

ADAPt Consultation Questionnaire Response

In what capacity are you responding to this consultation?

I am responding on behalf of the Royal Pharmaceutical Society, the professional body for pharmacists in England, Scotland and Wales.

This response has been developed in consultation with members of the RPS National Boards, who are, and represent, practicing pharmacists across all sectors of pharmacy, many of whom are clinical/patient-facing

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Please provide any comments on the vision, aims and expected outcomes of the ADAPt Programme (Section 3)

The pharmacy profession is fully committed to evidence-based healthcare, patient safety and service improvement. Furthermore, in practice, pharmacists routinely find that two key areas can affect quality of care – a) incomplete patient records, due to “silo” storage by different health providers, and b) under-reporting of adverse events.

As promotion of health record completeness and improved adverse event monitoring are two key stated objectives of the ADAPt Programme, we therefore in principle fully support the vision, aims and expected outcomes of this programme. Also, given the increasing importance of clinical informatics and data driven care in the health service, the generation of combined datasets by this project may have significant benefits in supporting population health management (PHM) in NHS localities.

However, we note that the proposed dataset for this programme (Appendix 1 of the Consultation Document) only appears to cover surgical interventions and procedures, and there are no data items relating to prescribing history. This limits the usefulness of this current proposal in respect of medicines and pharmacy. If appropriate datasets on medicines were available, the amalgamation of NHS and private provider data would have the potential to deliver some important specific locality benchmarks for medicines optimisation, for example: a) antibiotics stewardship across a locality, or b) monitoring and comparison of high-cost drugs used by the same consultant/speciality in NHS and private practice.

Please provide any comments on the guiding principles of the ADAPt Programme (Section 3)

These guiding principles are comprehensive and correct. One possible additional guiding principle is that the data extracted should allow valid amalgamation and meaningful, like-for-like comparison between providers.

Please provide any comments on implications or concerns relating to the organisational aspects of this change proposal, such as policy or business processes.

While we fully support the programme’s aim of providing transparency in comparison of service quality between NHS and private providers from a principle of equity, we wonder whether the availability of such comparisons may be politically sensitive in some localities.

Please provide any comments on implications or concerns relating to the technical aspects of this change proposal, such as changes to systems, data flows or standards (section 5)

It may be that some DCB data standards will need to be amended to enable widespread amalgamation of data from NHS and private care. However if, as stated, the pilot prioritises private providers who already have technical capability and are willing to participate, any potential technical issues will be delayed until the roll-out phase, when benefits from the pilot have been reported and any concerns from stakeholders have been identified and can be taken into account.

Please provide any comments on implications or concerns relating to the financial costs or other burden aspects of this change proposal, such as costs for changes to systems or potential increase or reduction in burden (section 5).

Despite the reassurances in the proposal, there will inevitably be some financial burden for both the NHS and private providers, and private providers will need to justify any cost increases to their services arising from participating in this initiative.

Please provide any comments on implications or concerns relating to the data protection, privacy and confidentiality aspects of this change proposal, such as concerns over potential for unclear collection, processing or data sharing by NHS Digital (section 5)

The data protection, privacy and confidentiality arrangements for the ADAPt programme seem reasonable and acceptable. However, it is possible that some private healthcare providers, as data owners independently registered with the ICO, might wish to clarify the legal basis for sharing identifiable patient information outside of their organisation, unless sharing is required by statute.

Please provide any comments on the potential implications or barriers to future closer alignment of private healthcare data with systems and processes for NHS funded care (section 6)

The key barriers to closer alignment of NHS and private provider data are a) availability of appropriate datasets for data sharing and b) willingness of private providers to participate in this programme. The inclusion of other data items – including those related to medicines and prescribing history – would be a helpful addition to this programme.

Do you have any further comments?

As stated above, Inclusion of medicines and prescribing-related record information would be a significant and helpful development of the scope of this project.

If you are happy for us to contact you to clarify your comments, please tick here.

Yes.