access information, including a new, single, website 'portal' provided by the Government from 2013, and one 'routine' number. It sets out moves towards a new culture of transparency, where we will be encouraged to provide instant feedback about services, and where information about the quality and performance of health and care services is easily accessible.

Key ambitions

- **A culture of transparency, where access to high-quality, evidence-base information held by Government and health and care services about services and about the quality of care is openly and easily available;**
- **Information regarded as a health and care service in its own right for us all - with support for those who need it to access and use available information, so that information helps reduce inequalities and benefits everyone.**

Access to good quality information, and being supported to use it effectively, is an important health and care service in its own right. Useful, accurate information that is based on evidence is essential for us to make choices about our care and hold services to account. This chapter focuses on the range of information available to us. It sets out a radical simplification of the way we will be able to access trusted information - about other people's experiences of care, hospital and care-home performance, symptoms, treatments and information that can help us make healthier lifestyle choices.

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5.0 Better access to better information

What 'better access to better information' means for me:

- **as a patient or service user** - I'll be able to find the information I need through a single trusted place. I'll be able to use the national information portal on the internet to understand my symptoms and what I can do to manage them, and also to identify services that I may want to approach. I'll be able to access information relating to different services or clinical teams to make an informed choice about my care. I'll be confident that the information available through the national portal is of high quality, whether this comes from the NHS, local authorities, national bodies or from trusted third parties, including patient organisations.

  If I need it, I will be able to access support, provided by the NHS or my local authority, which helps me to locate and make best use of the available information.

  I'll be able to leave feedback about my health & care experiences whenever I use services, in a way which is convenient & feels more like my experience elsewhere on the internet. I'll feel confident that my feedback & complaints will be used to improve services.
- **as a carer** - I will have access to the information I need through a single portal to help the person I care for, reducing the complexity and confusion of navigating the system. I will be informed about the options available to the person I care for. I will know what support is available to me, such as for breaks and financial assistance.
- **as a citizen and member of the community** - I will be able to use the information portal on the internet to understand my symptoms and identify services available to me. I will know about local support groups and networks. I will be able to see clearly which organisations and professionals are performing better than others. I will expect health and care services to make information freely available to support accountability.
- **as a health and care professional** - My patients & service users will be increasingly well informed about their conditions, needs & the services available to them, what good quality care looks like, and the experience of others like them. I'll be able to recommend information resources available via the national portal to the people in my care, being confident in their quality.
- **as a commissioner of care services** - Through having far more detailed experience and equalities data available to me, I will be able to make better informed commissioning decisions about the services that people in my area want and need. I will ensure all patients and service users have the support to benefit from online access to their own health and care records, and from a growing range of other online services. As a Council Cabinet Member for Health, I will be able to download an integrated analysis about my community, a short list of cost-effective ways to address local problems and ways to share experiences online with councils with similar challenges.

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5.0 Better access to better information

What 'better access to better information' means for me:

- **as a service provider** - With transparency as the default position, there will be more information about parts of my organisation in the public domain, including better quality user experience data, which I can use to improve my services. I will be able to hear the views of people who use my services, including comments and ratings, and use these to identify areas for service improvement.
- **as an information 'intermediary'** - The services I offer will be increasingly recognised as contributing to people's health, extending reach and utility of information through innovation. National information standards will give me clarity and if I meet the requirements of the new national portal, this can provide a potential 'shop window' to my services. I will have an increasing range of open data and content made available for me to re-use and add value. My business will be expected to be self-funding, but I will know 'the rules' by which the system will operate, the role of the centre, and where there may be opportunities to innovate.

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5.0 Better access to better information

5.1 Better access to better information prompts & questions: -

- Do Allied health Professionals (AHPs) offer information to service users that enable choices to be made e.g. information about user experiences; the performance and quality of services?
- Do AHP services make information available to potential service users about; treatment and services on offer; expected waiting times?
- Will AHPs be able to publish all available information on their outcomes or success rates by 2015?
  …and will they be able to explain a plan for when information not available at that time will become available?
- Are AHPs aware of Patient Decision Aids (PDAs) which were produced by NHS Direct and are to be rolled out as part of the "Right Care Shared Decision Making Programme"?
- Would AHPs know which PDAs are clinically relevant to are clinically relevant to their areas of practice?
- Do AHPs understand the Information Prescription Service (IPS)? Are they engaged in assuring the information that is being made available e.g. through NHS Choices?
- Are AHPs planning to ensure multiple access routes through to their services including via;
  - 111 for health and care advice and services?
  - A comprehensive online portal; NHS Choices/NHS Direct online/NHS 111 online
- Do AHPs have a plan to influence the way their data for national audits (e.g. the Stroke national audit; the Major Trauma national audit) is collected and reported in the future?
  (i.e. to make sure it is from data recorded in a retrievable format at the point of care in the clinical record, rather than as now; recorded twice or retrospectively extracted.)
- Are AHPs ready to exploit mobile technologies e.g. apps / telehealth – influencing innovative applications through imaginative developers?

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5.0 Better access to better information

5.2 Key issues and actions:-

	Key Issues	Key Actions	Suggested Lead
C	**Better access to better information**		
C1	Need to publish waiting times for services	Action through Choose and Book for GP referred services; through the Community Information data Set (CIDS) for community contract.	AHP Clinical & Service Leaders Provider organisations
C2	Concern for data quality.	AHPs to take ownership and responsibility for the quality of the data produced by and about their services	AHP Clinical & Service Leaders Provider organisations
C3	Range of PROMS and PREMS	Aim to use those that are validated / recommended as part of DH project or by professional body	AHP Clinical & Service Leaders Provider organisations Professional Bodies
C4	Poor understanding of how to utilise / influence 111 pathways	Develop understanding and liaise with Professional bodies	National Allied Health Professions Informatics Strategic Taskforce (NAHPIST) AHP Clinical & Service Leaders
C5	Opportunity to develop technology e.g. Apps as part of telehealth and care	Share learning, integration and coordinated aspects to optimize development and access to resources. Develop the market.	Professional bodies NAHPIST DH 3 million lives
C6	Limited information available about AHP Services	Own, verify and optimise that information which is already available e.g. through contracts, on user feedback websites	AHP Clinical & Service Leaders Provider organisations
C7	AHPs have a low level of awareness of the Information Prescription Service (IPS)/Patient Decision Aids (PDAs)	Access to further information and education about the opportunities to provide information to their service users.	AHP Clinical & Service Leaders Higher Education Providers Provider organisations

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5.0 Better access to better information

	Key Issues	Key Actions	Suggested Lead
C	**Better access to better information**		
C8	Variable uptake of Choose and Book as a means of advising GPs and patients of AHP services	List service offered for GP referral, utilize information about patient choice, wait times, demand and unmet need to inform commissioning decisions	AHP Provider organisations
C9	Constrained to 'old' technology and historic contracts	Promote move to use more telehealth and mobile solutions with enabling national tariff	AHPF AHP Clinical & Service Leaders Professional Bodies
C10	Practice variable across sectors and professions	Share good practice, developing technologies, across professional groups	AHP Informatics Network NAHPIST Professional Bodies

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6.0 A quality - driven information system

Summary: This chapter covers the elements needed to underpin the information strategy.

Key ambitions

- **An information-led culture where all health and care professionals – & local bodies whose policies influence our health, such as local councils – take responsibility for recording, sharing & using information to improve our care.**
- **The widespread use of modern technology to make health and care services more convenient, accessible and efficient;**
- **An information system built on innovative and integrated solutions and local decision-making, within a framework of national standards that will ensure that better quality information can move freely and safely around the system.**

Information must be seen as being core to the business of health and care. Sustained investment in information systems is a core part of delivering high quality, cost-effective health and care services. The Government will not expect every organisation to use the same system, but it will expect different systems to connect. The NHS England, Public Health England and the Department of Health will work with partners to ensure standards promote safe data sharing.

Every organisation should identify a clinician or care professional responsible for organising information in support of better care. Investment in equipment cannot be effective without a corresponding investment in staff training, development and support – both for informatics professionals and for everyone working in health and care. Health and care services need to use and share appropriately the information collected about each of us – for our care, to understand and improve quality of services and outcomes, for research and to improve health at a population level.

At present, too much of the data collected is about activity and too little is on the care quality and outcomes that really helps professionals – and us – to make good decisions. Chapter 3 outlined the vision of our electronic care records becoming a core source of all professional information. These records are a rich source of information on quality and outcomes. When combined and made available in an anonymised form, this will support a shift to measure and reward quality and clinically meaningful outcomes for care and health.

The Health and Social Care Information Centre will become the focal point for nationally collected NHS, public health and social care information in England; a multitude of organisations and systems will be able to use this data in a variety of different ways to improve experiences of care, choice and outcomes.

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6.0 A quality - driven information system

What 'the information system' means for me:

- **as a patient or service user, as a carer, as a citizen and member of the community** - I will be increasingly confident that, through transparency, increasing amounts of high-quality data on health and care are becoming available. This will include information built from data recorded once in my care records and shared securely. I will be able to see this leading to improvements in both my own and everybody else's health and care, and that care services are becoming more efficient, more effective and contributing to better outcomes and helping to reduce inequalities.
- **as a health and care professional, as a commissioner of care services, as a service provider** - I will have an increasing appreciation of how recording high quality data in care records not only benefits the individuals concerned, but also contributes to improvements in the care I provide or commission, to population-level health and to research. I will increasingly be drawing on data held and made available by the Health and Social Care Information Centre to benchmark the care I provide or commission against others and to improve that care. I will also be able to see how that information is driving more efficient care and reducing burdens across the health and care system. I will be able to compare my practice against Quality Standards that define key elements of a high quality service.

  I will know who my local board level information champion is, and will have an appreciation of the contribution my local information and IT specialists play in helping to improve care.
- **as an information or IT specialist** - I will feel increasingly valued for the contribution I can make, and I will be recognised for my expertise and professionalism and I will see its impact in an improving health and care system.
- **as a system supplier, as an information provider** - I will be able to make an increasing contribution to improving care, and to how my services and innovations can be taken up by the sector, with fewer barriers to take-up for ideas and services that patients, service users and care professionals think can help them.
- **as a researcher or academic** - I will have access to a greater wealth of linked data – through the Clinical Practice Research Data link service and supported by the Health and Social Care Information Centre – to help inform my work, e.g. research to develop new understanding of health and care issues, to improve the efficiency or effectiveness of services, to develop new treatments, etc.

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6.0 A quality - driven information system

6.1 A quality - driven information system prompts & questions

- Do Allied Health Professionals (AHPs) have and take responsibility for the activity data they need for management and commissioning purposes?
- The strategy has a vision that electronic patient records will become a key resource for all professional information. Have AHPs got the skills, knowledge and attitudes that will enable them to develop integrated electronic patient records for these purposes?
- Returning activity data to the NHS Information Centre will be as an extract from the commissioning data set in agreed standardised clinical coding from 2014. Are AHPs aware of the impact for them?
- Are AHPs aware of the recommendations from the independent review of information sharing led by Dame Fiona Caldicott 2012?
- Will AHPs be ready to act on the recommendations in the context of the protection of confidential and identifiable information vis-à-vis the sharing to improve quality and safety?
- Are AHPs engaged in developing / adopting national standards for clinical terminology and systems – to enable iterative and future sharing of information?
- How do AHPs learn the skills and responsibilities around data and information? Is there a greater need for these to be embedded into education? Do AHPs have these core skills made explicit in their job descriptions and person specifications?
- Are AHPs aware of their responsibilities to promote the linking up of information systems to use information efficiently and exploit opportunities for research and health gain?

6.2 Key issues and actions:-

	Key Issues	Key Actions	Suggested Lead
D	**A quality - driven information system**		
D1	Limited understanding of Health and Care interface	Ensure understanding from Caldicott review are translated into practice	AHP Clinical & Service Leaders Professional Bodies National Allied Health Professions Informatics Strategic Taskforce (NAHPIST)
D2	Skills and competency in informatics variable	Influence inclusion in job descriptions, annual training plans, development programmes as part of expected CPD	AHP Clinical & Service Leaders Service Providers Health and Care Professions Council (HCPC)

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6.0 A quality - driven information system

	Key Issues	Key Actions	Suggested Lead
D	**A quality - driven information system**		
D3	AHPs not engaged in design of IT processes or systems	Develop and shape opportunities for increasing engagement and influence including in support of the Chief Clinical Information Officers roles	AHP Clinical & Service Leaders Provider organisations Higher Education Providers
D4	Feedback from Service users is in its infancy	To be developed and used as a learning tool ensuring systems fit for purpose and integrated	AHP Clinical & Service Leaders Provider organisations Health & Wellbeing Boards
D5	Real-time patient data base could enable audit and research	Influence moves towards patient opt out rather than opt in approach where possible to enable large scale knowledge.	The Allied Health Professions Federation (AHPF) Professional bodies
D6	Access to integrated hardware and mobile technology limited.	Promote inclusion of requirements into business cases for productivity efficiencies and delivery of the strategy	AHP Clinical & Service Leaders Provider organisations
D7	Summary Care Record (SCR) is key to developing a safe 'core'	Promote use of a core SCR with added data that can enable first point of contact and accelerated pathways	AHP Clinical & Service Leaders Professional bodies AHPF
D8	Education opportunities for clinical staff in informatics are limited	Interface with other organisations e.g. Health Informatics UK CHIP to create learning and development capacity.	Professional bodies Higher Education Providers

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6.0 A quality - driven information system

	Key Issues	Key Actions	Suggested Lead
D	**A quality - driven information system**		
D9	Localisation may impede safe sharing of patient pathway level information	Ensure at a local level AHPs understand the need for standards at a clinical and system level and use published information e.g. Clinical Content Repository.	AHP Clinical & Service Leaders Professional bodies AHPF NAHPIST
D10	Awareness of governance around encryption and cross boundary sharing is patchy.	Familiarise with recommendations from Caldicott review. Update Information Governance learning and to practice situations	AHP Clinical & Service Leaders Provider organisations Higher Education providers Professional bodies

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7.0 Supporting information to the strategy

In addition to the drivers within the Information Strategy are the 2013 challenges laid down by Jeremy Hunt the Secretary of State who said:

"The NHS cannot be the last man standing as the rest of the economy embraces the technology revolution.

"It is crazy that paramedics cannot access a full medical history of someone they are picking up in an emergency – and that GPs and hospitals still struggle to share digital records."

"Previous attempts to crack this became a top down project akin to building an aircraft carrier. We need to learn those lessons – and in particular avoid the pitfalls of a hugely complex, centrally specified approach."

"Only with world class information systems will the NHS deliver world class care."

On the way towards the 2018 goal, the Health Secretary wants to see:

- By March 2015 – everyone who wishes will be able to get online access to their own health records held by their GP.
- Adoption of paperless referrals – instead of sending a letter to the hospital when referring a patient to hospital, the GP can send an e-mail instead.
- Clear plans in place to enable secure linking of these electronic health and care records wherever they are held, so there is as complete a record as possible of the care someone receives.
- Clear plans in place for those records to be able to follow individuals, with their consent, to any part of the NHS or social care system.
- By April 2018 – digital information to be fully available across NHS and social care services, barring any individual opt outs.

This is set out in http://www.commissioningboard.nhs.uk/everyonecounts/ the NHS England's recent publication 'Everyone Counts: planning for patients in 2013/14.'

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7.0 Supporting information to the strategy

7.1 To achieve this collective vision across a complex health and care system will involve many different kinds of action, taken by many different organisations. The Annexes within the strategy summarising this approach have been referenced and copied below directly from the Strategy document reduced to focus on aspects of relevance to Allied Health Professions.

7.2 Ensure reference to the full strategy document for complete texts http://informationstrategy.dh.gov.uk/

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7.4 Appendix 1 Implementation guide for Allied Health Professionals.

Summarises the key issues and actions with suggested leads for each of the sections for the Information Strategy:

A Information about me and my care

B Connected information for integrated care

C Better access to better information

D A quality-driven information system

7.5 Appendix 2 Contributors and attendees of the workshop ‘Developing an AHP plan for the delivery of The Power of Information’ (held July 2012).

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Annex A: Summary of system wide actions

Action in the strategy
Commitment
All **NHS Patients** will have secure online access, where they wish it, to their personal GP records by 2015 (by the end of this Parliament)
All **Patient** data (in publicly funded health and social care) should be identified by the NHS number as the primary identifier at the point of care by 2015.
Central action
The Government has asked the **Royal College of General Practitioners**, working in partnership with patient groups and other professional organisations, to lead procedures to support patient access & engagement with their GP records.
The **Department of Health, NHS England and Public Health England** will work with national stakeholders to lead and coordinate plans to facilitate and enable establishment of the infrastructure for patients and service users to have secure online access to all their health and care records.
Intellect has agreed to work with the **Department of Health, NHS England** and **Public Health England** to develop the evidence case for a ‘portal’ approach to patient and professional secure viewing of appropriate health and care records and information online.
The **NHS England** will consider publishing commissioning guidance for support to assist patients to make the best use of the information provided.
The **Department of Health, NHS England and Public Health England** will work with national stakeholders, in particular including Monitor, Care Quality Commission and Royal Colleges, to publish a roadmap setting out a programme of work and ensuring implementation of standards for national and local networking of systems and to enable effective sharing of direct care information including: • unique identifier - NHS number; • professional record keeping (for instance the Academy of Medical Royal Colleges records standards and social care assessment); • terminology (including diagnostic imaging, medicines and devices, and clinical coding language); and • best-practice information governance and management.

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Annex A: Summary of system wide actions

All **Providers of NHS-funded care** (including social enterprises and AQPs), will be given access to a limited number of NHSmail accounts to facilitate secure email communication where this is cost effective as part of commissioning contracts.

The Department of Health will sponsor the provision of a comprehensive online 'portal' **-** to bring together the best of the relevant information on health, public health and care and support

The Department of Health and the **NHS England** will bring together representatives from the voluntary sector, health and care professions and industry, to consider how to increase health literacy and support information producers to communicate in ways that are meaningful to citizens, patients and service users.

Action in the strategy

The Department of Health, NHS England and Public Health England will work with national stakeholders in line with the roadmap for the health and care sector, to make all data open, and to continue to improve the information available to better support transparency and patient choice.

The NHS England will lead and coordinate work on developing commissioning data sets (the main data collection from secondary care) to allow returns in SNOMED CT from April 2014.

The Department of Health and the **Health and Social Care Information Centre** will work with stakeholders to investigate reducing the administrative burden of gathering social care information for national use.

Necessary Local Action

A senior **Clinician or Care Professional** responsible for taking the lead in ensuring that information is organised and utilised effectively in support of better patient care should be identified in every organisation.

Providers should ensure they assess the capability and meet the training needs of their clinical and care professionals in the best-practice use of information as part of their routine development planning.

NHS organisations should actively seek out, respond positively and improve services in line with patient feedback. Includes acting on complaints, users' comments, local and national surveys and results from 'real-time' data techniques.

Providers and Commissioners are encouraged to implement personal and professional access to view records across specialties and settings through 'portals' or other solutions.

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Annex A: Summary of system wide actions

Encouraged Local Action
Patients and Service Users are encouraged to help their services by knowing and sharing their NHS number with professionals.
GP practices that can already provide their patients with online access to their records are encouraged to do so as soon as possible.
Providers are encouraged to e nsure test results, X-rays and scans are exchanged safely between all settings by building on national information standards (such as the National Laboratory Medicines Catalogue), and ensure test orders and results are communicated in a standard, interoperable, electronic format.
Providers are encouraged to ensure safer, quicker, more efficient care by transferring electronically all correspondence about patients and service users, between professionals and services. These data transfers should be coded and structured as far as possible, in particular in respect of discharge diagnoses.
Providers are encouraged to use secure electronic links to transfer information from providers to service users.
Providers are encouraged to make wider use of innovative alternatives to face-to-face in health and care consultations where this improves value for money and patient experience.
Providers are encouraged to increase the use of mobile technologies for professional viewing and recording of information.
Action in the strategy
Providers are encouraged to be innovative in using technology to allow **patients** and **service users** to participate in their health and care.
Providers are encouraged to make existing shared and patient-held records, electronic and accessible to **patients** online.
All **Local authorities** are encouraged to **provide clients** the choice of accessing their assessment and care plan information online as soon as IT systems allow.

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Annex B: Transparency and open data - our open data strategy

Department of Health open Data strategy 2012-14

The starting point is that Government will make the data it holds routinely available unless it would not be appropriate to do so, for example because it would not be possible to ensure patient confidentiality if the data were released.

Big Data

To support public accountability and patient and service user choice, will put all clinical outcomes data in the public domain by April 2015, and develop better and easier to understand measures & indicators across the health and social care system.

The Health and Social Care Act 2012 includes provisions marking a step-change in the health and care sector's approach to transparency, growth and open data. It requires the Health and Social Care Information Centre to publish (in safe, 'de-identifiable' format) virtually all of the data it is required to collect across the health and care sector. The Information Centre has already started routinely releasing the data that underpins their statistical publications.

The Act requires the Information Centre to maintain and publish a register ('catalogue') of the data it has collected. In addition the Department will ask the Information Centre to undertake work to develop an inventory of the data collected by other parts of the health and social care system.

Most of the data collected nationally for Social Care is also made available from the Information Centre. The Department is currently undertaking a zero based review (ZBR) of adult social care data collections which aims to ensure that the information collected from local authorities is outcome-focused, and based on the results councils achieve for local people, rather than counting activities and processes. Subject to the outcome of a consultation, the Department will continue to work with the Information Centre and local government to deliver changes to collections from 2013-14 onwards.

Data is collected and held by a number of different parts of the health and social care system and the principle of data transparency is well established in a number of areas. In public health, the Health Protection Agency (HPA) already makes available most of the data it collects at an appropriately aggregated level through its health protection profiles and regular disease specific topic reports. This information is fully accessible through the HPA website. Public Health Observatories (PHOs) produce information, data and intelligence on people's health and health care, for practitioners, commissioners, policy makers and the wider community. Much of this information is also already published. The PHOs will become part of Public Health England (PHE) and as part of the transition process they are undertaking a review of how they manage and use data.

In health there are major benefits from linking data: to industry, to research, to providers and commissioners of care services as well as to patients, service users and the broader public – so that we understand more about the whole patient journey.

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Annex B: Transparency and open data - our open data strategy

My Data

The most important source of data is the information held within our own health and care records It can support improved outcomes and informed patient choice. Being able to access, add to and share our own health and care records electronically can help us share decision-making in partnership with the professionals supporting us.

Satisfaction and experience Data

Feedback and complaints data is a valuable way to influence the development and improvement of services and supports public accountability and service user choice. The Department will encourage the collection of more feedback, in real-time wherever possible – making each experience count. The NHS Future Forum Working Group on the NHS Constitution is also currently exploring how the NHS Constitution could be strengthened to ensure all of us are provided with opportunities to leave feedback or make complaints about our experiences of health and care services. This will include how to help ensure that organisations act on, and make known how they have acted on, that feedback.

Creation of dynamic Information markets

The Department has established a partnership with Intellect Health - an industry body representing 280 information service and technology firms of all sizes - to provide crucial insights into the requirements for industry to play a full part in supporting widespread innovation and development to help achieve the Department’s information strategy. This includes work to develop the evidence base for simple patient and professional ‘portals’.

There is an expectation that the act of making data more readily available will in itself help to encourage the development of an information market in health and care data. In addition specific proposals in ‘the Power of Information’ will support the development of a more vibrant and diverse market in information providers.

This includes the Information Centre’s data linkage service and the open publication of specific datasets & the development of a catalogue/ inventory of health & social care data.

In the longer term (by 2018) the Department expects to establish minimum information standards across the health and social care system to enable data to be shared safely and in a consistent way that will also allow the market to develop further.

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Annex B: Transparency and open data - our open data strategy

Continuously improving the quality of data

Connected information can support safer, more integrated care for us and for the professionals providing our care. Many benefits and efficiencies can be achieved through information being recorded once, at first contact, and shared securely between those providing our care – supported by consistent use of information standards that enable data to flow whilst keeping our confidential information safe and secure. This can support improved outcomes, informed choice and greater productivity.

'The Power of Information' sets out how the Department will support and encourage better integration and improved quality. This includes setting information standards, using the NHS number as the default patient identifier and encouraging local action to make greater use of technological solutions to improve care and facilitate information sharing, both between professionals and with the people they provide care for. Rules around information governance will support the appropriate use and sharing of data.

Protecting your confidentiality

The Department recognises that for data held in the health and care sector there are also risks in releasing data. It needs to balance the significant benefits from being able to link up data across health and care services with the need to ensure that it protects patient confidentiality. So while it is right and proper that Government should assume that it will make data available to support public accountability it must have in place a systematic approach to ensuring that it has considered any risks to individual confidentiality, and taken appropriate measures to address these. The Health and Social Care Transparency panel will have a key role in supporting and advising the Department on these issues.

For every release of data we will consider:

- the purpose and benefits of the data;
- data protection and related issues, consulting with the Information Commissioner where necessary;
- confidentiality and the potential for 'jigsaw' identification from data;
- the format and specific level of data that should be released;
- the costs of collecting, releasing or linking the data and who should pay;
- any commercial implications or impacts on current information providers; and
- the impact on the broader transparency agenda, for example will the data promote a marketplace of intermediaries to present the data for specific audience?

Wherever possible we will make data available under the Open Government Licence http://www.nationalarchives.gov.uk/doc/open-government-licence/ and at no cost to the user.

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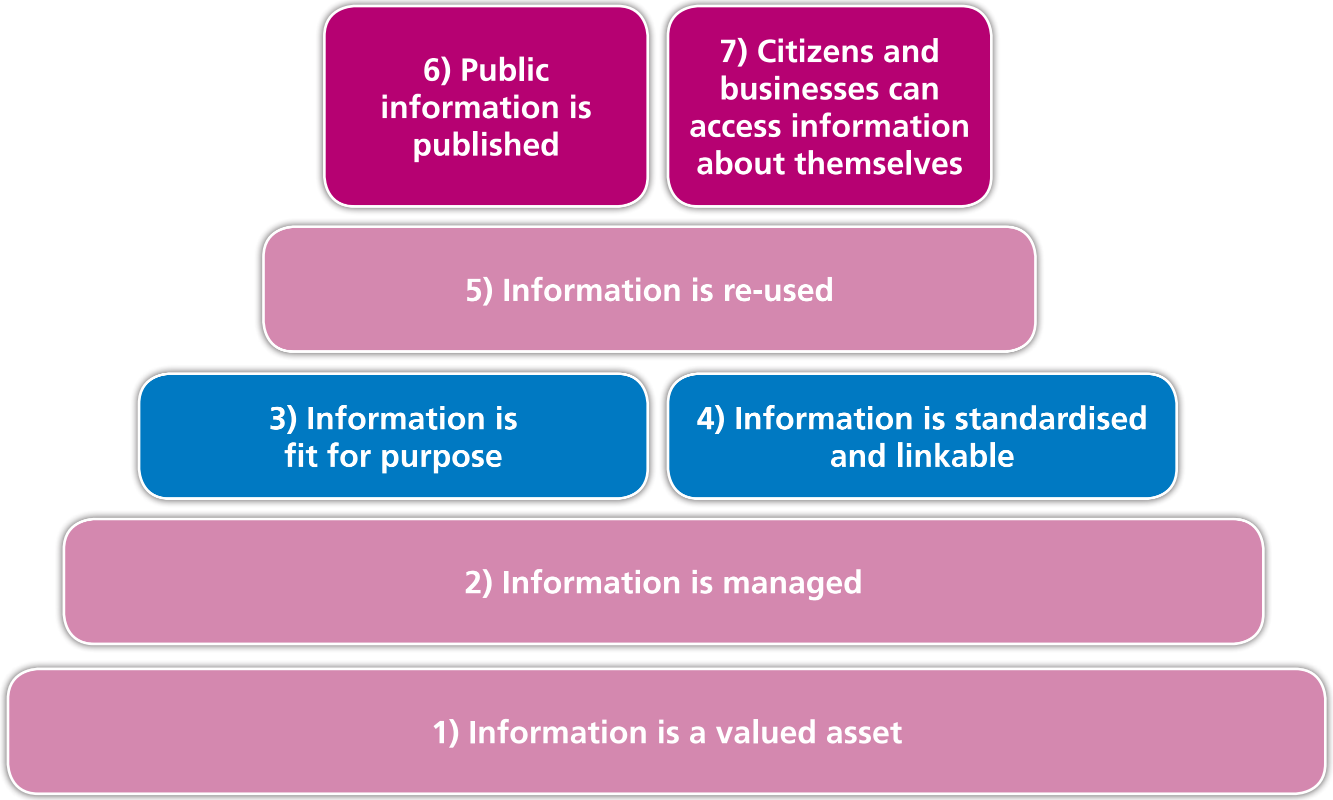
Annex B: Transparency and open data - our open data strategy

Information principles

'The Power of Information' is underpinned by the seven key principles set out in the recent Government publication 'Information Principles' (December 2011).



6) Public information is published

7) Citizens and businesses can access information about themselves

5) Information is re-used

3) Information is fit for purpose

4) Information is standardised and linkable

2) Information is managed

1) Information is a valued asset

The Department expects that local health and social care organisations will ensure they have appropriate systems in place that take account of these so that their use and management of information is underpinned by a common set of key principles and best practice. In doing so organisations will want to make use of the Information Governance toolkit developed by the Department to support NHS and partner organisations in assessing themselves against its information governance policies and standards.

The NHS Information Governance toolkit can be found at https://nww.igt.connectingforhealth.nhs.uk/

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Annex B: Transparency and open data - our open data strategy

Table 1. 'Big Data' (reduced summary version)

Dataset or Information released	Description	Date of release	Open Government Licence?
Health and Social Care Information Centre (IC) to set up a secure data linkage service as part of its core delivery service to health and social care.	Service available to all users of health and care information to drive improvements in care, enterprise and innovation. Self-financing where users pay the costs of the linking process.	Service available from September2012	n/a
Choose and Book usage at GP practice level, as part of comparative data tool	As above	Data 7 December2011	yes
New Patient Reported Outcomes Measures (PROMS)	First regular annual release of final PROMS data at patient record level (for 2010/11)	August 2012	yes
Complaints data by NHS hospital so that patients can see what issues have affected others and take better decisions	Data available nationally in report form at NHS Trust level. By PCT and FT now available on IC website.	August 2011	yes
Data on staff satisfaction and engagement by NHS provider	Organisation level data is published annually in a report..	Underpinning 2010 data December 2011	no
All patients in the NHS will have online access – where they wish it – to their personal GP records by the end of this Parliament. NHS Choices will publish an interactive map at the earliest opportunity.	See Chapter 2 of 'The Power of Information – Putting all of us in control of our health care information.'	2015	n/a

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Department of Health	• setting strategic vision and direction, and ongoing oversight for the agenda across health, public health and social care • setting the forthcoming care and support White Paper, with more detailed implementation plans to achieve this vision for social care • setting information standards and commissioning the Health and Social Care Information Centre to collect information for social care • taking forward legislation and also commissioning some of the central systems required to underpin this strategy
NHS England	• setting more detailed implementation plans, including informatics planning, to achieve this vision across the NHS • setting information standards and commissioning the Health and Social Care Information Centre to collect information for NHS care
Public Health England	• setting more detailed implementation plans to achieve this vision across public health • setting information standards and commissioning the Health and Social Care Information Centre to collect information for public health, working with registries and public health observatories • overseeing and implementing an approach to surveillance of new and changing threats to health
Health and Social Care Information Centre	• the focal point for information across the health and care sector • collecting, holding securely, linking and making readily available the data it holds in safe, de-identified formats • publishing a register of the information that is collected by the HSCIC and that is held by other organisations • managing safeguards to protect confidential data • providing assurance of the quality of the data received • helping reduce the burden of data collection across the sector
National Information Governance Board	• lead on information governance issues until 2013
Care Quality Commission NICE & Monitor	• commissioning the Health and Social Care Information Centre to collect information and with specific supporting existing regulatory and other roles

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Royal Colleges and professional regulators	• providing professional leadership in use of information • Royal College of General Practitioners, working in partnership with other professional organisations and patient groups, to develop proposals to support the roll-out of access to patient records by 2015
Health Research Agency	• leadership for use of information to support research
MHRA	• a specific data linking service to support the research and life sciences community
Health Education England	• ensuring that the education, training and workforce development support is in place to deliver this vision
clinical commissioning groups	• driving local delivery of this strategy, with local information champions • commissioning specific support for those who need it to understand and use information as an integral part of care
local authorities	• setting more detailed implementation plans, including informatics planning, to achieve this vision across the NHS • commissioning specific support for those who need it to understand and use information as an integral part of care
health and social care provider organisations	• driving local delivery of this strategy, with local information champions
health and wellbeing boards	• understanding the health and wellbeing needs of local communities through the Joint Strategic Needs Assessment (JSNAs), agreeing shared priorities and setting the joint health and wellbeing strategy to address these as the foundation for NHS and Local Government commissioning • influencing how information, and support for people using services to understand and access information, can help reduce the burden on local services.

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local and national Health Watch	- advising health and wellbeing boards on information needs
Allied Health Professions Federation (AHPF)	- Provides collective leadership and representation on common issues that impact on its member professions.
National AHP Informatics Forum (NAHPIST)	- Provides specialist strategic advice, guidance and recommendations to the Allied Health Professions, the AHPF, and the NHS England Special Health Authority - Takes account of the informatics impact and needs of clinical practice, research, education and management in the delivery of efficient and effective services.

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	Key Issues	Key Actions	Suggested Lead
A	**Information about me and my care**		
A1	Differing Standards of clinical record keeping;	Agree Standards of record keeping; uni-professional and across professions. Link externally with Joint Working Group on Clinical Record Standards and interim body hosted by Royal College of Physicians	Allied Health Professions Federation (AHPF) and the AHP Professional bodies. National Allied Health Professions Informatics Taskforce (NAHPIST)
A2	Poor use of single User Identifier	Promote use of the NHS Number in both Health and Social care	AHPF NAHPIST Provider organisations
A3	Retrievable information inadequate within records	SNOMED CT subsets to be developed at national profession and / or specialty level.	Professional bodies.
A4	Poor clarity on who the 'record' belongs to.	AHP engagement with Dame Caldicott Review. Copying letters to patients	AHPF NAHPIST Provider organisations
A5	Limited understanding of Commissioner requirements with regard to records.	AHPF active engagement to be shared Clarify as part of local discussion	AHPF Provider organisations
A6	Requirement to ensure safe access to record content.	AHP engagement with Dame Caldicott Review Information Governance knowledge and training	AHPF NAHPIST AHP Clinical & Service Leaders
A7	Registrant knowledge of 'good practice' in data, documentation, record sharing etc.	Review Curriculum to ensure undergraduate training is preparing graduates adequately.	Higher Education providers. Professional Bodies

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Appendix 1: Implementation guide for the Allied Health Professionals

	Key Issues	Key Actions	Suggested Lead
A	**Information about me and my care**		
A8	Records not written for the patient / service user to understand content	Ensure registrants understand that the record is currently accessible and should in the future be written for the user to access and use.	AHPF and the AHP Professional bodies. (NAHPIST)
A9	Information systems disconnected and various.	Promote safe practice in transferring information between organisations; nhsmail	AHPF Provider organisations Higher Education providers AHP Clinical & Service Leaders
A10	Inconsistent use of abbreviations	Move to formalise around standardised terminology in alignment with A1 work stream above.	Professional bodies. NAHPIST
	Key Issues	**Key Actions**	**Suggested Lead**
B	**Connected information for integrated care**		
B1	Inconsistent use of NHS Number	Promote use in all care records and transactions.	AHP Clinical & Service Leaders Provider organisations
B2	Information systems developed without clinical involvement	Engage AHPs with design and development and development of SNOMED CT subsets.	AHP Clinical & Service Leaders Provider organisations Professional bodies
B3	Poor availability of information to service users	Promote use of public facing websites e.g. NHS Choices or equivalent	Provider organisations AHP Clinical & Service Leaders
B4	Means for routine service users feedback patchy	Promote use of benchmarked 'quality of care' sources e.g. patient opinion / NHS Choices	Provider organisations AHP Clinical & Service Leaders

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	Key Issues	Key Actions	Suggested Lead
B	**Connected information for integrated care**		
B5	Scope of Summary Care Record constrains usability.	Advocate widening of content to include social care and rehabilitative aspects of care	AHPF Professional bodies
B6	Disconnection across provider organisations information and care systems	Promote System and Record standards. Use safe systems e.g. nhsmail for transfer of information in the interim	AHPF Professional Bodies Provider organisations AHP Clinical & Service Leaders
B7	Uptake of already available technology patchy and poor	Promote uptake of currently available systems e.g. Choose and Book	Professional Bodies Provider organisations AHP Clinical & Service Leaders
B8	Limited skills in information system design and development amongst healthcare professionals.’	Develop engagement, integrated working, capacity and confidence to use and influence safe development.	Provider organisations AHP Clinical & Service Leaders Higher Education Providers
B9	Inefficient systems and processes.	Promote QIPP benefits of joining up data and systems	AHPF Provider organisations
B10	Multiple recording prevails in care record / transfer summary and data sets	Promote SNOMED CT retrievable data to underpin data sets to enable record once at point of care	AHPF Professional bodies AHP Clinical & Service Leaders

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	Key Issues	Key Actions	Suggested Lead
C	**Better access to better information**		
C1	Need to publish waiting times for services	Action through Choose and Book for GP referred services; through the Community Information Data Set (CIDS) for community contract.	AHP Clinical & Service Leaders Provider organisations
C2	Concern for data quality.	AHPs to take ownership and responsibility for the quality of the data produced by and about their services	AHP Clinical & Service Leaders Provider organisations
C3	Range of PROMS (Patient reported Outcome Measures) and PREMS (Patient Reported Experience Measures)	Aims to use those that are validated / recommended as part of DH project or by professional body	AHP Clinical & Service Leaders Provider organisations Professional Bodies
C4	Poor understanding of how to utilize / influence 111 pathways	Develop understanding and liaise with Professional bodies	NAHPIST AHP Clinical & Service Leaders
C5	Opportunity to develop technology e.g. Apps as part of telehealth and care	Learning, integration and coordinated aspects to optimize development and access to resources. Develop the market.	Professional bodies NAHPIST DH 3 million lives
C6	Limited information available about AHP Services	Own, verify and optimise that information which is already available e.g. through contracts, on user feedback websites	AHP Clinical & Service Leaders Provider organisations
C7	AHPs have a low level of awareness of the IPS / PDAs	Access to further information and education about the opportunities to provide information to their service users.	AHP Clinical & Service Leaders Higher Education Providers Provider organisations

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	Key Issues	**Key Actions**	**Suggested Lead**
C	**Better access to better information**		
C8	Variable uptake of Choose and Book as a means of advising GPs and patients of AHP services	List service offered for GP referral, utilise information about patient choice, wait times, demand and unmet need to inform commissioning decisions	AHP Provider organisations
C9	Constrained to 'old' technology and historic contracts	Promote move to use more telehealth and mobile solutions with enabling national tariff	AHPF AHP Clinical & Service Leaders Professional Bodies
C10	Practice variable across sectors and professions	Share good practice, developing technologies, across professional groups	AHP Informatics Network NAHPIST Professional Bodies
	Key Issues	**Key Actions**	**Suggested Lead**
D	**A quality - driven information system**		
D1	Limited understanding of Health and Care interface	Ensure understanding from Caldicott review are translated into practice	AHP Clinical & Service Leaders Professional Bodies NAHPIST
D2	Skills and competency in informatics variable	Influence inclusion in job descriptions, annual training plans, development programmes as part of expected CPD	AHP Clinical & Service Leaders Service Providers Health and Care Professions Council (HCPC)
D3	AHPs not engaged in design of IT processes or systems	Develop and shape opportunities for increasing engagement and influence including in support of the Chief Clinical Information Officers roles	AHP Clinical & Service Leaders Provider organisations Higher Education Providers Professional Bodies

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	Key Issues	Key Actions	Suggested Lead
D	**A quality - driven information system**		
D4	Use of feedback from Service users is in its infancy	To be developed and used as a learning tool ensuring systems fit for purpose and integrated	AHP Clinical & Service Leaders Provider organisations Health & Wellbeing Boards
D5	Real-time patient data base could enable audit and research	Influence moves towards patient opt out rather than opt in approach where possible to enable large scale knowledge.	AHPF Professional bodies
D6	Access to integrated hardware and mobile technology limited.	Promote inclusion of requirements into business cases for productivity efficiencies and delivery of the strategy	AHP Clinical & Service Leaders Provider organisations
D7	Summary Care Record (SCR) is key to developing a safe 'core'	Promote use of a core SCR with added data that can enable first point of contact and accelerated pathways	AHP Clinical & Service Leaders Professional bodies AHPF
D8	Education opportunities for clinical staff in informatics are limited	Interface with other organisations e.g. Health Informatics UK CHIP to create learning and development capacity.	Professional bodies Higher Education Providers
D9	Localisation may impede safe sharing of patient pathway level information	Ensure at a local level AHPs understand the need for standards at a clinical and system level and use published information e.g. Clinical Content Repository.	AHP Clinical & Service Leaders Professional bodies AHPF NAHPIST
D10	Awareness of governance around encryption and cross boundary sharing is patchy.	Familiarise with recommendations from Caldicott review. Update Information Governance learning and to practice situations	AHP Clinical & Service Leaders Provider organisations Higher Education providers Professional bodies

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Appendix 2: Contributors and attendees of the workshop 'Developing an AHP plan for the delivery of The Power of Information' (held July 2012).

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David Davis	National Clinical Lead for Allied Health Professionals
John Martin	College of Paramedics
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Bruce Howard Bayley	British Association of Drama therapists
Chris Austin	College of Occupational Therapists
Paul Younger	College of Paramedics
Stephenie Smith	College of Deans AHP representative
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Christopher Hunt	Society of Chiropodists and Podiatrists
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Hakan Atozek	Central London Community Healthcare NHS Trust
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