Response from the Royal College of Physicians of Edinburgh (RCPE) to the Hewitt Review consultation.

Empowering local leaders

Question 1

Please share examples from the health and care system, where local leaders and organisations have created transformational change to improve people's lives. (250 word limit)

This can include the way services have been provided or how organisations work with residents and can be from a neighbourhood, place or system level.

Question 2

Do you have examples where policy frameworks, policies and support mechanisms have enabled local leaders and, in particular, ICSs to achieve their goals? (250 word limit)

This can include local, regional or national examples.

Question 3

Do you have examples where policy frameworks, policies, and support mechanisms that made it difficult for local leaders and, in particular, ICSs to achieve their goals? (250 word limit)

This can include local, regional or national examples.

Some Fellows expressed their long standing frustration that health and social care are frequently asked to measure and report on different things. As the nature of those having to do the reports is to amend systems to improve those reports it sometimes means that different things are valued by different parts of the system rather than working in a coordinated way. To benefit and not hinder developments like this in the future, collaborative and agreed measurements of their impact must be in place and different markers not set for health and social sectors. In addition it is imperative that time is allowed to assess these metrics rather than have constantly changing polices and frameworks with a lack of evidence base.

Question 4

What do you think would be needed for ICSs and the organisations and partnerships within them to increase innovation and go further and faster in pursuing their goals? (250 word limit)

As stated above, some coordinated goals or freedom from the individual goals for health and social care would produce a shared vision that may allow faster progress. It is also important to note that boundaries for health and social care do not always naturally align and we need to find some way that all the agencies are united in what is important for their particular patients or users. It must be

stressed that progressing faster is not necessarily an advantage as assessment and re-evaluation are important.

Question 5

What policy frameworks, regulations or support mechanisms do you think could best support the active involvement of partners in integrated care systems? (250 word limit)

Examples of partners include adult social care providers, children's social care services and voluntary, community and social enterprise (VCSE) organisations. This can include local, regional or national suggestions.

Again, as above, the coordinated measuring of and reporting of health and social care data would be a major step forward.

National targets and accountability

Question 6

What recommendations would you give national bodies setting national targets or priorities in identifying which issues to include and which to leave to local or system level decision-making? (250 word limit)

Fellows consider that the national measurements of what is required should be the minimum that is required for assurance. Systems should be encouraged to have self-determined measurements as those produced by the staff themselves are often those that are most valued and therefore supported locally. It must be remembered that throughout the UK the baseline is not the same and the resources an infrastructure are not equivalent hence national targets would not allow for equity unless this leads to levelling up.

Question 7

What mechanisms outside of national targets could be used to support performance improvement? (250 word limit)

Examples could include peer support, peer review, shared learning and the publication of data at a local level. Please provide any examples of existing successful or unsuccessful mechanisms.

The RCPE understands that different systems are in different places along the improvement trajectory and would very much support cross fertilisation of ideas in the way of peer support and peer review. Though each area will have its individual characteristics that may make a lift and shift style of transfer of ideas less easy there will be much to be gained from observing the practice in other areas. Such an organic way of working should be encouraged.

Data and transparency

We recognise that key to reaching greater local control and accountability is the transparent use of data, both at a local and national level.

Question 8

Do you have any examples, at a neighbourhood, place or system level, of innovative uses of data or digital services? (250 word limit)

Please refer to examples that improve outcomes for populations and the quality, safety, transparency or experience of services for people; or that increase the productivity and efficiency of services.

Population health data systems offer a new means of supporting the prevention of ill health, or the unnecessary deterioration of existing long-term conditions. The RCPE understands that The North Central London (NCL) ICS is a leading region for this methodology. To make this work, healthcare organisations, public health, social care and local government need help coordinating and sharing their patient data into the data platform. This multi-organisation/multi-sector collaborative has not been successful without ICS (and ICS-like) structures. Beyond the technicalities of data interoperability, an ICS coordinating is essential to deliver the scale of patient engagement required for fair processing of the data, to ensure data governance is robust, and to anchor project momentum in the face of waxing and waning organisational priorities. To really harness these benefit, greater analytics capacity is required – a problem that will require money and training to solve.

The NCL ICS, like many ICS, has set up a shared service provider for corporate services, reducing the unit costs of those services to participating organisations. In NCL, the shared service makes use of robotic process automation (RPA), drawing on national-level expertise at the Royal Free. RPA allows repeated digital tasks (such as undertaking pre-employment checks on digital application forms) to be automated. The automated completion of these relatively predictable and repetitive processes can also be harnessed for clinical processes.

The RCPE understands Dorset Intelligence and Insight Service is also a good example of data utilisation, allowing for data at practice level and above.

Question 9

How could the collection of data from ICSs, including ICBs and partner organisations, such as trusts, be streamlined and what collections and standards should be set nationally? (250 word limit)

The RCPE understands that the greater the number of data controllers involved in data management in a system, the more complicated the governance. It is also the case that, except in times of crisis like pandemics, a system priority (in the shape of the need for particular data capture or extraction) can too easily be discounted by organisations facing their own challenges and priorities.

An ICS, statutorily constituted and with pan-sector (ie primary/secondary/social care etc) and pan-organisational accountability should consider whether the data governance in their footprint can be rationalised. The aim would be to enable data processing decisions to be taken rapidly in response to system priorities.

Central ICS resource would also need to be found to assist organisations in capturing and processing relevant health data. Non-health bodies (such as social care) are often digitally least capable at present and are likely to benefit from these approaches to a greater extent than health bodies.

ICS data should primarily be extracted and applied for clinical benefit in the relevant ICS footprint. Thereafter, it might be shared with other ICS teams or bodies providing national oversight. This approach incentivises the organisations within an ICS to contribute to this work. It makes patient engagement more straightforward, as the local people are the intended primary beneficiaries of the data processing. In this context, the majority of collections will be locally determined, with a minority feeding into the NHS centre.

Question 10

What standards and support should be provided by national bodies to support effective data use and digital services? (250 word limit)

The RCPE understands that the principal bottleneck is the difficulty in recruiting and retaining trained individuals working in data analytics. Without such individuals, capturing and processing structured data in a coherent (do once, benefit from many times) way is slow and fraught. This training can be provided relatively quickly (unlike training a clinical professional) and adds value to clinical care, operational efficiency, and commissioning intelligence. It should be provided at scale by national bodies without passing on the cost to the ICS as an essential system cost of providing health services. Whether those trained are contracted best by the ICS or the organisations within the ICS should be a regional decision.

Inter-EPR system data interoperability has not been successful as yet and it seems there is no appetite for a statutory requirement to seamlessly interoperate. As such, organisations in an ICS should be encouraged to converge, with the effluxion of contracts, or for national bodies to commission interoperability solutions (software services) nationally funded for ICSs to use to interoperate where necessary.

System Oversight

Question 11

What do think are the most important things for NHS England, the CQC and DHSC to monitor, to allow them to identify performance or capability issues and variation within an ICS that require support? (250 word limit)

Question 12

What type of support, regulation and intervention do you think would be most appropriate for ICSs or other organisations that are experiencing performance or capability issues? (250 word limit)

Additional Evidence

Question 13

Is there any additional evidence you would like the review to consider? (250 word limit)

See the Hewitt review terms of reference as a guide to what additional evidence may be relevant.