

Time to care – reducing the impact of administrative burden on front line services

NHS Digital's advice to the Secretary of
DRAFT

Official - sensitive

This document will be used to inform stakeholder engagement and debate between August and October, and revised for submission to the Department of Health and the Secretary of State in December 2016.

Information and technology
for better health and care

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Introduction from the Chair of NHS Digital

To be written for the final submission

DRAFT

The purpose of this report

The Secretary of State for Health has requested NHS Digital to offer advice about ways that collective action can reduce the administrative burden experienced by health and care providers when they are asked to provide information to other organisations such as regulators, national or local commissioners. NHS Digital has a statutory role on behalf of the health and care system¹, and we have been asked to be bold in offering our advice.

When the Minister for Life Sciences wrote to national health and care organisations requesting their help with their Burden Reduction Plans, he stressed:

“Whilst the primary aim of previous plans has been to articulate potential for data burden reduction, I invite you to consider expanding the scope of future (*plans*), using these as an opportunity to set out other initiatives or policies which have been established to bring about a reduction in bureaucracy or which go some way in the battle of freeing up resources”.

This is an important shift in emphasis. There have been many rallying calls in the past to improve the way we manage “data collections”. They have all been well-intended and set out (often very similar) ambitions and plans for reducing burden, but none have had the impact that was sought. The main reason for this has been that the “burden” agenda has been tackled in isolation. National organisations have continued to justify their need for information and find new ways to obtain it, without taking account of the way the data is gathered, processed and submitted. This “disconnect” between the requestor and the provider of the information is no longer acceptable.

Through the work we do, we have a body of evidence from care providers about the frustrations they experience as a result of unnecessary administrative burden caused by requests for information. That evidence confirms that this is not just about data collections. It is about deploying technology that is designed to help clinicians and care professionals work effectively to improve the quality, safety and effectiveness of health and care services. It is about efficiency, recognising that care-giving takes precedence over chasing paper and data. The evidence confirms the need for the modernisation of routine working practices across the health and care system that still include collecting information on clipboards, inputting the same data into different systems, and replicating calculations in multiple standalone spreadsheets.

The big strategic challenges facing the health and care services are well known and are being addressed in a number of ways, reflecting the breadth and depth of the issues involved. But our ability to solve these challenges depends on our ability to do the simple things effectively – such as reducing the administrative burden on the front line. This is not a new problem, and some of the solutions are not new either. The solutions, and the advice offered here, must respect the principle that good quality information should be captured once, at the point of care, and then be made available for use many times.

The proposals set out here are for discussion with key partners and stakeholders during the Summer months. Our advice will be finalised and submitted to the Secretary of State in December 2016.

¹ Our role, reflected in the Health and Social Care Act 2012, is to:

- minimise the burden of our data collections on health and social care organisations.
- offer advice and guidance to other national organisations on minimising the burden of their data collections.
- advise the Secretary of State for Health on ways in which the burden of data collection might be minimised

Why we need to care about burden

The case for change is compelling, and it is underpinned by evidence. Clinicians and care professionals know that technology, deployed well, can enable them to spend more time with patients and reduce the burden of administrative tasks. The data they record to support the delivery of health and care services can enable a more detailed focus on outcomes and reduce unwarranted variation as well as contributing to research. And all this helps improve people's experience within the health and care system, as well as improve the nation's health and wellbeing.

Clinicians and care professionals describe "burden" in terms of:

- Writing information on notepads or pro formas which is then transcribed by others into care records or databases (with risk of transcription errors occurring in the process);
- Repeatedly asking people the same questions which would not be necessary if recorded properly the first time, or if information was made available between different systems and services – a lot of the information that clinicians need will already be available elsewhere;
- Having to go looking for essential information that isn't available when they need it - case notes, test results and other key information about somebody's care;
- Extracting information manually from a person's care record to pass it to a colleague who is also involved in caring for that person;
- Collecting data that is simply irrelevant to, and unconnected with, the care of the individual - counting activities or occurrences of things retrospectively to populate national or local monitoring returns.

All of these things matter because the time spent on these is time taken away from providing care services.

When asked about requests for information, they tell us that:

- The appetite and demand for information about health, public health and social care continues to grow nationally and locally. Requests for information are often made without any real understanding or appreciation of the benefit to patients or clinicians, or the resource implications in terms of time and cost;
- Requests for information are rarely so straightforward that they can be met by a simple extraction of data from a local system. There is invariably a need for some manual interaction to collect data (such as Infection Control nurses collecting information on clipboards on ward rounds) or to validate it before it is submitted, and then, where this doesn't take place, the quality of the information collected can be poor;
- The requests can sometimes have unintended consequences for example in terms of the impact on services;
- The purpose for which the data is requested, and the benefits that will be derived from the data, are often unclear or unconvincing. This may be because the original request and any associated guidance is unclear, or because of the way it is interpreted locally;
- There are many national collections that could be calculated automatically by using national data services such as Hospital Episode Statistics, but often people don't know what is possible with information already held
- They will get requests for the same or similar information from different organisations – regulators and commissioners, national as well as local commissioners;
- There are many *ad hoc* requests for information, sent by email, with spreadsheets or links to surveys to complete.

They also tell us that they do not always have the technology to do their jobs effectively, or the technology is not deployed in ways that are helpful to them. There are now many tools that people use in their daily lives, such as smart phones, iPads and tablets but often in health and care, we still see pro formas and notepads. We see standalone devices on wards or in outpatient clinics with no access to networks or Wi-Fi.

It is timely, therefore, that the National Information Board² has launched **Paperless 2020** – a portfolio of programmes which will be implemented locally to improve the way technology and information is used across the health and care system, to benefit clinicians, patients, carers and citizens through:

- Increasing digital/online consultations
- Greater use of digital transactions such as e-Referrals, appointment booking, ePrescribing
- Electronic records and messaging to support secure transfer of records and data
- Patients having access to their own records
- Mobile access to data and services for patients and clinicians
- Accelerating the progress towards extraction of data to reduce the need for manual collections
- Better access to information about services
- National standards to support electronic capture and transfer of information, for example to support discharges and transfers of care
- Greater use of decision support tools
- Wi-Fi available across the NHS estate

We cannot reduce this data-related burden on the front line without tackling all of these issues. It must involve a mix of effort across national and local organisations, to manage the requests for data better, and at local level, to ensure that technology is designed to improve clinical workflow and processes.

And at all times we must remember that the fundamental reason why clinicians record information about a person's health and care is to help them deliver better care for that person. If the information does not bring value to the care-giving process, then it does not justify the effort to record it and is therefore adding to the administrative burden.

² <https://www.gov.uk/government/organisations/national-information-board>

Ways of reducing burden on the front line – our advice

Reducing burden is important, not because it's some form of centrally driven initiative, but because it saves money for health and care services and means there is more resource available to deliver better services, more quickly. But, as we know, the system is complex and so a concerted joined-up approach can be difficult to sustain. Our advice in this report identifies some of the key strands of work which need doing, which must be underpinned by widespread commitment and support from leaders across the system to help deliver and sustain the changes which we make. In many ways, this alignment of effort is the most critical step we must take.

The advice is set out under two headings. Firstly, to bring about this alignment, we identify ways that the health and care system can work together more effectively. The second section focusses on the actions that NHS Digital can take, both in the context of our statutory role, and to help manage and sustain the system-wide alignment.

Ways in which the health and care system can work better

In 2013, a concordat was agreed between all the Department of Health's Arm's-Length Bodies (see Appendix 2). Its purpose was to introduce a single coherent set of arrangements for managing the national requests for data and information, through Burden Reduction Plans. Based on legislation, it sought to establish NHS Digital³ as the organisation that will manage and provide oversight of the arrangements, including the approvals process for new collections.

Whilst the Concordat has helped improve the engagement across the national organisations, it has not yet achieved its objective of minimising the impact of burden. Some organisations continue to manage their own arrangements for collecting data from providers and have their own separate management arrangements for these. As a result, the current arrangements aimed at minimising burden are themselves burdensome as they are dispersed across the health and care system.

However, the ambition expressed in the Concordat remains valid, and stakeholders are indicating that there is a need for much stronger leadership and accountability, with an overarching framework or strategy underpinned by robust measures, levers and drivers to actually make a difference and show measurable reduction in burden year on year.

Our advice to the Secretary of State is, therefore, founded on the belief that the Concordat should be implemented as originally intended.

Recommendation 1:

The 2013 **Concordat should be refreshed** and an action plan agreed to implement its commitments, in order to:

- ✓ Remove the duplication that exists across organisations
- ✓ Enable a more consistent approach to terminology, guidance and communications materials
- ✓ Bring about greater efficiency and consistency in methods of data capture, which in turn will support subsequent work on collection, submission, analysis and publication
- ✓ Allow smarter scheduling and coordination of data collection activity, standardised collection, submission, and publication of data
- ✓ Ensure Burden Reduction Plans from Arm's-Length Bodies are taken seriously and

³ At that time known as the Health and Social Care Information Centre

implemented

This will have the impact of reducing the mixed economy of data reporting systems and mechanisms by mandating NHS Digital as the single collector of core, regularly needed system-wide health and care data in England. It will require commitments from the Department of Health and its Arm's-Length Bodies regarding:

- The role of NHS Digital as the main collector, processor and publisher of data;
- The adherence to the single gateway for approving new collections, managed by NHS Digital
- A consistent, transparent way of measuring the impact of burden to be used when evaluating and approving new request for data collections;
- Agreement about thresholds for deciding on approvals or otherwise for new requests for data collections;
- A supporting information architecture managed by NHS Digital that comprises:
 - A definition of the different types of data collection that are covered by the Concordat;
 - An improved register that people can check quickly to find out whether the information they require, or an alternative, is already available, covering:
 - Data held by national organisations
 - Data collections (approved, rejected and discontinued) held by the national organisations
 - Agreed and approved data standards
 - A library of indicators and metrics, along with the methodologies they use.
- A leadership and challenge function, which the Department of Health is already working on, with particular reference to information for regulatory purposes⁴.

Recommendation 2:

Extend the cover of the Concordat to **include local requests for data** and use this to accelerate access to national, operational data to remove the need for local flows.

The advantages of this will be to:

- ✓ Ensure there is consistency of approach across national and local requests for data
- ✓ Support the progress towards use of real-time data where there is a business need and, where appropriate, a legal basis to do so
- ✓ Increase the value of the data that has been collected by facilitating its re-use
- ✓ Reduce the data that is being requested at a local level, as organisations would have timely access to data submitted nationally

There is agreement that the principles should apply consistently across national and local requests for data, but making this happen will require concerted effort across a number of Arm's-Length Bodies, and potentially also across other Government departments.

⁴ See the work of the cross-Government Cutting Red Tape reviews, and especially the review published in March 2016 regarding social care homes <https://www.gov.uk/government/publications/adult-social-care-cutting-red-tape-review>

Recommendation 3:

Require the **National Information Board's work** on data to include plans for increasing data capture at point of care, data extraction at source and system interoperability by mandating that systems, software and medical devices conform to core national data standards. This will deliver benefits for:

- ✓ Reducing administrative effort of transcription and re-entering of information solely for collection purposes
- ✓ Improving data collection design, based on the principles that data capture must be for the primary purpose of direct care, not just for secondary purposes, and that data should be captured once and made available in appropriate formats for wider use
- ✓ Freeing up clinicians and health and care staff with more time to care

This will bring about a greater understanding of the overall data requirements, improved guidance about collecting and submitting the data, and of the benefits expected of each data collection. It should ensure that data collection activity is designed around existing local data management processes and care pathways and helps improve the quality of data that is captured.

It will also be consistent with the early messages from Robert Wachter's work on digitisation⁵, which stresses that IT systems should not be implemented just for the sake of digitising practices and hospitals. The higher goal is to enable and empower clinicians to improve quality, safety, efficiency and the patients' experience. Involving clinicians in the design and implementation of technology solutions is key to achieving these objectives.

Recommendation 4:

Give care organisations a clear and strong **voice to say 'no'** to a request for data (collection, extract or survey) which has not been through NHS Digital's approvals and assurance process. This will:

- ✓ Strengthen the adoption of the single gateway for approving data collections
- ✓ Encourage the use of existing data where it is available
- ✓ Encourage those organisations requesting data from local organisations to conduct robust cost vs. benefits analysis business justification for data collections and to look at most efficient methods of collecting data
- ✓ Increase two-way engagement between data collectors and data providers
- ✓ Provide greater clarity to data providers around which collections are mandatory (i.e. certified)

This is another recommendation whose ambition will be supported, but has difficult implementation challenges to address. There are often reasons why national organisations need information to support their legal duties, and it would not be appropriate for the burden agenda to compromise this.

We must recognise at the same time, though, that it is not appropriate for organisations to bypass procedure by using Freedom of Information legislation to justify requests for data. It is therefore important that we define a "request" for data carefully.

Making better use of what we already have will help minimise these problems.

⁵ See <https://www.gov.uk/government/news/review-of-information-technology-in-nhs>

Recommendation 5:

Ask the National Information Board and its member organisations to **review the way indicators and metrics are currently published** in order to:

- ✓ Ensure that the value and relevance of all metrics is clearly articulated and well-understood in terms of benefits to clinical workflow and patient experience
- ✓ Ensure that there is a sound rationale for different types of information being published on different websites (e.g. where tailored for different audiences), so that clear guidance can be given to those seeking data
- ✓ Identify opportunities for efficiencies and reduction of duplicate effort, for example so that there is a single production effort to calculate the metrics and there is consistency of method and presentation
- ✓ Identify any gaps in information and metrics that are currently available
- ✓ Inform the information architecture requirements as described in Recommendation 1 above

It is often the demand for indicators and metrics that generates new requests for data. This recommendation helps ensure that the principles we are proposing for managing data collections are also applied consistently to the design and delivery of indicators and metrics. NHS Digital runs a service for assuring indicators and their methodologies, which can help here, but we must also ensure that the way we publish indicators supports the “collect once, use many times” principle.

What NHS Digital can do

NHS Digital has an important role to play on the reduction of burden on a number of levels:

- We must carry out our duties and deliver our services in ways which themselves do not add to the burden imposed on local care organisations, as described in the Concordat. We have already set out our plans for this in our own Burden Reduction Plan⁶, and, like all Arm's-Length Bodies, will keep this under regular review;
- We have statutory powers through the Health and Social Care Act 2012 to request and collect data from across the health and care system, which are intended to enable the system to manage the collection and processing of data more efficiently;
- We have statutory duties regarding the use of personal confidential data, and the processing of that data on behalf of the health and care system. This “safe haven” role is an important one and is recognised in the recent report of the National Data Guardian⁷
- Our work is key to enabling the health and care system to collect data once, at the point of care as part of the clinical workflow, and use many times. We provide reference services, to support this – for example, organisation codes, so that data can be aggregated and processed according to different levels of granularity. This is also relevant to the different outputs produced using that data. Many organisations are using the data to produce the same statistics and analyses, and anybody wanting to find data and analyses needs to navigate their way around numerous different websites publishing similar metrics and indicators.
- We have a statutory role to on behalf of the health and care system, to ensure there is system-level engagement to minimise the burden impact on local organisations. In particular, we manage the current process for approving and assuring requests for data (through our Burden Advice and Assessment Service, and through the Standardisation Committee for Care Information). It is in this capacity that the Secretary of State has sought our advice.

Recommendation 6:

Using the outputs from Recommendation 5 above, NHS Digital will draw up a plan for using existing **national data to calculate the indicators and metrics** that are used by other organisations and which themselves are generating additional data collections. This will:

- ✓ Enable the Arm's-Length Bodies to agree reasonable timescales for retiring those requests for data that are duplicating existing data flows which could be used to produce the analyses
- ✓ Enable NHS Digital to identify where it is helpful for there to be quicker turnaround of national data collections, to reduce the reliance on additional duplicate data flows

Many collections are initiated because it is perceived as difficult to get the information that is required through existing national data flows. Everybody recognises the frustrations caused by the non-availability of data, but the case for change on reducing burden means that we must now focus our attention on addressing these gaps, rather than bypassing current policies and procedures. A clear understanding of what is currently collected and held, which is widely understood and available will help avoid duplication. The planned work on *Paperless 2020* will create the opportunity to do this.

Recommendation 7:

⁶ <http://www.hscic.gov.uk/article/7138/Burden-Reduction-Plans>

⁷ <https://www.gov.uk/government/organisations/national-data-guardian>

NHS Digital should work with the business owners of each of the domains of **Paperless 2020** to identify those commitments in the Domain plans which will contribute to the reduction of burden on the front line. This will be used to:

- ✓ Ensure that there is a shared awareness about the way technology, when designed and used properly, can increase the value and utility of the data, lessen the impact of data capture and recording and contribute to the reduction of burden
- ✓ Agree a baseline for measuring impacts and benefits in terms of cost and time saved

It will be helpful to have a sound baseline to work with, across the policy and technology spectrum, to ensure that we can evidence the benefits that will accrue from this additional investment in technology. The **Paperless 2020** domains are already working with the policy leads to ensure that the domain plans are aimed at delivering the strategic requirements, for example as set out in the General Practice Forward View⁸, the Five Year Forward View for Mental Health⁹ and others.

Recommendation 8:

NHS Digital will extend its **burden advisory and assurance** activities to ensure it is effective at influencing the key partners involved in burden management. This should involve:

- ✓ Using the intelligence that we get from the care providers to agree plans to address the issues and problems that require attention
- ✓ Ensuring that NHS Digital's work is aligned with the wider strategic agenda, for example, through its contribution to the Carter productivity agenda, the UK Statistics Authority Review, the data and information requirements for the new care models that are being designed locally
- ✓ Improve the burden impact assessment tool so that it supports local use
- ✓ Keeping this issue on the agenda for CEOs and Boards, through regular round table meetings, an annual refresh of the Concordat, and the publication of an annual report that provides detail on the successes achieved and the issues still to be addressed. This should include details of those data collections which are most burdensome, or are duplicating work done elsewhere

This recommendation reflects our recognition that we need to work hard to raise the importance of the burden agenda. It is included here to ensure that there is a shared understanding of the importance of doing so, and it will require similar commitment from our stakeholders and partners.

Recommendation 9:

NHS Digital will work with colleagues under the auspices of the UK Statistics Authority to **improve the utility and value of the national health and care statistics**, so that:

- ✓ People and organisations can find the data they are looking for quickly
- ✓ Processes for applying for access to data are themselves light on the administrative burden

⁸ <https://www.england.nhs.uk/ourwork/gpfv/>

⁹ <https://www.england.nhs.uk/mentalhealth/taskforce/>

required

- ✓ The range of data that is available is better able to meet the needs of researchers, under appropriate data access and sharing arrangements, and so reduces the need for others to use Freedom of Information requests to obtain data from local organisations

Arguably, this recommendation could be included in the earlier category of system-wide proposals. It is included here as many of the tasks that the UKSA review of health and care statistics has identified are consistent with NHS Digital's core role and functions.

Recommendation 10:

NHS Digital should set out the development roadmap for the new **Data Services Platform** which is being developed to support the **Paperless 2020** Domain on better use of data for outcomes and research. This will ensure that:

- ✓ Organisations can see what will be available to them in terms of processing capability and so reduce the need for duplicate investment in tools and services by other organisations
- ✓ We are confident that the Data Services Platform is working on a full set of customer requirements that can deliver demonstrable benefits in terms of streamlining data collection and extraction processes

Of all the national activities, the one that could have greatest impact on burden reduction is the Data Services Platform. This is because it will be used extensively as the main platform for collecting or extracting, and for processing and linking data. It creates the opportunity for making progress on all of these key points of principle:

- Systems and processes are operated as efficiently as possible.
- Information is collected efficiently and in one place and used for many purposes;
- The 'burden' which is placed on clinicians, front line staff and their organisations is kept as low as possible and with a demonstrable reducing trend, to ensure they are given the maximum time to deliver care to patients and users;
- Organisations at both national and local level work effectively together to help maximise the time for clinicians and the workforce to care for patients and users;
- Duplication and overlap of data requirements and collections is reduced.
- Efficiency and consistency in methods of data collection, submission, analysis and publication.

In conclusion

To follow after the dialogue with stakeholders

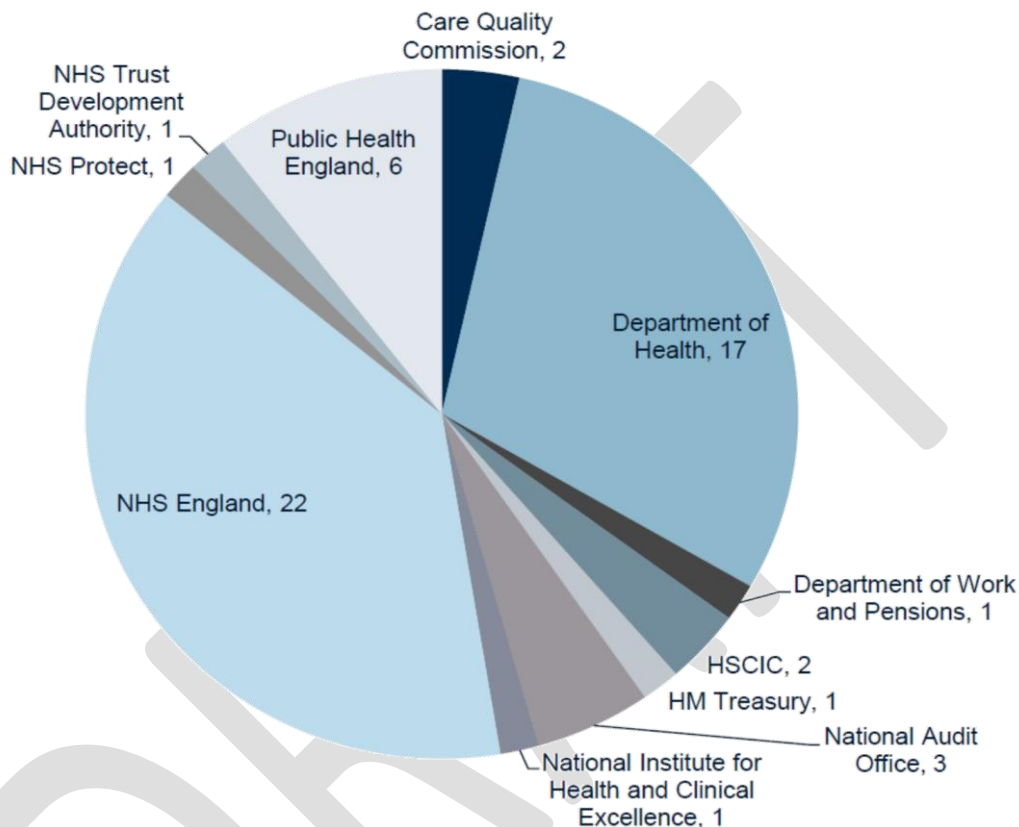
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Appendices

1 – Key factors which contribute to the burden on the delivery of care

No coherent management of the national data requests

During 2015/16, 11 different organisations approached the **Standardisation Committee for Care Information**¹⁰ (SCCI) about data collections.



Source: NHS Digital Detailed Burden Assessments

This does not include local requests for information. CCGs account for 47 per cent of the locally-generated requests, with local authorities requesting 21 per cent and independent or voluntary sector making up the remainder.

Lack of technology utilisation

Feedback from data providers and audits found that there is a large amount of transcription and re-keying of information into various local and national systems.

National data collection systems are rarely integrated or interoperable with local systems, and are not designed with local clinical pathways and data management processes in mind therefore leading to unnecessary re-entering of information.

In 2013 we published 'Busting Bureaucracy - collaborative audit findings and recommendations'¹¹. The report concluded that: "The use of technology and smarter processes together, i.e. when implemented as part of a business change programme, can reduce burden and bureaucracy".

¹⁰ <http://www.hscic.gov.uk/isce>

¹¹ http://www.hscic.gov.uk/media/13996/Busting-Bureaucracy-Report/pdf/HSCIC_Busting_Bureaucracy_0514_singles.pdf

However, the audit findings confirmed that in all organisations there are examples of technology being implemented without process change, resulting in similar or increased levels of burden and bureaucracy due to a mixed economy of digital and paper.

Duplication of information requirements

The sheer volume of data collections across the health and care sector indicates there is a real issue of duplication and overlap across the data health and care providers submit nationally and locally. We estimate that 29 per cent of data submitted is duplicated.

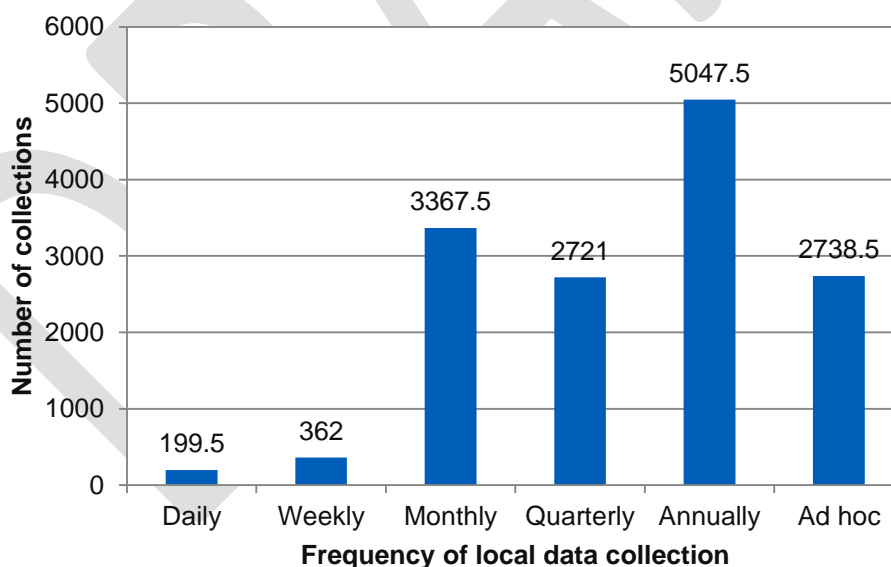
Health and care provider organisations tell us they are often required to submit the same or very similar data to multiple national organisations and Arm's Length Bodies, and now increasingly, to local organisations. This considerably increases the burden of preparing data for submission of duplicate collections which each require time dedicated to them.

Variance in systems and collection mechanisms

Intelligence gathered from local organisations who have to respond to requests for data suggests that the methods (manual and automated) of collecting and submitting data are often inefficient and time consuming with multiple systems and system access log-ins adding to the issues faced.

The communication around scheduling of collections is often poor. We are aware that organisations submit some information to one organisation each month and the same data to another organisation on a quarterly basis. People reported that they do not receive enough notice for new collections and the fact that there is no comprehensive schedule of collections makes it difficult for them to plan their workloads.

From the responses received from the local collections survey we conducted the evidence shows that providers find it burdensome to deal with the different frequency of data submissions, as show here:



Source: NHS Digital Local Collection Survey

Notes:

- Where respondents responded with a range (e.g. '2-4 collections'), the mid-point has been used for these calculations.
- The number of respondents who answered this question varied i.e. daily (94); weekly (114); monthly (201); quarterly (187); annual (184); *ad hoc* (152).
- A number of respondents did not answer this question or cited an unspecified number of collections (e.g. 'lots' or 'too many'); these responses are not included in the above chart.

Poor collection guidance and engagement between data collectors and data providers

Staff involved in responding to requests for data tell us that data collection supporting materials, guidance and communications are often unclear, ambiguous, confusing and out of date. As well as increasing the burden of data collection, this has a negative impact on data quality, because organisations may be interpreting the guidance in different ways, making it difficult to compare data from different organisations with any confidence.

This is the also the most common area for recommendations for improvements arising out of the reviews of data collections that NHS Digital conduct.

Limited and untimely access to data

There are widespread frustrations that nationally collected data is not published quickly enough to support real time decision making and service improvement. As a result, commissioners request data that they need directly from provider organisations, frequently in an ad-hoc and unplanned manner, thus duplicating national flows of data and increasing the burden on front line services.

Benefits of collections to health and care not always demonstrated

Another widespread frustration is that providers never receive any feedback on the data they submit, or see any evidence of the benefits to the health and care system of the collection. Sometimes they do not even know whether the data will be published.

The 'Busting Bureaucracy - collaborative audit findings and recommendations' report suggested that: "Staff involved in data collection, recording and entry consistently confirmed that the purpose and value of data collections is not always apparent. From 11 stroke units that responded, eight reported collecting information that they would not need to collect for the direct care of the patient."

This lack of awareness around the benefits and purpose of collections amongst data increases the perceived burden of data collection activity and also has a negative impact on data quality.

2 – The concordat for reducing the administrative burden arising from national requests for information

The primary purpose of the health and social care system is to improve outcomes for people who use its services. The new health and care system has been designed to give greater influence to citizens and service users.

Everyone involved in health, public health and social care needs access to accurate and timely information to carry out their duties. We also have a public duty to collaborate in the interests of good care and outcomes, and in the interests of efficiency and productivity. We must obtain that information efficiently, so that it is not at the expense of direct care to people who need the services. As far as possible, this will be done by ensuring the information is captured as part of the care-giving process, is recorded in standard ways, and is capable of being extracted automatically to remove the need for separate collection or reporting processes.

We will manage national requests for information using a single, transparent process to ensure that we:

- Only collect information from service providers where there is a clear business purpose which justifies the administrative burden required to provide the information;
- Work with the Health and Social Care Information Centre (HSCIC) as the national base for all information which is collected or extracted from local systems;
- Establish clear criteria which can be used to measure the administrative burden arising from each national request for information
- Through the HSCIC, publish details of all the national collections and extractions, and the criteria that are used to justify each decision;
- Where appropriate, ensure that all aggregated and non-personal information that we collect is made available for others to use, in the interests of transparency and avoiding duplication;
- Agree with the HSCIC an annual MOU which sets out each organisation's commitment to an agreed reduction in data collections that are undertaken outside the national process managed by the HSCIC;

Deliver significant year-on-year reductions in the cost and burden caused by requests for information to the front line by:

- Making better use of technology to introduce more efficient ways of acquiring the information, especially by moving away from manual collections to automated extractions of data directly from local systems, and using existing data held nationally;
- Ensuring that the collections and extractions are aligned with robust professional practice, such as NICE or other professional guidelines, and information standards;
- Reducing and retiring those national requests for information that are no longer needed or justifiable
- Keep these arrangements under regular review and contribute to the HSCIC's annual report detailing their progress in reducing burden, with clear reference to the targets agreed in the MOU.