

An informatics manifesto for CCGs

Informatics is a means, not an end.

Information handling within the CCG aims to be:

- minimally intrusive
- maximally cost-effective
- maximally outcomes-driven
- maximally patient-focussed.

The CCG recognises that some requests for data are externally generated and therefore outside its control. However, as regards its own requests for data and data manipulation, the CCG undertakes the following.

DATA

The CCG

- **will help** practices produce quality data to assist them to care for their patients efficiently.
- **will help** patients (and carers) to access and understand all data that can be shared with them.
- **will not** ask practices to reveal confidential information about identifiable patients unless this falls within GMC guidelines.

DATA ACQUISITION

The CCG

- **will not** ask for any data without a clear potential benefit to future clinical practice (or alternatively because of statutory requirements).
- **will** squash any attempt to gather data which is either unnecessary, or unnecessarily detailed.
- **will require** providers to deliver information, in a timely manner, that tracks patient outcomes and quality, not just activity. (We intend this progressively to become a contractual obligation.)
- **will ensure** that requests to practices for data are accompanied by a clear statement of whether, and in what form(s), the data will be published or otherwise shared with others.

DATA ANALYSIS

The CCG

- **will attempt** to make every moment count which is spent on analysing data.
- **will not** give people or organisations huge quantities of unnecessary data to analyse purely to look good, or to meet targets for 'reflective practice'.
- **understands** that deriving useful information from raw data is much harder than commonly imagined and will therefore be circumspect in its requests for data.
- **understands** the limitations of using data for purposes beyond their original intention and **will take** all appropriate measures to ensure any resulting analysis reflects a fair portrayal of the situation.

- **will** look for honesty in the interpretation of data. It **will not** encourage ‘tick-box exercises’ over data analysis, nor ask for interpretations of data that disguise the fact that nothing practical can be done to improve future clinical outcomes. If improvement can’t be envisaged, users must say so, and will not be adversely marked down nor criticised as a result.

TARGETS AND STANDARDS

The CCG

- **will not** judge individuals or organisations using metrics over which these people or organisations have little or no control.
- **will not** introduce any metric to rank practices and/or clinicians without full exception coding.
- **will only** use metrics for ranking practices and/or clinicians where the metrics have been designed or are suitable for that purpose.
- Targets and comparisons **will always** be made on a truly like-for-like basis
- League tables **will only** be publicly published where like is truly being compared with like. Where there is a statutory requirement to publish data which does not meet this standard, an explanation of the significance of the data will be added for public information.
- The CCG **will not** ask for year on year improvement once a sensible upper target has been reached. High quality will be acknowledged and further improvement will not be demanded. Beyond this level it will be enough to have plans ‘to continue at the present high standard’.
- The CCG’s handling of informatics claims **will operate** on a high-trust basis.

PROCUREMENT

- When any computerised system is procured the CCG **will mandate** that it uses existing open standards and open interfaces to lower the cost of data extraction, transformation and loading.

TRAINING

The CCG

- **will seek to ensure** that those entering data have at least a basic understanding of the workings of the clinical system involved and the coding used to enter the data. This will apply to all contractors supplying data.
- **will take responsibility** for any necessary improvement in the quality of data in practices including facilitating the necessary training.

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with thanks to everyone who has contributed to this document.

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