Data Provision Notice

Community Services Data Set Pilot Collection (Community Pilot)

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Background

The Health and Social Care Act 2012 (**the 2012 Act**) gives NHS England statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care.

The data, as specified by NHS England in this published Data Provision Notice, is required to support a direction from the Secretary of State for Health and Social Care to NHS England. Therefore, organisations that are in scope of the Data Provision Notice are legally required, under section 259(5) of the 2012 Act, to provide the data in the form and manner specified below.

The requirement under section 259(1)(a) to provide data for the purposes of the Community Pilot was previously notified to providers as part of the Community Services Data Set v1.6 Data Provision Notice v1.2, issued in October 2023. It has been agreed that due to the expansion of the Community Pilot (widening of the scope of the Community Pilot to further providers and the making of the data available on the Federated Data Platform (**FDP**)), it is appropriate to issue a separate Data Provision Notice for the purposes of this collection.

Purpose

Moving more care out of hospital and into the community is one of the key improvements outlined in the NHS Long Term Plan and will help ensure we meet the changing health needs of the country over the coming decade. Community health services (**CHS**) are key to the NHS' mission to deliver high-quality, safe, and co-ordinated care, closer to home for patients, who are at the heart of everything we do.

Collecting data faster and having a view on activity during the pandemic was instrumental in our response to recovery. Taking learning from this, we are seeking to provide more timely data to the system and further improve access to data and insights. Streamlining data collection methods to improve the flow of consistent timely data will support local, system and national decision making across the whole patient pathway. The NHS faces a number of challenges with regards to managing patient flow and recovering elective and community waiting lists. Timely data to support these pressures is crucial.

As described in the NHS Community Health Services Data Plan, the health and care system cannot consistently draw reliable insights from CHS data at national, system, or local level, to optimise and improve services, patient care and outcomes across care pathways. This is because existing data flows are either not frequent or granular enough to support local planning and individual care co-ordination.

The primary goal is to implement an automated granular daily data collection, to support recovery and with this provide the NHS with a modern data architecture that enables timely, high-quality data to be used to support decision making.

The programme will address the reporting burden on providers by working with Integrated Care Boards (**ICBs**) to replace existing local data flows and rationalising the national aggregate data collections owned by NHS England.

As a secondary uses data set, the Community Services Data Set (**CSDS**) is a long-standing data collection. It re-uses clinical and operational data for purposes other than direct patient care. It defines the data items, definitions and associated value sets extracted or derived from local information systems and sent to NHS England for analysis purposes.

The purpose of this pilot is to develop and test the collection of a core subset of the CSDS[1], already collected under the CSDS collection, into a granular daily data collection (**Community Pilot**), which is intended to lead to improvements in the CSDS collection and to the transformation of community data collections more widely.

The Community Pilot data collection has been piloted with a small group of early adopters between October 2023 and July 2024. Following successful early adopter testing, the scope of this collection is expanding to a non-mandated pilot on a national scale. The intention is that this will become a mandatory collection, with an associated Information Standards Notice (**ISN**) following further testing as part of the national rollout.

NHS England has a statutory obligation to keep collections under review on an ongoing basis. As such, the Community Pilot is due to be reviewed at least annually during the pilot to ensure it:

- remains fit for purpose
- maintains alignment with clinical practice and coding
- responds to policy requirements
- matches the NHS Data Model and Dictionary
- is corrected where errors are highlighted by stakeholders.

A new Data Provision Notice may be issued following any amendments to the data set resulting from an annual review.

Benefits

The Community Pilot collection will:

- Be submitted on a daily basis, ensuring that more timely data is available at a national, system and local level
- Be submitted at a 'record' level, providing more analytical possibilities and expanding potential insights when compared to existing aggregate collections
- Allow submissions to be automated, modernising the data architecture and reducing the reporting burden on providers
- Establish a common pseudonymisation key with all other collections established by the Faster Data Flows programme, creating a view of the whole patient pathway across care settings
- Be deployed alongside a data quality dashboard in the Federated Data Platform (**FDP**) which will help data submitters and the Data Improvement Team in NHS

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[1] As defined within the DAPB1069: Community Services Data Set Information Standards Notice

England gain in-depth understanding of their data quality, driving improvements in the quality of community data

- Make use of data dictionary definitions of data items, driving standardisation of community data
- Allow key metrics to be calculated based on national definitions, improving consistency of reporting when compared to existing aggregate collections.

This will enable:

- Existing situation reports (SitReps), including the Community Discharge SitRep and the Community Health Services SitRep, and existing local flows to be stood down, reducing the reporting burden on providers
- Flexibility to develop new metrics in the future, reducing the likelihood that NHS England must establish new collections, in turn decreasing the reporting burden on providers
- Improve local, system, and national decision making and analytical capability across the whole patient pathway, including:
    - Identifying blockages in the system and management of patient flow
    - Identifying and responding to crises
    - Recovery of community waiting lists
    - Identifying opportunities for service improvement
    - Monitoring and audit of health care provision and outcomes to ensure effective pathways, use of resources and capacity
    - Establishing population health needs for strategic delivery planning
    - Analysing demographic and health profiles for pandemic emergency planning
    - Improved ability to comply to statutory duties.

This supports:

- The Data Saves Lives data strategy by:
    - Reducing data collection burden
    - Providing an automated data collection system
    - Following data minimisation principles by requesting core data items
    - Supporting the improvement of data quality.

Legal basis for collection, analysis, publication and dissemination

Collection and Analysis

NHS England has been directed by the Secretary of State for Health and Social Care, under section 254 of the 2012 Act, to establish and operate a system for the collection and analysis of the information specified for the Community Pilot. The Community Services Data Set Directions 2020 and accompanying requirements specification are published on the NHS England website.

The Community Services Data Set (Amendment) Directions 2024 were given to amend the Community Services Data Set Directions 2020 to require an additional requirements specification to be complied with in relation to the form and manner in which the Community Services Data Set Directions Information System is established and operated.

This information is required by NHS England under section 259(1)(a) of the 2012 Act.

In line with section 259(5) of the 2012 Act, all organisations in scope, in England, must comply with the requirement and provide information to NHS England in the form, manner and period specified in this Data Provision Notice.

This Data Provision Notice is issued in accordance with the procedure published as part of an NHS England duty under section 259(8).

Publication

NHS England will publish information which it obtains by virtue of these Directions, in accordance with section 260 of the 2012 Act, unless data falls within section 260(2) of the 2012 Act. It is expected that publications will be developed as part of this Pilot. This Data Provision Notice will be updated with details of publications as and when this is confirmed.

Dissemination

NHS England may provide information via the national instance of the FDP to approved users as described below, by virtue of its discretionary powers in accordance with section 261 of the Health and Social Care Act 2012.

Subject to established NHS England governance procedures and approvals detailed below, data providers will be able to view their own data on the national instance of the FDP, where appropriate access governance controls have been met.

They will be able to view their data in two formats:

Aggregate level - data may be viewed at provider level in aggregate form on the FDP to enable individual providers and commissioners to monitor performance and outcomes across their organisation(s) and review and improve the quality of submitted data.

Pseudonymised level - data submitters and their associated commissioners may, subject to an appropriate legal basis, have access to view pseudonymised personal data for their own patients and service users for the analysis purposes described above.

Data quality and validation reports for data submitters will support them to identify individual pseudonymised records with data quality issues which require resolution.

Data Access Request Service (DARS)

Organisations are able to apply to the NHS England Data Access Request Service (**DARS**) and, on approval, with the appropriate legal basis, have access to data obtained under the Direction. Any dissemination will be subject to the organisations applying to access the data having a lawful basis to process it, NHS England having a lawful basis to disclose it, successful applications being made to DARS, and the organisations entering into a data sharing agreement.

Persons consulted

Following receipt of a direction to establish a system to collect Community Pilot data, NHS England has, as required under section 258 of the 2012 Act, consulted with IG and business leads within NHS England (including those who were formerly within NHS Digital) and NHS Arden and GEM Commissiong Support Unit (**AGEM CSU**) who have provided advice and support in ensuring that processing is secure and safe and adheres to standards. Subject matter experts were consulted to support IG processes. The Advisory Group for Data (**AGD**) (formerly the Independent Group Advising on the Release of Data (**IGARD**)) was also consulted.

In order to provide advice, support and input for the programme, NHS England has consulted and engaged with the following stakeholder groups since the establishment of the Community Pilot programme:

- NHS providers
- NHS Chief Information Officer network
- NHS England Directors of Performance Network
- Chief Executives of NHS Trusts and Foundation Trusts
- Chief Information Officers of NHS Trusts and Foundation Trusts
- ICB members
- Regional Business Intelligence, Data & Digital Networks
- Data submitters
- Data consumers
- Data subjects – through a public engagement session. This will support the transparency notice, web content and FAQs.

For the Community Pilot the programme has:

- Consulted with relevant policy leads to provide input into the specification
- Consulted with providers through existing networks
- Assessed provider capabilities through individual interviews during the programme's discovery phase
- Assessed digital maturity through a survey to all providers
- Sought feedback from providers on the proposed community specification
- Conducted a period of testing with 'early adopters'.

For the overall programme, NHS England has led the consultation and engagement and has advised as follows:

- Stakeholders are supportive of the Community Pilot

- Stakeholders have advised that this will provide significant benefits across the system for both data sets and will significantly improve the timeliness of the provision of community data for commissioners
- The data collected will support all stakeholders by providing a number of benchmarking opportunities to improve efficacy of patient care
- The data will identify best practice to drive organisational and clinical improvement, as well as gaps in service provision and to accelerate recovery of elective waiting lists and waiting times
- The data will support better commissioning of services to support patients’ onward care, including the most appropriate care model/setting
- The data will reduce burden on providers by replacing manual submissions.

Scope of the collection

Under section 259(1)(a) of the 2012 Act, this Data Provision Notice is served in accordance with the procedure published as part of the NHS England duty under section 259(8) on the following persons:

- all publicly funded Community Services in England, which have agreed to participate.

Providers could be from:

- foundation or non-foundation trusts
- acute trusts
- mental health trusts
- community healthcare trusts
- care trusts
- social enterprises
- integrated care organisations
- any qualified providers
- independent sector providers (including third sector)
- local authorities.

Under section 259(5) of the 2012 Act, the organisation types specified above must comply with the Form, Manner and Period requirements below.

The scope of community services includes community care activity undertaken by providers in England, including any qualified organisations providing publicly funded care in non-NHS settings and overseas but not including patients receiving private treatment within an NHS Trust (i.e. within a Private Patient Unit (**PPU**)).

Form of the collection

NHS England is collecting patient level, identifiable data for the purposes of the Community Pilot.

Patient identifiable data items include:

- NHS number
- date of birth
- postcode of the patient's usual home address
- gender
- ethnic category
- preferred language
- relationship to main carers
- indicators for looked after children, safeguarding vulnerability factors, requirements for constant supervision and care due to disability, and risk of unexpected death
- outcome of Education, Health and Care Plan assessment
- end of life care discussions
- GP registration details.

In addition to this, information about:

- community inpatients
- community admissions
- community discharges
- community outpatients
- community care contacts (including associated activities, diagnoses, and assessments)
- community referrals (including referral service, referral assessments, referral to treatment information, and onward referrals)
- patient demographic details (including GP details).

This data set will also include aggregate data items to support the recreation of metrics.

The full data specification can be found on the Community Pilot website.

Manner of the collection

Patient identifiable data will be collected via an API to a secure, isolated instance of the NHS England FDP, operated by AGEM CSU on behalf of NHS England. Data submitters will prepare CSV files from their data source and submit the files to the secure API. This process can be automated.

Aggregate data will be collated on an Excel template and uploaded to NHS England’s submission platform (the Strategic Data Collection Service (**SDCS**)), until the point that it is embedded into the API daily flow.

Period of the collection

The Community Pilot is a daily data collection, commencing from July 2024. It is expected to continue for a period of 2 years, at which point it will transition to a mandatory national collection.

Aggregate data will continue to be collected, broken down by day and submitted to the Intermediate Care Discharge SitRep on a weekly basis.

It is expected that publications will be developed as part of this Pilot, however this is currently unconfirmed. This Data Provision Notice will be updated with details of publications as and when this is confirmed.

Data quality

Providers submitting via the Community Pilot must review the Technical User Guidance and Onboarding Guidance to understand the data quality rules that will be applied to each data group on arrival to the FDP. NHS England will liaise with providers regarding data quality, with a dashboard expected to be made available during the Community Pilot. This will support providers in taking further action for future submissions.

Burden of the collection

Steps taken by NHS England to minimise the burden of collection

NHS England has a statutory duty under section 253(2) of the 2012 Act to seek to minimise the burden it imposes on others. In seeking to meet these obligations in relation to this collection, NHS England has:

- Engaged with early adopter providers to gain their input on how best to reduce burden with the Community Pilot collection
- In line with the success of the Community Pilot, committed to reviewing aggregate national data flows (including SitReps), with a view to these being replaced by Faster Data Flows automated daily flows. This will avoid duplicate collections and provide a streamlined approach for future data collection
- The Data Improvement Team have regional managers supporting providers with their submissions.

In addition, in support of its obligation under 265(3) of the 2012 Act, NHS England has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This process is carried out by the Data Standards Assurance Service (**DSAS**) which assures burden assessment evidence as part of the overarching Data Alliance Partnership Board (**DAPB**) approval process. The DAPB, acting under authority of the Secretary of State, oversees the assurance, approval and publication of information standards and data collections for the health and social care system in England.

In this case no burden assessment is required, as this is a pilot collection. Only standards and collections are progressed through the DSAS process where there is a clear plan to repeat the exercise or make it permanent.