

Stakeholder Hearing 20

NHS England, Health and Justice Information System (HJIS) Dr Jake Hard, Clinical Lead for HJIS

15 January 2015 – 102 Petty France, London

Background

Dr Jake Hard is the clinical lead for the Health Justice Information Service (HJIS) project. He is working as a general practitioner in Prisons (HMP Eastwood Park and HMP Leyhill). Following the publication of the IAP e-bulletin around information sharing in December, Dr Hard proposed to that he should talk to the IAP panel about information sharing aspects of HJIS. Given some of the themes emerging from the Harris Review, it was decided that it would be appropriate to ask Dr Hard to come to a formal stakeholder hearing of the Harris Review.

The HJIS project has been commissioned by NHS England with the Health and Social Care Information Centre to develop the business case for future provision of IT systems in the Health and Justice pathway. It is anticipated that the project will consist of three phases:

1. A replacement primary care system for the residential estate, deployment start by mid-2016 (Prisons, YOIs, IRCs, STCs, SCHs)
2. An system for the temporary estate by end 2017 (Police custody, courts and Sexual Assault Referral Centres)
3. An additional service to support information flow between the NHS and the criminal justice system partner organisations by end 2017, particularly social care.

Through these services, NHS England will also have access to the information and the intelligence to better manage the clinical, commercial and strategic operations of the NHS and its commissioned healthcare providers across the health and justice estate.

INFORMATION SHARING

JH talked to his presentation, attached at Annex A, about the Health & Justice Information Service and explained that when the project is complete it will provide joined up healthcare information between custody and the community.

Key supplementary and explanatory points:

- The second generation HJIS, which will replace System 1, will allow not only for the secure transfer of information from one prison to another only, it will connect to 'the spine' where the health records generated by community health providers sits and thereby provide avenues for the flow of information between the community and health and justice settings.
- HJIS is being paid for by NHS England and deployment of Phase 1 is scheduled to start in mid-2016.

- Anecdotally, around 30% of prisoners are registered with a community GP when they come in to custody, there is no exact figure for this as the information is not formally collected.
- A prisoner will be able to register with a prison GP meaning that their community records will effectively be transferred into the health care department. For release into the community it is encouraged as it provides joined up records, continuity of care and importantly integrates people back into the community.
- To access a prisoners' summary care record in the community using the new system will require three pieces of data they are ideally, name, date of birth and home address, this should be enough to find the NHS number which will enable access to NHS records held on 'the spine'. HJIS are working in prisons to try and identify people against their NHS number.
- The interface with PNOMIS should allow sharing of relevant ACCT information and inform the PER when this moves to an electronic version.
- A mechanism will be included to allow for the auditing process to establish if healthcare outcomes have improved over time, this will help inform commissioning. This will provide views on clinical care as well as 'business intelligence'.
- The Welsh Assembly Government healthcare arrangements are not in scope for this work, this is just for NHS England. After June 2016, Wales will be free to take on the system, in much the same way as they 'piggy back' onto System 1 currently. This will be particularly relevant when considering the large prison in North Wales coming on stream in 2017.
- Potential Information flows could include A&E, Mental Health hospitals and substance misuse places.
- Liaison and Diversion services will be in scope for phase 3.

The position on consent to share medical information was explored with JH and the following points were made in discussion:

- With registration at a GP surgery a level of consent to share information and further consent is obtained at the practice. This level of consent will determine how much information is shared.
- Consent is often implied, for example when making a referral to secondary care.
- Where someone refuses for their medical history either in total or part to be shared consent may be considered within the context of the patient's best interest;
- Prison consent models should be standardised and move to an overall consent with exclusions that have to be opted for in order to encourage appropriate information sharing;
- Experience from prisoners is that there is little resistance to sharing health information and their expectation is that information should be shared.
- Only relevant information will be shared in line with the Data Protection Act;

Recommendations and suggestions from the panel for JH to take forward:

- JH will find out whether in advance of a prisoner transferring, the healthcare records from the sending prison can be seen in advance by the receiving prison.
- JH will take forward the panel view that it could be helpful for the receiving prison to have healthcare information in advance of a prisoner arriving if they have particular healthcare needs that need to be prepared for.

- The system will cover Social Care information and should also include relevant ACCT details.
- It would be ideal if there is a front summary page with the key issues, such as whether someone has self-harmed, is on an ACCT etc. It was discussed that this could be in the form of a 'pop up' that had to be acknowledged, this would have the advantage of being auditable.
- The IT should allow for non-healthcare staff to see relevant information that was at a 'high' level and was relevant to keeping a prisoner alive and JH said that he would push for this.
- JH said that he will share with the panel the legal context for information sharing from the office of the National Data Sharing Guardian, Dame Fiona Caldicott.
- JH will take forward the panel's concerns around the difficulties prisoners may present with around identifying them on 'the spine' to obtain health records; they may have a chaotic background, no permanent address and more than one identity. Foreign National Offenders present with further issues, particularly around naming conventions, accuracy and date of birth. It was discussed that biometrics (finger prints) may be a way round these difficulties.
- The panel warned that the commissioning of the HJIS will overlap with the commissioning of services by the temporary estate that includes police and courts and this may need to be factored into lead in times.