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By email only

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A Digital Special Health Authority for Wales Consultation response by BMA Cymru Wales

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the consultation by the Welsh Government on establishing a digital special health authority for Wales.

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

BMA Cymru Wales committees and their executive teams have been heavily involved in the development of the digital healthcare agenda in Wales for a number of years. In particular, the Welsh GP Committee (GPC Wales) represents the views of GPs through membership of committees, boards and task & finish groups concern with digital issues such as clinical system procurement, information governance and record transfer.

RESPONSE

The response below focuses on certain specific questions within the consultation where we have a specific interest or perspective.

Question 1: *We would like to know your views on the proposed functions of the new Digital Special Health Authority*

We support the proposal to create Digital Health and Care Wales (DHCW) as a new standalone NHS Wales body. DHCW would largely subsume the functions of the NHS

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Wales Informatics Service (NWIS), but with a status as a special health authority that would give it a similar prominence and public accountability as Health Boards and NHS trusts.

However, we would caution that creating a new organisation would not entirely resolve the problems encountered by NWIS as reported by the Public Accounts Committeeⁱ and Auditor General for Walesⁱⁱ. These issues included weaknesses in governance arrangements and a lack of unified direction across a diversity of programmes. A rebrand alone will therefore not suffice, and we would hope that the governance reform arrangements proposed in the consultation are fully implemented to enable greater scrutiny and oversight to the body's day-to-day operations and long-term plans. Likewise, merely creating a new body cannot act as a proxy for legislative and contractual changes that can deliver a data driven NHS Wales. This will require much public engagement and consultation over and above the DSHA formation.

Question 2: *We would like to know your views on the proposed board structure for the new Digital Special Health Authority*

We would suggest that the board would benefit from having some representation from individuals with a clinical background. This would help to bring in the perspective and experience from someone who works or has worked within NHS Wales. Promoting clinical engagementⁱⁱⁱ within NHS Wales has been a long-term priority for BMA Cymru Wales, and having board-level representation could help to emphasise the importance of engagement with clinicians using the services which the new body is responsible for. Continued and consistent engagement with front line staff will be an essential component of the new body being a success and bringing about digital transformation.

Going further, due to the overarching remit of the new organisation across sectors, we think it would be appropriate to include a means to ensure clinical representation from primary care, secondary care, public health and from professionals working within community and social care.

Question 7: *We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:*

Primary Care systems

Section 3 (Information and Communications Technology) outlines that DHCW will assume many of the functions for system support and maintenance as currently performed by NWIS.

Our members tell us that the performance of NWIS has been excellent in delivering national GP systems, and providing support with minimal disruption and downtime. Recent acceleration of remote access in light of COVID-19 was paramount in helping GPs to keep services going, allowing doctors who were shielding or self-

isolating to contribute. This service, provided over a longstanding period, needs to be safeguarded and built upon within the new organisation.

We welcome the intention for the new body to work in an agile manner alongside stakeholders. This should include taking account of user-led improvements to IT functionality in primary care. As independent contractors, GPs have the flexibility to choose systems that they feel offer the best functionality for the practice – this was evident in many practices choosing to adopt third party platforms for flexible patient access during the first wave of COVID-19.

Additionally, with the proposed shift toward cloud-based data and applications (and likely reduction in directly managed local data centres), we would welcome assurance that existing services will not be affected, and all possible avenues explored to minimise disruption. This should include consideration of any migration being performed outside of core GP service hours.

Secondary care infrastructure

It is widely known that information technology systems in secondary care are highly variable and in need of upgrade. It should not be the case in 2020 that the majority of hospital patient records remain paper-based, requiring storage in areas often distant from wards and clinicians having to request review. Efficiency and patient experience suffers as a consequence, and data integrity could be compromised.

Where it is accessible within hospitals, the Welsh Clinical Portal functions well in allowing clinicians to view test results, radiology reports and patient histories collated from a number of sources including the Welsh GP record. However, as reported by the Auditor General, rollout of the WCP is incomplete and often not at ward/department level. Where it is available, staff often have to use a small number of desktop portals (often 'legacy' systems) to access information, given mobile or tablet access is not available.

DHCW therefore has a clear and urgent task to co-ordinate and accelerate the modernisation of the digital infrastructure in secondary care, to ensure it is fit for purpose. This should be achieved in collaboration with health boards, but DHCW needs to have the sufficient status and practical powers to ensure this becomes a priority across Wales.

Surveillance systems

With the continued transmission of Covid-19, an effective public health surveillance system has never been more important. Many of the systems underpinning the key functions relied upon to track the progress of the pandemic, including laboratory services and contact tracing data, lie outside of the traditional NHS Wales architecture, mostly for valid operational reasons. However, the given DHCW's anticipated responsibilities around all aspects of health data, we feel that the organisation must have a role overseeing integration of these functions to ensure data integrity and security is maintained.

Information management

Section 5 says that DHCW will have an overarching role to “*establish and operate digital systems for the collection, analysis and dissemination of information*” that will underpin the provision of Health and Care Services in Wales. This will include oversight of activity data in secondary care settings, which is already captured across health boards.

However, concerns have been raised by our members that the way which this data is captured in some areas does not provide an accurate reflection of the medical staff groups performing the work, with activity often being logged against the lead consultant for the clinic, theatre or service area. We feel that the new body has a responsibility to review and standardise this process, in order to provide more accurate and reliable activity and workforce data for NHS Wales.

Information Governance

Section 6 outlines the vision that DHCW will be a body with ‘*the autonomy and legal basis for processing Welsh resident information and data*’. This represents a fundamental shift from the current legal and regulatory position around data and indicates that the body would have an overall function as a potential joint data controller for all Welsh health information.

This shift is necessary if we are to plan services properly using data. As stated in *A Healthier Wales*^v (p24), the sharing of outcome information across the system is an essential part of “*ensuring that clinical care is provided prudently with a focus on what works and the avoidance of which does not*”.

It is widely recognised that primary care is by far the richest source of data due to the often-lifelong nature of the GP patient record, and the relative multiplicity of systems and records across secondary care. However, at present the common law duty of confidentiality placed upon GPs combined with GDPR obligations makes data sharing risky and cumbersome. Should there be a serious data breach, GP partners would be personally liable for any financial penalty recommended by the Information Commissioner’s Office.

Simply creating the new body will not over-ride these barriers without de-risking GPs completely. Safeguards over how patient data is used need to be front and centre for GPs and patients, and clarity over sanctions for incorrect or nefarious use also specified. Patients should be offered the active choice as to whether their identifiable, semi-identifiable data is used for wider purposes.

Bringing about these changes may need more extensive legislation far beyond that which will establish DCHW, but legislative reform could be necessary to ultimately realise some of the ambitions outlined in the consultation document.

Workforce Improvement

We welcome the vision outlined in section 10 for the new body to assist HEIW with digital workforce transformation, as outlined in the recent Health & Social Care Workforce Strategy^v.

Collaboration between DHCW and HEIW to achieve the goal for building a ‘digitally ready workforce’ by 2030 will be important. The rapid adoption of new ways of working following the advent of COVID-19 shows what can be achieved by the workforce at pace, and this initiative should be capitalised on. We feel that both bodies have a role to raise awareness of the importance of electronic communications across sectors, as well as increasing the workforce’s understanding of how patient data can be used appropriately and safely. This work should also focus on building capability and capacity amongst the workforce on how to interrogate and use data appropriately. As it is envisioned that outcome data will be increasingly important as a mechanism for planning treatment and services, it therefore follows that the proportion of staff able to analyse data and draw appropriate conclusions should be increased, as long as the appropriate data sharing safeguards are in place.

ⁱ National Assembly for Wales Public Accounts Committee (Nov 2018) *Informatics Systems in Wales* <https://senedd.wales/laid%20documents/cr-ld11822/cr-ld11822-e.pdf>

ⁱⁱ Auditor General for Wales (Jan 2018) *Informatics systems in NHS Wales* www.audit.wales/system/files/publications/NHS_-_Informatics-2018%20-%20English.pdf

ⁱⁱⁱ Engage to Perform Ltd (July 2016) *Medical Engagement Scale: Patterns of medical engagement in the Welsh Health Boards* www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Medical-Engagement-Scale.pdf

^{iv} Welsh Government (June 2018) *A Healthier Wales* <https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf>

^v Healthcare Education and Improvement Wales and Social Care Wales (October 2020) *A workforce strategy for health and social care* heiw.nhs.wales/files/workforce-strategy-for-health-and-social-care1/