

# Bulletin: Information Governance and Health Intelligence

November 2008

## Covering:

- New IG toolkit requirements
- Extension for move to SUS data
- Results of the NHS Alliance Mind the Gap quiz
- The next focus for IG professionals

## Pseudonymisation added to IG Toolkit

Assessment of the use of pseudonymised patient data for secondary uses will be added to the Information Governance (IG) Toolkit for V7 due out next June.

Wally Gowing and Chris Shovelton made the announcement in their presentations on "Pseudonymisation: the build-up to P-day in financial year 2009/10" at the October Secondary Uses Service (SUS) Awareness events hosted by the NHS Information Centre in London, Leeds and Birmingham.

The IG Toolkit addition was announced in conjunction with the extension of the P-Day deadline (see below).

The pseudonymisation assessment requirement is another move towards upholding *Confidentiality: Code of Practice* (CCOP) on the secondary use of patient data.

According to CCOP, patient data must be pseudonymised before being re-purposed for secondary uses such as commissioning, performance management, payment management, research, and clinical audit.

Pseudonymisation de-identifies patient data by replacing identifying information (i.e. name, NHS number, postcode) with pseudonyms in order to enhance patient privacy regardless of whether consent has been obtained or not.

This can be done in a way that still permits reporting and analysis (including geographical) of a patient's treatment history over time. It also facilitates re-identification of the patient, if deemed necessary or beneficial, by an appropriate individual such as the patient's GP.

For more info go to [www.connectingforhealth.nhs.uk/systemsandservices/sus/delivery/pseudo](http://www.connectingforhealth.nhs.uk/systemsandservices/sus/delivery/pseudo)

## P-Day becomes P-Year

The deadline has been extended for using pseudonymised Secondary Uses Service (SUS) data as the standard repository for activity for performance monitoring, reconciliation and payments as stated in the Operating Framework for 2008/09.

Originally April 2009, P-Day has now become P-Year: 2009-2010.

Announced by Wally Gowing and Chris Shovelton at the October SUS Awareness events, the extension provides additional time needed for adapting business processes and IM&T systems to using pseudonyms, instead of identifiable patient data.

The shift to using pseudonymised data for a few initial secondary uses is the tip of the



iceberg on compliance with *Confidentiality: Code of Practice*.

SUS provides pseudonymised national data sets such as NHS Comparators for commissioners and providers.



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## Enabling Ethical Data Sharing

Sapior is a British company that develops IT solutions to de-identify patient/citizen/customer data for use in privacy-enhanced reporting and analysis.

Sapior's founders have an extensive background in data management and business intelligence. We understand the value of using data for a host of activities. But we also recognise the vital importance of fostering trust and confidence in the people whose data is being used. Sapior's mission is to enable ethical data sharing.

Used by the NHS Secondary Uses Service (SUS), Sapior provides the de facto national standard for pseudonymisation. The Sapior module employs patent-pending multi-stage technology ensuring that the solution is highly scalable in all aspects. But it is presented in an easy-to-use solution for local organisations with limited IT capabilities.

Learn how we can help you protect your patients, staff and organisation by minimising the impact of an inevitable data breach.

For more information, please contact us at [info at Sapior.com](mailto:info@Sapior.com)

## Mind the Gap!

Many thanks to those of you who participated in Sapior's Mind the Gap quiz at NHS Alliance 2008 in Bournemouth last month.

The entertaining and educational quiz encouraged participants to consider where in their organisation identifiable patient data was being re-purposed for secondary uses without being de-identified.

By participant request, we have published the results of the quiz on our website so you can see where you fall in line with your peers. To see the results, go to:

[www.sapior.com/html/news.html](http://www.sapior.com/html/news.html)

We will also be developing an online version of the quiz so that more people can participate.

## Feeling the Pressure?

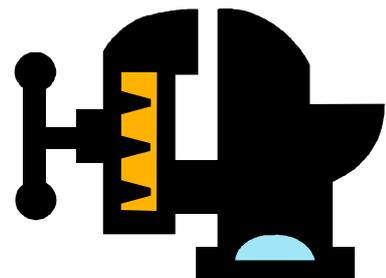
Organisations are increasingly caught between opposing forces regarding the use of personal data.

Our aging population's health provision needs are on the rise but the working population that pays tax is shrinking. To maintain our current system of essentially free health care at the point of delivery, we must use our limited resources more wisely.

It means monitoring and analysing what we spend on health care for effectiveness and efficiency. This in turn relies on collecting, using and sharing ever more patient information about health provision that has already occurred.

Of course, the use of patient data is subject to a wealth of privacy policies and statutory requirements. These restrictions are increasing the pressure to minimise the use of personal data whilst ensuring the privacy (as unique from security) of data that is used.

There are also special requirements for situations where patient data has been taken from the original clinical setting to be re-



purposed for reporting and analysis without the explicit consent of the patient.

For most IG professionals, the initial focus has been on securing paper records, clinical systems, mobile data (memory sticks and laptops) and other work practices.

The next focus will be a significant area of concern for many patients – health intelligence – due to the sheer volume of personal data needed and the number of workers involved from all areas of the organisation including accounting, audit, commissioning/purchasing, management, and research.

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