

Dear General Practice colleague,

Re: Improving Provision of In-Hours GP Activity Data

Introduction

At the Scottish Local Medical Committees Conference in December 2020 the following motion was passed

That this conference acknowledges that the extent and volume of general practice workload remains unrecognised by health boards due to a lack of research data in primary care and calls on SGPC, SG and boards to work with relevant agencies to obtain accurate primary care data to allow appropriate service design.

The purpose of this note is to provide an update on Public Health Scotland (PHS), National Services Scotland (NSS) and Scottish Government (SG) plans to improve the availability and quality of activity data from in-hours general practice, outline the next steps and ask for your support in delivering them. These plans have been discussed and agreed with BMA Scottish General Practitioners Committee (SGPC) and the Royal College of General Practitioners (RCGP).

Our intention is to extract aggregated activity data, beginning in December and updated monthly. By default we will assume that your practice is content to be part of this important national initiative (and thus you need take no action). If however you wish to object to this processing please do let us know (see below).

Background

We are agreed that, now more than ever, it is imperative to improve the available information relating to general practice. The pandemic has further highlighted the need for consistent, good quality data which can be made available to practices, GP clusters, HSCPs, Health Boards and collated nationally to support sustainability and future planning of services. It is vital that we can evidence pressures on general practices in the system, and improve and better target what SG/NHS Boards/HSCPs can do to support practices.

To this end, last year PHS colleagues used SPIRE software to extract a limited sample of encounters data from several Vision practices. Since Christmas 2020 we have received the support of a sample of practices who voluntarily carry out a survey of activity and pressures every week. Although both these initiatives have helped our understanding to some extent, neither offer us the comprehensive view across Scotland of what is happening in general practice so an alternative solution is being proposed.

Next Steps

We now propose to augment the earlier work by drawing on the capability of Albasoft software which is available in every practice, to extract aggregated information about patient contacts. GPs may recall that Albasoft's software capability has been used extensively during the COVID-19 vaccination programme to extract vaccine uptake data from GP practices (so has a proven track record in this space).

This initiative is supported by NSS and PHS, who are working closely with Albasoft. Our aim is to take an extract monthly from all GP practices in Scotland, beginning in December.

The intention is that, supported by NSS's secure data handling capability and working alongside Albasoft's team, PHS analysts will analyse the data gathered and derive the information and intelligence we need.

Based on the experience from the SPIRE extract last year, and Albasoft's recent local work, we anticipate that there will be a lot of variation in recording of the information. PHS analysts will highlight where this is an issue and we will work with SGPC and RCGP, through the Primary Care Data and Intelligence Oversight Group led by Sir Lewis Ritchie, to expedite the delivery of recommendations relating to 'data quality' improvement.

What the extracts will include

The data extract will provide aggregate-level data covering appointments and consultations delivered by all GP practices in Scotland (see Annex A for further detail).

Aggregate-level data provide summary data only; they do not contain individual patient-level data. They do not compromise patient confidentiality.

Who will see the summarised results

Summarised data will be shared with Health Boards and HSCPs to improve their understanding of what is happening in the whole of the health system, to inform their resourcing decisions to best support the system, and measure the impact of this support on overall system pressures. In the initial phase the data shared will not be at practice level, but an aggregate of activity delivered by the practices at a Health Board and HSCP level. Cluster and Practice level data will not be available. We will work with SGPC and RCGP Scotland to agree any finer granularity of required summary data and write again to advise you in advance of plans to provide this information.

Arrangements for approval for these extracts

In Autumn 2021 new arrangements were put in place for the authorisation of SPIRE aggregate level data extracts for most partnerships, aimed at easing the burden on GP practices. These new arrangements were discussed with SGPC and RCGP, who were supportive of this change.

Following discussion with the SGPC/RCGP, it has been agreed that these arrangements will also be applied for the authorisation of aggregate level extracts that will be completed by Albasoft.

Aggregate data will be extracted from all GP Practices by default. However, in accordance with data protection law, all GP Practices have the **right to object to processing**, i.e. object to the extraction of their aggregate data from their patient information systems. To exercise their right, which will be upheld, they must do so by emailing phs.spire@phs.scot, by the deadline date of Wednesday 22nd December 2021, noting that the Practice wishes to object to the extraction of their aggregate data.

In addition, in compliance with data protection law, all GP Practices have the right to object to processing at any time, even beyond the deadline of 22nd December 2021. However, should they object after the deadline of 22nd December 2021 when non-identifiable aggregate information would have been extracted, then the aggregate data will not, at that stage, be classed as **personal data** and will not be subject to data protection law. Therefore, objections to processing at that stage will not be upheld.

Given that the extracted data is aggregate data which is not covered by data protection law, a data sharing agreement is not necessary to support this processing and the PHS data protection officer has been consulted about this.

If you have any questions on the above, please contact PHS at phs.spire@phs.scot.

Kind regards,

Dr Brendan O'Brien
Chief Clinical Informatics Officer
National Services Scotland

Carol Sinclair
Chief Officer
Public Health Scotland

Sarah Lowry
Primary Care Directorate
Scottish Government

ANNEX A

Name:	GP In Hours Activity
Type:	Aggregate
Purpose:	To improve our understanding of pressures on general practices, support practice sustainability, planning and the evolution of the extended multidisciplinary team. To improve our understanding of the variability in recording and inform approaches to gain more consistency.
Outputs:	Count of appointments or consultations by total/duration/Health Care Provider type, age band, gender, location (e.g.F2F, home visit etc) and Type (urgent or routine) Count of appointments or consultations by clinical event /prescribing event tbc with clinical input for relevance as proxy measure
Schedule:	Monthly