

Using the
power of data
at scale

Annual Report
to Citizens
2022/23

London Health Data Strategy

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Introduction

Welcome to the London Health Data Strategy Annual Report to Citizens

Our mission at the London Health Data Strategy Programme is to improve the health and wellbeing of Londoners, and solve health and care challenges, using data at scale. Working in partnership between the NHS, research community, and citizens, we have a shared ambition to make London the world's healthiest global city.

In the last year we have taken many positive steps including publishing the outcomes from the latest round of our public deliberations (more details at www.onelondon.online/get-involved/), receiving extra funding from NHS England to investigate how to use data for research and supporting our first pathfinder projects to see how using data better can improve care for people with asthma, high blood pressure, cancer and with childhood immunisations.

This is our first report highlighting the important work taking place in London on this. We appreciate it can feel very technical to those who are not involved directly with this and hope this annual report will go some way to explaining the different elements.

One key area is how we use information when people need care, for example in hospitals, care homes, GP surgeries and ambulances. That's why the London Care Record was introduced. It is a single and secure view of someone's health and care information and helps ensure frontline staff have the information they need about a person when they need it. It is used by over 55,000 health and care staff each month and our colleagues at OneLondon are working hard with partners to connect even more health and care settings across the Capital – details at www.onelondon.online.



Another area is how we can use anonymised data to help plan healthcare across a geographical area or a group of people with the same conditions. Using data in this way can speed up research outcomes and mean that Londoners receive innovative care sooner. This year we were one of four regions nationally to receive extra funding from NHS England to look into how we make this happen. When we talk about creating a Secure Data Environment (SDE) this is what we mean.

And we appreciate that there will always be concerns about how your individual data may be used. That's why we take public involvement so seriously. As well as the public consultations that were held in early 2022, we have three permanent



citizen representatives as part of the London Health Data Strategy programme, and this year have set up an Independent Information Access Group (IIAG) whose role it is to critique as requests for information – a third of this group are citizen representatives.

And an important part of our pathfinder projects was patient involvement to ensure their work could demonstrate it would benefit patients ultimately. These projects have also been key to showing the importance of clinical engagement with any proposed use of data and the need to build trust with the public in the healthcare professionals and the wider system.

While we are proud of what we have achieved this year, we are looking forward to building on this further in 2023/4. The extra funding for the Secure Data Environment will allow us to continue with more public involvement exercises looking specifically into the use of data around research, and we will be announcing and supporting our next round of projects demonstrating how using data can improve care.

Ultimately all this hard work will lead to improving care for Londoners when they need it, and quality of life for them in the long term. Thank you for your interest and support over the last 12 months.

From Programme Co-Chairs



Dr Ian Abbs
(also Chief Executive of Guy's and
St Thomas' NHS Foundation Trust)



Professor Sir Mark Walport
(also Chair of Imperial College
Health Partners)

Our work with the public

Why is our work on the London Health Data Strategy so vital? Because it can lead to improved healthcare outcomes from better clinical assessment, treatment and care, healthcare planning for individuals and for populations, clinical academic research and healthcare product research and development. Individually this will mean that Londoners of all ages feel better both physically and mentally and are engaged in work, education, volunteering and all the other ways they can contribute to society as a whole.

However while we are clear on the benefits, we have always understood the public's concerns around the use of data, which is why in London we have undertaken significant public engagement and involvement over the last two years on the use of data, the process for which is now considered best practice nationally. Details on the public deliberations can be found at www.onelondon.online/get-involved/ but it was clear that those citizens charged us not to limit ourselves to the capacity and capability of the NHS to identify and deliver these improvements but to actively work with other teams that can accelerate the benefits to Londoners.

One of the specific and useful recommendations from the deliberations was to have an independent group who would assess and recommend whether a request for data should be allowed. We are thrilled that one of our achievements this year has been in creating the Independent Information Access Group (IIAG) as a direct result of this recommendation. Not only does this group have citizen representatives on there, representing all five London Integrated Care Systems (ICSs), there is also clinical, legal and information governance expertise as well. Below you can read the view of one of the members.

And of course as well as the public deliberations and the IIAG, we have continued to see the benefit of our amazing three citizen representatives for the London Health Data Strategy who attend meetings and have helped provide a public focus to all the technical work and discussions over the last year. You can read their views, in their own words, below.

Our important work with the public will continue in 2023/24, not only through our citizen representatives and IIAG, but also through the new funding for public and patient involvement for the exciting [Secure Data Environment](#), which we discuss in more detail in the 'Our Work With Partners' section.

How the work of our citizen representatives focuses on trust and transparency, in their own words.

“The three London Healthcare Data Strategy (LHDS) Citizen Representatives are members of the public residing in different boroughs of London. We have a strong interest in how patient and public data is accessed, shared and stored as part of healthcare service planning, service delivery and quality improvement. Our aim is to ensure that the design, development and delivery of the London Healthcare Data Strategy is shaped and informed by views of London citizens, ensuring that a future federated data platform for London governs and safeguards citizens’ healthcare data in a transparent and responsible way.

Over the past 12 months, the Programme has begun to design the blueprint for a federated data platform for London. We have concentrated on ensuring the Programme embeds the learning from the public deliberation exercise and the pathfinder projects to develop a model that delivers the LHDS aim and objectives but has meaningful and demonstrable safeguards and policies regarding access to and sharing of public healthcare data.



Our work with the public

How the work of our citizen representatives focuses on trust and transparency, in their own words

We have therefore advised on the establishment of the Independent Information Access Group, reviewed best practice on PPIE from the pathfinder projects, advised on the development of the LHDS business case, held PPIE forums with pathfinder leads and participated in each LHDS Programme Stakeholder Board to inform the development of the programme.

We constantly remind LHDS members about the need to show and explain to the public why the Programme is important to quality improvement and patient care and how it will use public and patient healthcare data with service providers. We feel that the journey is an exciting one and the Programme has a lot of scope to design an innovative pan London federated data platform that other regions can learn from.

The securing of funding for further development of the Programme to realise its ambition will now accelerate the pace of delivery, however we are keen to ensure that the OneLondon principles and outputs from all the PPIE exercises are at the forefront of the Programme. We look forward to continue to work on the LHDS as engaged and committed Citizen Representatives.”



Sarah Kinsella



Samina Malik



Deborah Millington

The view on the Independent Information Access Group (IIAG) from one of its members Graham Head

The formation of the **Independent Information Access Group (IIAG)** was a key recommendation from the public deliberations on how we could continue to build trust in the use of data in London.

One of the members of the IIAG is Graham Head, who has lived near Peckham in south east London for over 20 years. He has held a number of roles including Director of IT in a south west London NHS hospital, Head of IT at the British Museum, private sector IT roles that supported the NHS and is currently the deputy chair of Healthwatch Southwark Advisory Board. He also has a personal interest in the use of data for health care and planning as the data from his fitness tracker recently helped diagnose a serious health condition.



“Five years ago I noticed that the resting heartrate on my fitbit had been gradually going up, over some months. I saw my GP, who sent me for a blood test and the next day, when the results came back, she called to tell me I should go to A&E. Within 24 hours I was diagnosed with a tumour, that turned out to be colon cancer and in a matter of weeks I had been operated on. So I do understand from personal experience the benefit that obscure or harder to reach data can have in helping people. But I think people need to be consulted about it, to be comfortable with its use, as that’s the best way to encourage public trust.

So my starting place is understanding there are benefits in making the right data available but we have to make sure we’ve engaged with the public and are transparent with them about how it is used.

I already sit as a citizen representative on the south east London ICS data usage committee which assesses access requests. I think we’re doing a reasonably good job, looking at the methodology, not just the data requested and the reason it is wanted. It needs to feel reasonable, by which I mean that most people would find it reasonable that the data would be used in that way.

The IIAG is building on that work at a London-wide level by beginning to think about how we can get useful outcomes – again, with strict barriers on who can use the data and how. There’s lot of different expertise on the group – clinical, technical, security, and legal, as well as the citizen representatives. Ultimately, we want people to trust the NHS and how the data it holds is used.

It’s important that the IIAG covers all of London because in reality people cross borough boundaries every day. And an area’s needs may have more in common with those in nearby authorities than the borough where it sits. So it doesn’t make sense to only focus within smaller

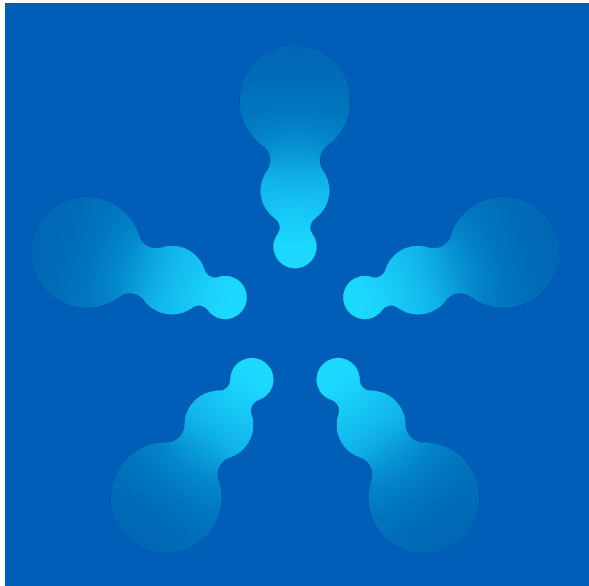
Our work with the public

The view on the Independent Information Access Group (IIAG) from one of its members Graham Head

geographical boundaries. A good example is air pollution which tends to be connected with the major roads across the capital. Those roads don't stick to council or health organisation boundaries, and being able to see the complete set of data for the full road would be helpful for research and planning, and for identifying those most in need of support.

There's a lot of data and we have to be really careful that it is used for the right reasons. I know people are anxious about how their data is used, and we need to listen to them, and understand their concerns.

We also need to be mindful that everyone who hears about this work will come with different experiences, background and knowledge, and we need to be thoughtful and considerate of that. Some are shocked data isn't being more widely used already, perhaps because they are comfortable with technology and the use of data in their own lives, maybe through banking apps. Others are not as comfortable and we need to show thought and care when explaining how the data could be used.

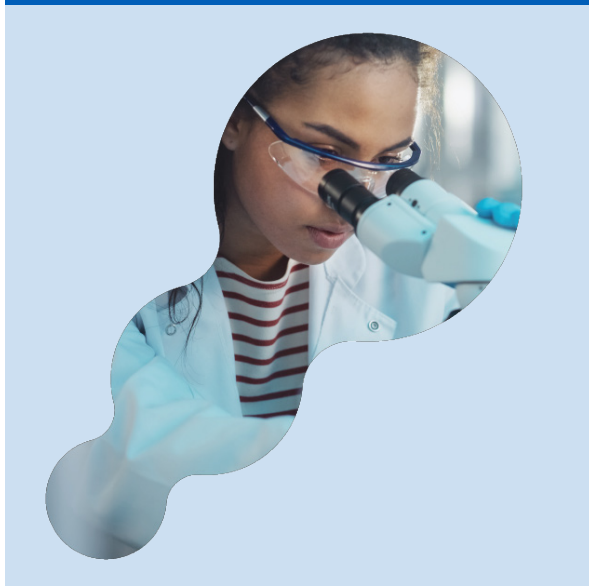


That's why I think we need to do more work to give assurances to people as part of an ongoing conversation. People need explanations about what type of data would be used, so they know it's not going to identify them personally, that it won't reduce the care they receive, and that it's certainly not going to end up on the Internet somewhere.

Understandably there are extra sensitivities around data involving sexual health, mental health, and individual vulnerabilities – and we must fully respect those concerns. Typically, people are less worried about sharing data relating to, say, a previously broken leg. When I've spoken to people, generally their concerns around their data have been:

- ▶ Is it being kept safe?
- ▶ Is the private sector going to use it?

I'm confident that we do have the right technologies and processes in place to keep the information safe, but I think the question of the private sector is an interesting one. Often people don't equate their local GP or pharmacy or dentist to the private sector in this context, although they are in fact private businesses. I think this is because they are physically present, and have a real front door, perhaps on the high street, and they've often been a part of a community for years. People will refer to 'their' GP or



Our work with the public

The view on the Independent Information Access Group (IIAG) from one of its members Graham Head

pharmacist, and they are very much seen as part of the health and care ecosystem. Big healthcare companies don't have that identity – they are further removed from the community, and perceived to be more motivated by profit. I do think there is more work to be done in this area. Some of the benefits to the public will come from larger scale research, which academics in universities, and some of the larger companies, are often better placed to provide. But we must ensure that it is done responsibly, and that the data is only used for the purpose intended.

In our first year at the IIAG I hope we can help build the confidence of Londoners in the use of data by being able to approve some good exemplar projects that will demonstrate clear benefits. It would be great if one request had even moved into production e.g. the outcomes of it were being used regularly for patients. It's a big ask but not impossible.”



Our work with partners



At the heart of the London Health Data Strategy is that it is a multi-partner programme with the focused aim of improving health outcomes for Londoners as we collectively try to make London the world's healthiest city. Although our focus is on the improved use of data, it is not just about using data at scale (e.g. across more than one of London's health and care systems), it is about making sure the best tools are used in frontline care and decision making so that Londoners truly benefit.

And the reality of this is that it is not something that one organization will be able to do – we have to work jointly with others to be able to achieve this, which was recognized through our public deliberations. The citizens who took part in those sessions made it clear to us that we should not limit ourselves to the capacity and capability of the NHS to identify and deliver these improvements but to actively work with other teams, such as universities and researchers, that can accelerate the benefits to Londoners.

A key part of our work over the last 12 months has been our pathfinder projects. This was the name for those who took on the challenge of being the first teams to look at what could be achieved if data was combined across more than one health system in London. Over the next few pages you will find details of these exciting projects which focused on asthma, high blood pressure, cancer and childhood immunisations.

Pathfinder summary: Asthma

Why asthma?

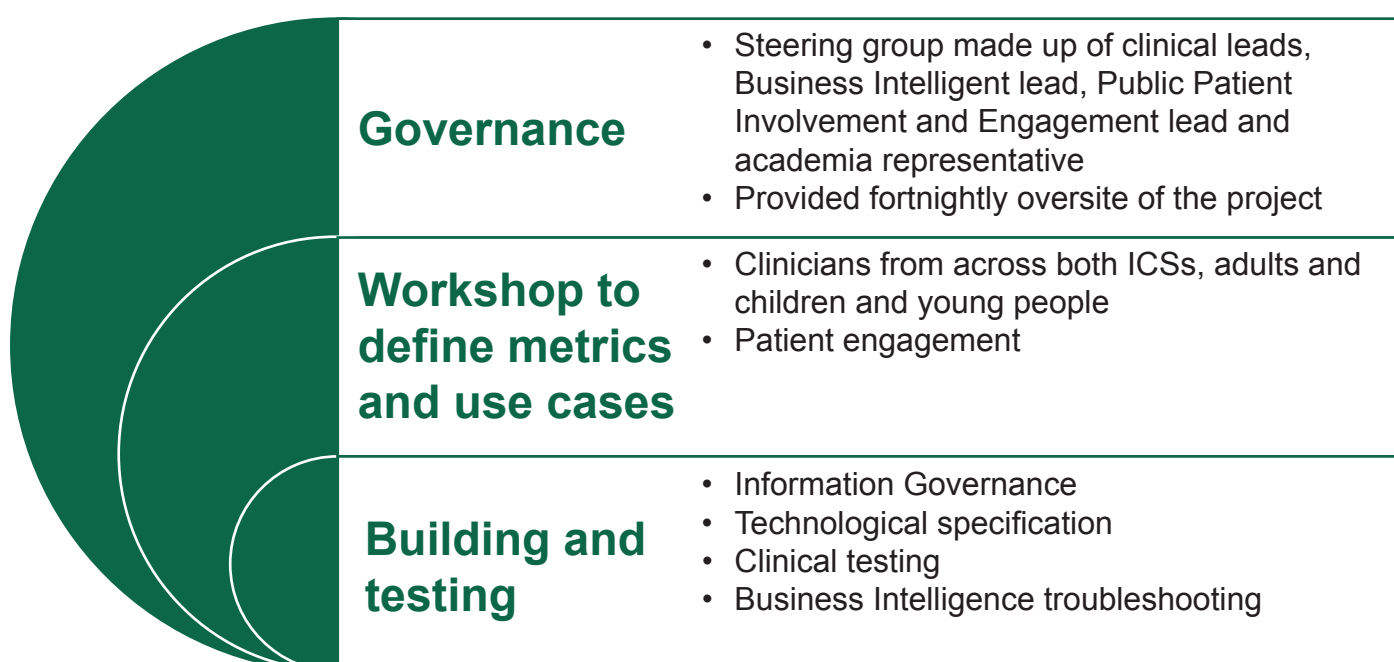
In London it is estimated 600,000 people suffer from asthma, including 240,000 children¹. Two-thirds of people with asthma say air pollution leaves them fighting for breath and two-thirds of asthma deaths could be prevented with better routine care¹.

A project team of NHS colleagues from North West London (NWL) and South East London (SEL) Integrated Care Systems (ICSs) collaborated to use clinical, population and socio-economic data to create a population health management decision support tool to identify high-risk asthma patients. The tool enables clinicians to make evidence-based decisions, supporting them to improve patient outcomes and care. The tool can also be used for research purposes in key areas. The tool was designed to support:

- ▶ Accurate diagnosis;
- ▶ Improved prescribing;
- ▶ Reduction in unwarranted variation in care causing health inequity; and
- ▶ The addressing of the impacts of poor air quality on asthma.

How did they tackle it?

The project team was a multidisciplinary team of project managers, asthma clinicians, pharmacists, data analysts, patient engagement lead and academics from both adults and children and young people.



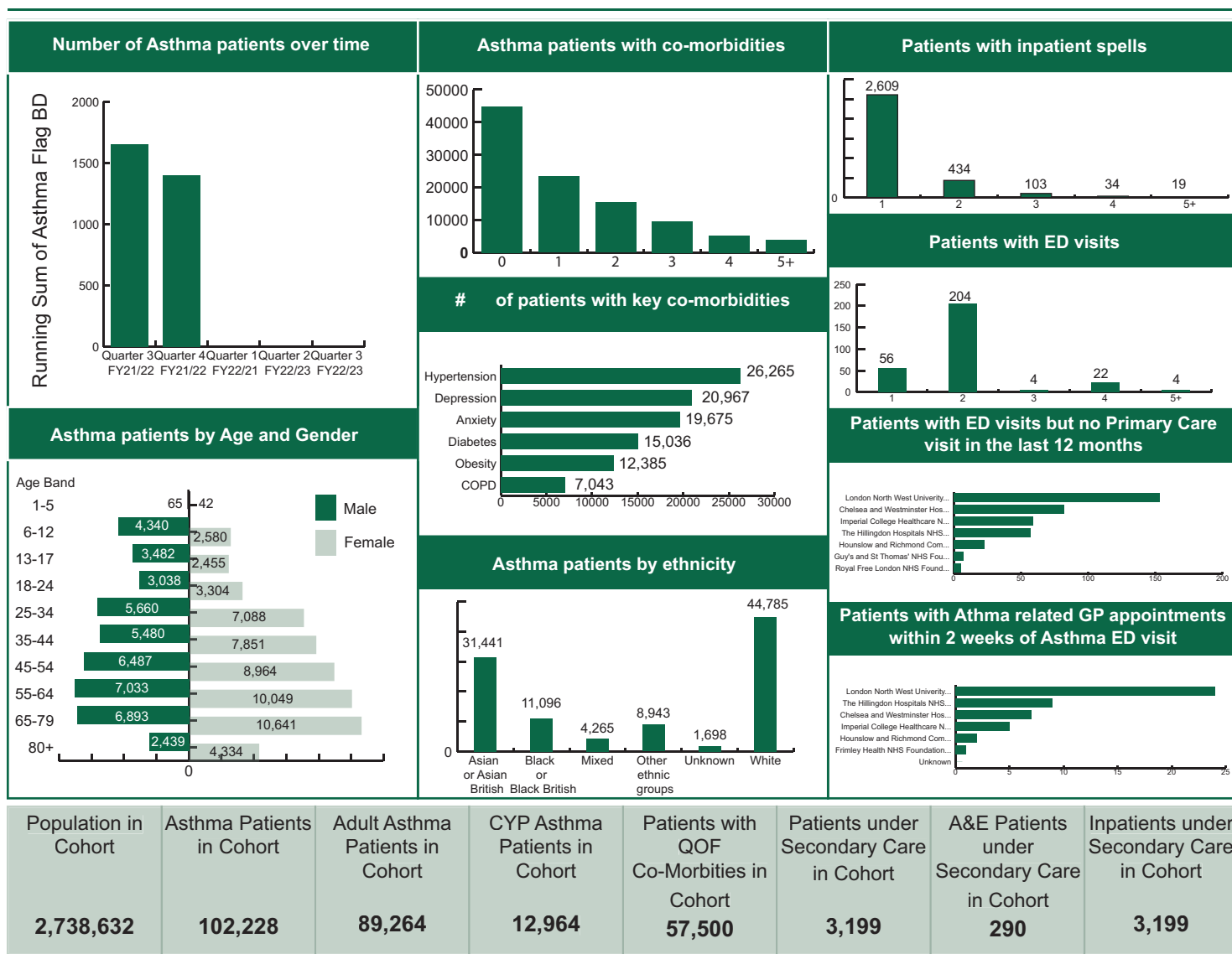
The resulting decision support tool included four quadrants of metrics:

- **Clinical** such as medicines prescribed or number of days in A&E.
- **Population** including number of asthma patients by borough.
- **Wider determinants of health** such as demographics, ethnicity, social deprivation; and
- **Financial** such as cost of medicines and GP appointments or A&E admissions.

These metrics, when reviewed together give a clear picture of asthma care within a locality e.g. at borough, Primary Care Network (PCN) or practice level, which can be used by clinical teams to make decisions alongside their patients, that will improve their care and reduce adverse events at a local level.

General Population of Asthmatic Patients in NWL

Analysis of the population of asthmatic patients



Our work with partners

Pathfinder summary: Asthma

To ensure maximum impact of the helpful tool, the team used a population health and clinical effectiveness approach to support clinicians to make use of it. The team also engaged with 25 Londoners affected by asthma to collect patient feedback via two online focus groups, on what data they thought should be collected, and what they thought the tool should be used for.

This tool is now live, populated with routinely updated data from across north west and south east London, and available to clinicians in over 80 PCNs.

What did they find?

The project proves the importance of using wider population data to complement clinical data when trying to solve health issues in the general population, and the added benefit that having this information can have on our ability to tackle health inequalities.

There were also benefits gained from the collaborative working between the Business Intelligence teams across the NWL and SEL ICSs, which will support future partnership working to deliver the London Health Data Strategy.

The tool was positively received at presentations to primary care colleagues and academics as well as members of the policy team at the Mayor of London's office, who were particularly interested in the connection between asthma and clean air that the tool can support to better understand. A full evaluation of the project is due at the end of March 2023. There is an ambition to expand this tool across the whole Capital, so more Londoners can benefit.

Further information

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Explore



[View the LADS resource online](#)

Pathfinder summary: Cancer

Why cancer?

One in two people born since 1960 will be diagnosed with cancer at some point in their lifetime. In 2022, more than 433k suspected cancer referrals were made to London hospitals; a 10.5% increase from pre-pandemic levels.

Urgent Suspected Cancer GP referrals (also known as the 'two week wait') provide better coordinated care for patients, and are associated with better survival than being diagnosed in hospitals' accident and emergency departments.

Once the GP has referred the patient, the longest time period is between the first appointment to be seen and the patient agreeing to a treatment plan (commonly known as the 'diagnostic middle'). Clinicians and managers have limited visualisation of bottlenecks, especially for patients whose care may need to take place at multiple hospitals.

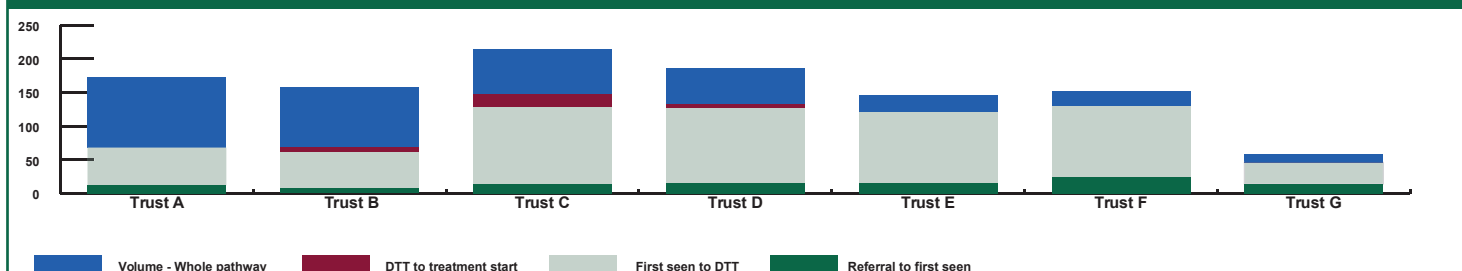
To address this, a team of colleagues from North Central London and North East London Cancer Alliances wanted to create a common data model for cancer in order to understand the causes of delays for patients and in particular those who need to attend different hospitals for different aspects of their diagnosis and treatment. Specifically, they focused on sarcoma, prostate and head and neck cancers since most patients being referred with the possibility of one of those cancers will attend more than one hospital.

How did they tackle it?

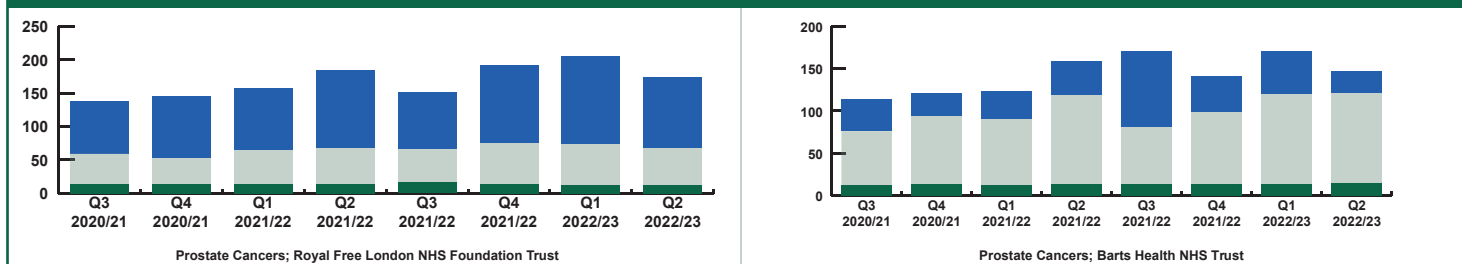
Phase of Pathway Dashboard

In Development

Length for each phase at the 85th percentile against volume by selected CA Providers in 2022/23 Q2



Length for each phase over last 8 FY quarters at the 85th percentile against volume

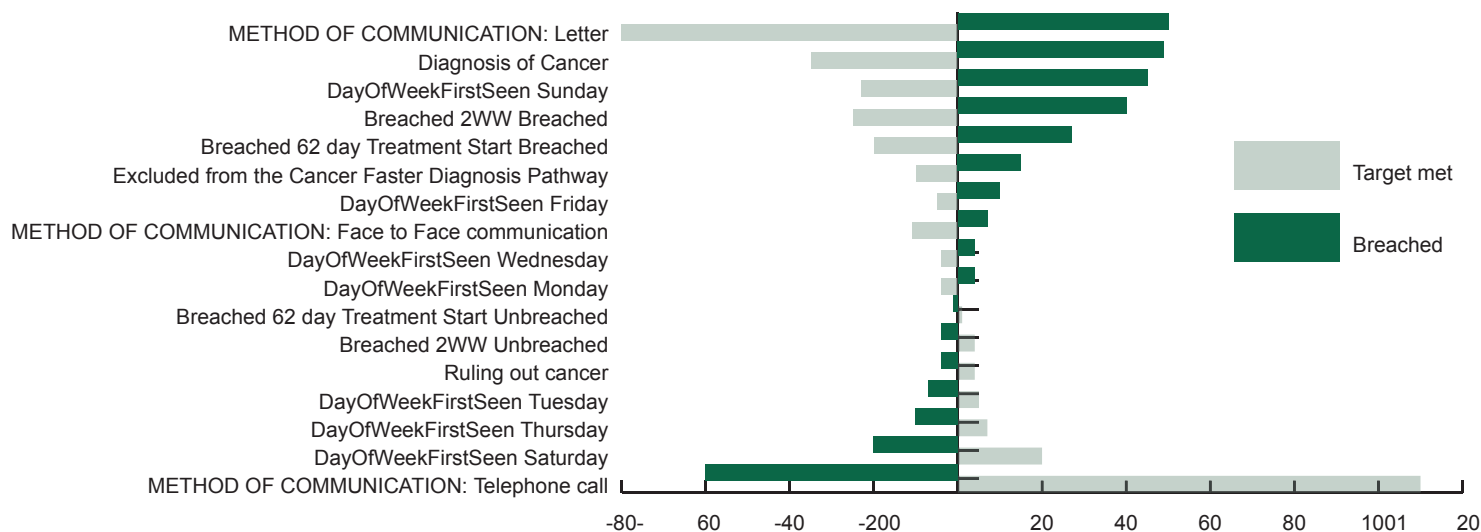


They used sub-groups focused on clinical, data management and genomic expertise to come up with a common data model which they then tested to develop a dashboard which could visually show the 'diagnostic middle.'

What did they find?

The first stage of the analysis has identified that a number of factors impacted on how long the 'diagnostic middle' would be for a patient with suspected cancer including:

- ▶ Communicating via letter (rather than face to face or via a phone call);
- ▶ The day of the week you were first seen (as it may not be aligned to other clinics the patient may need like appointments for biopsies);
- ▶ Whether people had to move between hospitals for treatment.



Some limitations were identified including the consistency of data between NHS organisations, plus it was clear from the findings that there are improvements which could be made to reduce time to treatment for cancer patients. For example this could be by reducing the amount of communication via letter and aligning the day of the week first seen with biopsy and clinical team discussion meetings and reducing the amount of hospitals patients need to visit.

They are now focusing on how they can turn the results into actions to reduce the time of the diagnostic middle and make the time to treatment quicker for cancer patients.

Our work with partners

Pathfinder summary: Cancer

Further information



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Pathfinder summary: High Blood Pressure

Why high blood pressure?

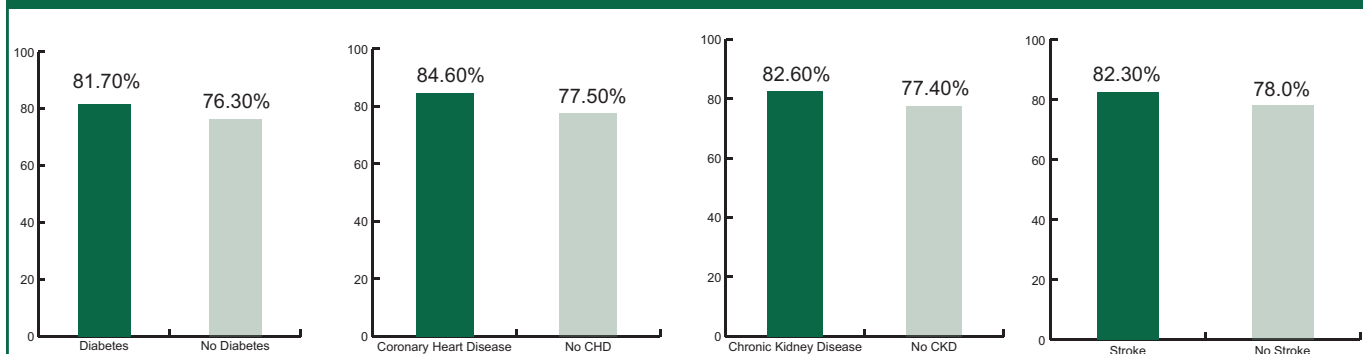
High blood pressure (also known as hypertension) is the leading cause of heart disease, stroke, kidney disease, dementia and early death globally, with wide inequalities in outcomes and care.

This team of colleagues from across south east London, north west London and north east London wanted to work together to use data and patient insights, coupled with a clinical effectiveness approach, to create a single source of truth so teams in GP surgeries could find people with high blood pressure, treat them and reduce the risk of stroke, heart attacks, kidney failure and severe Covid-19.

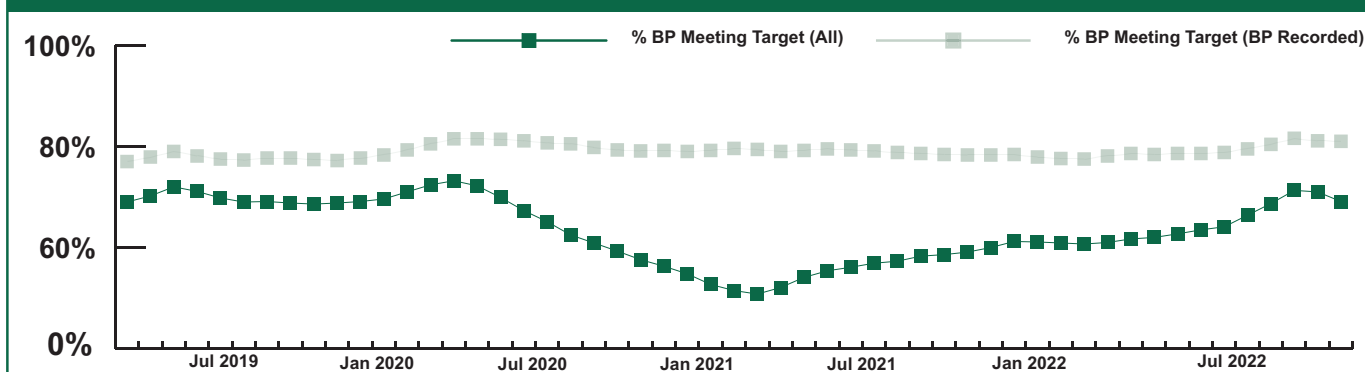
They hoped by doing this they could also help develop the health data infrastructure in London and build public trust through using Patient and Public Involvement and Engagement (PPIE) principles to be open and transparent about how they wanted to use the data and why.

Registered Patients	On Hypertension Register (HR)	Registered Population on HR	On HR BP Measured (12 months)	On HR with BP Measured (12 months)	BP Meeting Target (HR)	BP Meeting Target (BP Measured)
2,606,659	248,094	9.5%	193,031	77.8%	60.9%	78.3

% BP Meeting Target (where BP measured) - for latest selected month



% of those with BP Measured in Target



How did they tackle it?

They created a check list to act as a framework that included PPIE and information governance which could then be used to create a Health and Care Dashboard.

They also used a clinical effectiveness approach to help support colleagues in GP surgeries to use the dashboard. Clinical effectiveness helps teams build confidence using data to gain information and knowledge before moving on to action. The approach was already being used well in north east and south east London and so as part of this project the team supported the development of a clinical effectiveness model in north west London.

What did they find?

PPIE was a key focus for the team, with an insight study that included a survey and focus groups, targeting seldom heard groups at risk of hypertension. They found that a significant barrier to engagement with primary care services (such as GPs and pharmacists) related to trust with healthcare professionals and the wider care system. Further themes related to patient capability e.g. identifying and self-managing high blood pressure and opportunity e.g. the perceived accessibility of services.

There was a clear desire to see data used to take action and an acknowledgement that developing trust is a key part of this:

“

it's all right them compiling the information and having the evidence... but, **if the action isn't taken...** to move things forward... **I'm afraid very little changes.**

”



Our work with partners

Pathfinder summary: High Blood Pressure

The team is now working hard to move this from a project into business as usual including the roll out and testing of the dashboards and implementing recommendations from the PPIE Insight study, including greater involvement of community organisations in hypertension care.

Further information

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Access the Clinical
Effectiveness South
East London (CESEL)
webpage



Pathfinder summary: Childhood Immunisations

Why childhood immunisations?

Immunisation protects children from highly contagious infections, such as measles, which used to cause widespread illness and death. However:

- ▶ Immunisation rates in London are the lowest in England and have become worse during the pandemic.
- ▶ Children living in deprived areas and from Black and Mixed ethnic groups are less likely to be fully protected.
- ▶ Low rates of Measles, Mumps and Rubella (MMR) vaccination are concentrated in local 'hotspots', increasing the risk of a measles outbreak.

A team led by the Clinical Effectiveness Group (CEG) based at Queen Mary University of London in north east London, in collaboration with Clinical Effectiveness South East London, North West London Whole Systems Integrated Care and Katie's Team (a women's health research patient and public advisory group for east London), wanted to improve pre-school immunisation rates. They set out to deliver a quality improvement programme by supporting practice teams in GP surgeries with near-real time data in the form of a call and recall tool which identifies which children are due or overdue their immunisations and displays all relevant information to support timely appointments and conversations with parents.



How did they tackle it?

As the immunisation timetable is very complex, CEG built a call and recall tool, with funding from the NHS Digital First programme, to help teams in GP surgeries navigate the complicated childhood vaccination timetable. It displays information on who is due and all relevant information for an individual child. This helps the team prioritise appointments that are due and understand an individual child's complete vaccination history. It also includes access to resources to help practice teams tailor conversations with families about childhood immunisations.

This tool is part of a clinical effectiveness approach which provides practice teams with access to trained facilitators who support GP teams to use data to support quality improvement initiatives.

Our work with partners

Pathfinder summary: Childhood Immunisations

This approach also includes smart data entry templates for use in the clinic, and - ideally - locally agreed incentives and targets as part of a quality improvement cycle. The tool was launched in February 2022.

What did they find?

Within the first 12 months, 87% of north east London practices had downloaded the tool, and 42% had been visited by a facilitator. Early data suggest some improvement in the percentage of children having their first MMR by 18 months of age in those GP surgeries which had downloaded the tool and been visited by a facilitator (Figure 1). A series of meetings with a public and parent group were held to establish their views on inequalities in childhood immunisation and immunisation services. This identified the need for better access to services, relevant information for diverse communities, and access to trusted advice from health professionals and community organisations to support parents in their decision making.

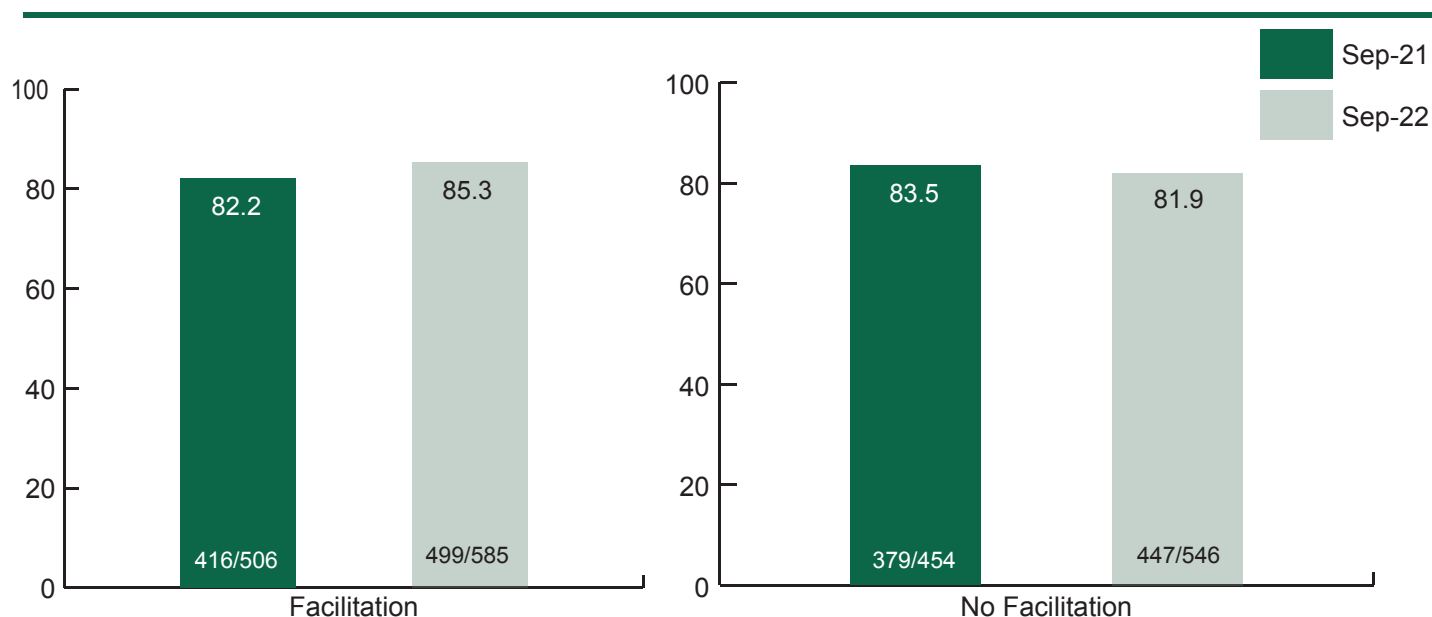


Figure 1: percentage of children receiving their first MMR immunisation by 18 months of age before and after launch of the tool in February 2022 and with and without facilitator visit

Source: CEG

The team analysed local childhood immunisation data from GP practices to identify areas with very low uptake ('hotspots') in order to reduce geographic health inequalities and risk of measles outbreaks.

The tool was also used by the team to support the London polio campaign launched in August 2022 following the finding of poliovirus in London sewage. This helped practices identify children who needed to be offered additional protection through an extra polio dose - around 225,000 children in north east London.

Our work with partners

Pathfinder summary: Childhood Immunisations

It is too early to estimate the full impact of the childhood immunisation pathfinder programme: a comprehensive evaluation has been planned for later this year funded separately by Barts Charity and the National Institute of Health Research. In the meantime locally agreed targets and practice financial incentives are being discussed and the tool is being updated to reflect user feedback and changes following the polio campaign. The findings of the evaluation will be shared with colleagues in north west and south east London with a view to sustaining improvements to benefit all London children and ensure they are fully protected against serious infections such as measles and polio.

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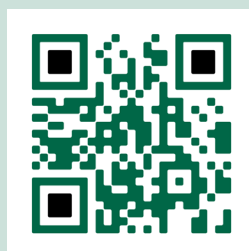
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Access Evaluation
protocol in BMJ Open



Access the poster
summary



Our work with partners

OneLondon and Secure Data Environment

As well as the pathfinder projects, we work with colleagues looking at specific aspects of how data is used. **OneLondon** looks at how data is used when people need treatment, ensuring that ambulance teams, care homes, hospitals and GPs can all see the information they need, when they need it to ensure people get joined up care. This is known as the **London Care Record**. We are also starting work on a **Secure Data Environment** which will focus on health data can help improve research, speeding up outcomes and getting benefits to patients quicker.

OneLondon

It has been another significant year for OneLondon and its partners joining up information to improve health and care in the Capital. Together they have made important progress in a number of key areas.

This includes a major expansion in the use of the London Care Record that has now been used over 25 million times by frontline staff helping them provide faster, safer and more effective care. This is due to additional health and care settings being connected to the London Care Record, including the first care homes in the Capital, and additional key information being made available within it.

This year it also introduced the London Universal Care Plan – with an initial focus on end of life care plans. Work with partners has begun about how this can be expanded to other care pathways.

It has also continued its work with partners from across the Capital, agreeing to develop the London Data Service to support London-wide health and care planning, population health management and research.

This year OneLondon has also been supporting NHS England and some of the Capital's hospitals to improve patient access to their appointment information and data via the NHS App. This is another step towards making the NHS app the front door to NHS services.

Secure Data Environment

Another exciting area for focus which was announced in late 2022 was funding from the NHS England Data for Research and Development Programme to develop a NHS owned Secure Data Environment (SDE) for London.

The funding will allow us to continue our public engagement and involvement work, building on the expectations from Londoners about how their data is used.

Once available, the SDE will provide access to approved users only (such as researchers and analysts) to NHS health and social care data, while maintaining data security and patient confidentiality, and ensuring connectivity to local communities and NHS care teams. This means they will be able access and analyse data without it leaving the environment.

Look Ahead to 23/24

While it has been an exciting year, all the work has been a foundation to build further upon in 2023/24 for us and our partners.

Now that our four pathfinder projects have successfully shown how possible it is to use data across different London areas, we will be taking the next step and funding several new **Data at Scale Improvement Projects**. These are still in the application stage but we will be announcing soon into 2023/24 and will be updating our website soon.

Moving forwards **OneLondon** has bold plans to build on the achievements of this year.

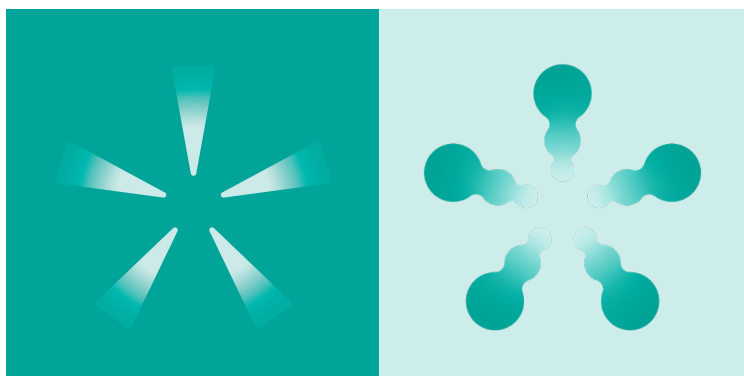
This includes increasing usage of the London Care Record even further with more settings connected, more information available within it and more targeted communications to frontline staff about how it can support them.

They will develop the London Data Service with its partners and building on the work of the Pathfinders and support the new Improvement Projects to use pan-London data in healthcare outcome improvement, planning, clinical research and product research and development.

Work will continue to expand the use of the London Universal Care Plan to new care pathways like sickle cell and asthma.

And they will continue to support colleagues to support work to give patients more control over their hospital appointments and how and when they access information and support via the NHS app.

With funding for the **Secure Data Environment** awarded at the end of year, the next 12 months will be crucial for bringing together acute, mental health, community and primary care data across all five of London's health systems, known as Integrated Care Systems (ICSs). A key part of this work will be further engaging with public and patients to understand how they want their data to be used for research, which is a key part of our promise to keep in touch and put patients and the public at the centre of every aspect of our work – from the original Citizen Summit, Citizen representatives, Public Deliberations, to PPIE in the planning and delivery of every project, IIAG and ongoing communication and two way learning. This includes through our website <https://londonhealthdatastrategy.org> which is where you can find regular updates about the programme throughout the year, or you can follow us on LinkedIn for more information.



Epilogue



Epilogue - Kavitha Saravanakumar

From Kavitha Saravanakumar, Associate Director of Business Intelligence, who is a member of the London Health Data Strategy Stakeholder and Delivery Board and has also worked alongside a number of our pathfinder projects to demonstrate the value using data at scale has for Londoners.

I am pleased to offer up the final words for this annual report, sharing my views on the work of the London Health Data Strategy in the last year, from a Business Intelligence (BI) view. BI analysts use software that presents information in a way that allows insights and trends to be identified and acted on. As part of this, we taken a collaborative approach to engage with other Integrated Care System (ICS) leads and multi-disciplinary teams.

One of my key highlights of the last year was the ability to work as a collaborative team, drawing on each other's strengths, and coming out of our organization boundaries to achieve a common goal. We did this through working with a population health approach to detect, identify and manage patients with asthma or hypertension – the aim here was to reduce inequalities and unwarranted variations amongst practices, PCNs, Boroughs, and Integrated Care Systems (ICSs).

We also focused on developing dashboards and agreed on common design principles, while mentoring other ICS BI teams to deliver the same. We learned a lot about the clinical effectiveness approach, which helped us move forward the conversation about clinical effectiveness in north west London.

Lastly, we focused on building patient trust through transparency on how their data is used to improve healthcare provision.

What do I hope for next year?

As we move forward, I hope that the dashboards developed are used by clinicians, Primary Care Networks (PCNs), Borough-based partnerships, and system transformation teams across all London ICSs. Additionally, we plan to establish a clinical effectiveness team in north west London and work on an agreed set of priorities. We also aim to focus on bridging the gap between how many people we would expect to have certain conditions, compared to the actual amount that do, and reflect on the learnings and views through the public and patient involvement and engagement focus groups, Insight study and improve patient access through pathway redesign.

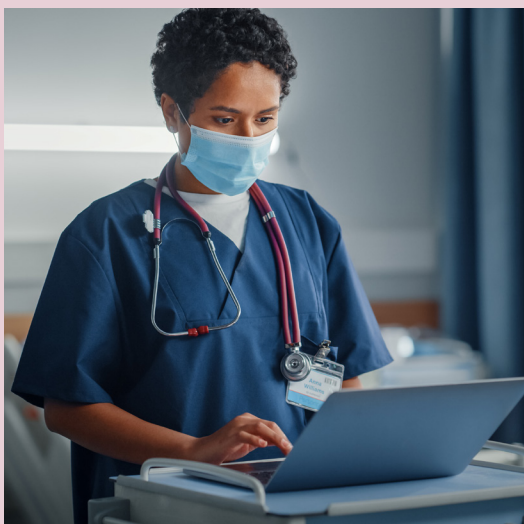
Further, we plan to carry out formal evaluation to review improvements made and build on best practices. We also hope to develop an analytics function that can create dashboards for London which allow us to track metrics for identified clinical areas, and benchmark against PCNs/ Boroughs, and ICSs. Lastly, we aim to build on the learnings and lessons from the pathfinder projects when developing dashboards for future use and establish a London-wide information governance framework that enables safe data sharing.

So all in all it's been a busy year! While there has been a lot happening, the key actions I would

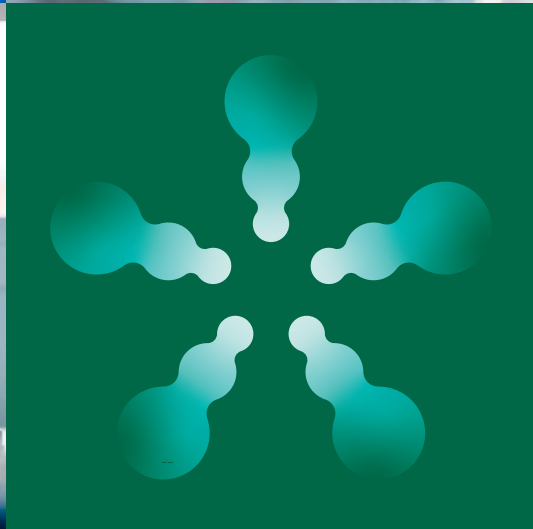
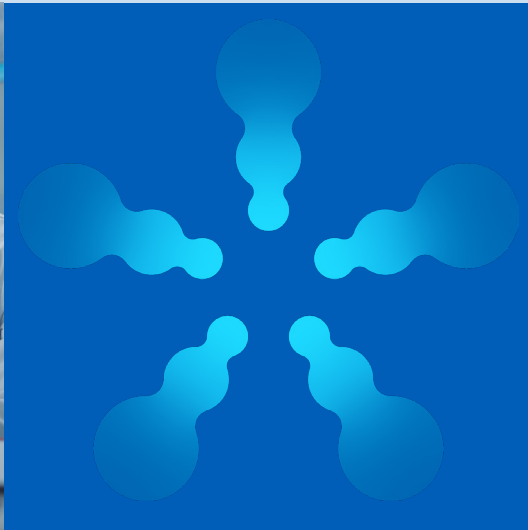
like the public to take away are:

- ▶ Consider providing feedback on healthcare services so we can understand concerns and challenges that allow us to make changes to improve this.
- ▶ There are opportunities to participate in community-based education about disease, risk, and how to access services – please consider taking these up.
- ▶ We know there can be concerns about the use of digital tools and sharing data. Please take part in opportunities to learn more about what we are doing to enable safe data sharing and the benefits this can lead to.

In the next 12 months the London Health Data Strategy work will continue to demonstrate the benefits connecting information can have on improving the health of Londoners. To keep up to date access our website <https://londonhealthdatastrategy.org> or you can follow us on LinkedIn for more information.



Using data at scale to improve Londoners' health



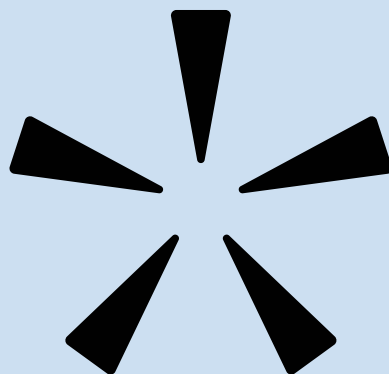
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