# Outcomes

- **CareCity** & documentation
- **NHS Innovation** from Clinical
- For conditions such as Heart Failure
- **Whole NHS, ITT**, predict, anticipate or ‘Where is my Patient’ by providers
- **Barts Programme**
- DigitalHealth.London becoming the driving
- Impacts
- **UCL / CLARHC**
- **Child Health**
- **Clinithink**
- **CRUK Early Diagnosis**
- **Tower Hamlets**
- **NCL STP**
- **NEL** in the progress
- **Trusted Research** with broader **UCLP**
- **NLP**
- To health needs
- To expand the existing
- East London Genes & Health
- To
- NHS funding,
- Non-Farr Institute / HDR UK
- **Barking, Havering & Redbridge**
- **CareCity**
- **UCL / CLARHC**

## Projects

**A range of early projects identified to use linked dataset:**
- Clinical Effectiveness Group – Enhanced Analysis
- Atrial Fibrillation
- Child Health – Weight Management & HPV Immunisation
- East London Genes & Health
- NLP – Clinithink
- ‘Where is my Patient?’
- Tower Hamlets – Whole Systems Data Project (inc. Council / Social Care)
- CRUK Early Diagnosis – Actionable Moments

**A range of projects awaiting Board endorsement to use linked dataset:**
- Barts Health - Heart Failure
- NEL STP – Analytics Dashboard
- Non-GP Community Services

## Objectives

- To predict, anticipate or inform individual health needs
- To deliver insight, improve quality & reduce adverse outcomes across the whole care pathway
- To expand the existing population health programme in East London
- To enable real time reporting on programmes by providers and commissioners
- To support research, development and planning, on consented identifiable data, or a pseudonymised dataset

## Inputs

- **Host Programme Management Programme** resource to support the formalisation of the programme
- Provide system-wide relationship links with contributing parties from broader footprint:
  - Farr Institute / HDR UK
  - NCL STP
  - Barking, Havering & Redbridge
  - CareCity
  - UCL / CLARHC

## Processes

- **Facilitate technical delivery of data extracts to build linked dataset**
- Ensure robust and comprehensive information governance & data sharing processes & documentation
- Develop analytics & algorithms to support endorsed & approved project applications
- Comprehensively engage with and involve patients and the public in the progress of the programme
- Comprehensively engage with and involve stakeholders in the progress of the programme
- Formalise the legal structure & governance to be fit for the future (Community Interest Company)
- Ensure sustainability of the programme – NHS funding, academic research grants, collaboration with innovation & industry

## Outputs

- Technical delivery of data feeds from primary (183 practices), secondary (7 trusts), community (EMIS, RiO etc.) and mental health, enhanced with social care/schools data from local authorities (Q4 2017/18)
- Approved and robust information governance structures & processes (Q1 2018/19)
- Completed Data Sharing Agreements with all data controllers (Q4 2017/18)
- Engagement with & representation from all contributing parties/stakeholders within the programme
- Scoped plan for PPI and engagement events from September 2017
- Plan and process to progress to a Community Interest Company by February 2018
- Plan for bid development across 2018/19 – NHSE, ITT, AAR & Health Foundation etc.

## Outcomes

- Improved chronic disease management and care planning for conditions such as Diabetes, Renal, Cardiac conditions and End of Life
- Develop APIs to enable direct engagement with specific patient groups (as identified by practice, regional and national priorities) and provision of alerts/tracking to all practices by 18 months of operation – improve targeted primary care and support child safeguarding activities and supporting patient access to combined GP/hospital medical records
- Configure insights from Discovery programme to be automatically incorporated into the record to improve record viewing arrangements for professionals and increase the number of views for selected conditions (as identified by practice, local or national priorities) within six months of operation
- As a specific example, increase to 85% appropriate anticoagulation without exception in eligible AF CHADS2/VASC > 1 within nine months of operation
- Ensure seamless data/information feed to National Cancer Registry in conjunction with CRUK application and within 12 months of operation

## Impacts

- *Italics = planned next steps and/or target outcomes and impacts*

- **Support & put in place four ‘Engines of Improvement’:**
  - Support patients to be at the heart of improving individual care – becoming the driving ‘engine for improvement’
  - Create a ‘real time’ connected dataset to provide health insights to professionals and patients to improve individual care
  - Provide a connected anonymised dataset for data science research and applied research to use data science in real time health environments
  - Provide an integrated and whole system dataset which will populate cross-system tools for pathway development and support the design and implementation of new models of care, planning and commissioning