

The Kent Integrated Dataset

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Kent Integrated Dataset - what is it?

- Person level data linking routinely collected administrative activity and cost data from almost all NHS providers across Kent and many non NHS organisations
- Each linked person has the same NHS number throughout the dataset so each contact with a service is traceable
- Personal data is anonymised e.g. names removed, NHS No encrypted, date of birth becomes age, address becomes Lower Super Output Area

The vision for the KID - A tool that enables...

Return on investment estimation

- Clear feedback about return on investment from commissioning decisions
- Ability to determine the relative impact of different services
- Capability to determine the impact of non-NHS, public sector, services on health and wellbeing e.g. housing, police, fire & rescue, education

Service design

- Evidence-based investment and disinvestment decisions
- Evidence-led service reconfiguration

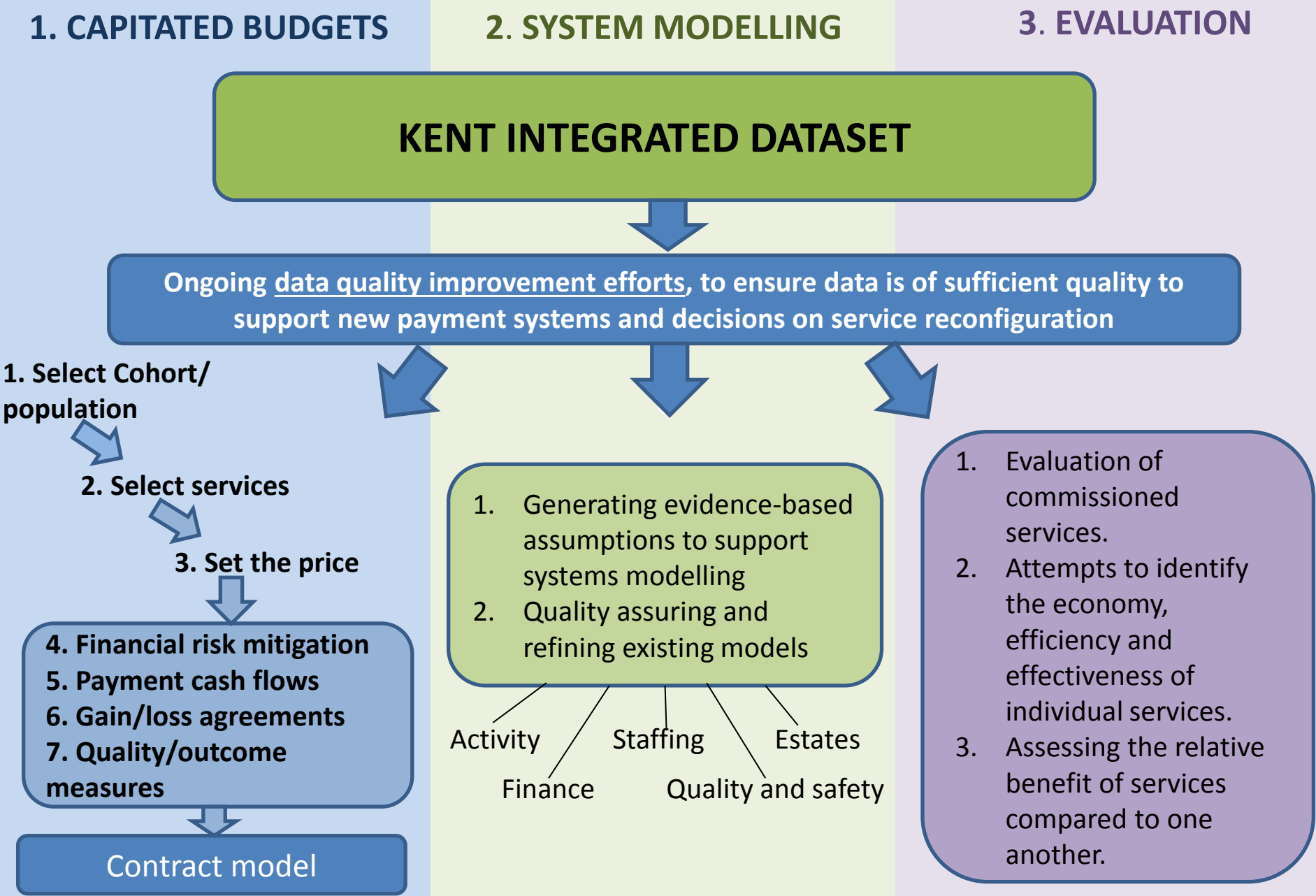
Design of payment models

- To support new models of care, in particular

Public Health Intelligence

- Highly insightful population segmentation techniques to support advanced analytics, effective targeting of prevention, and population budgeting

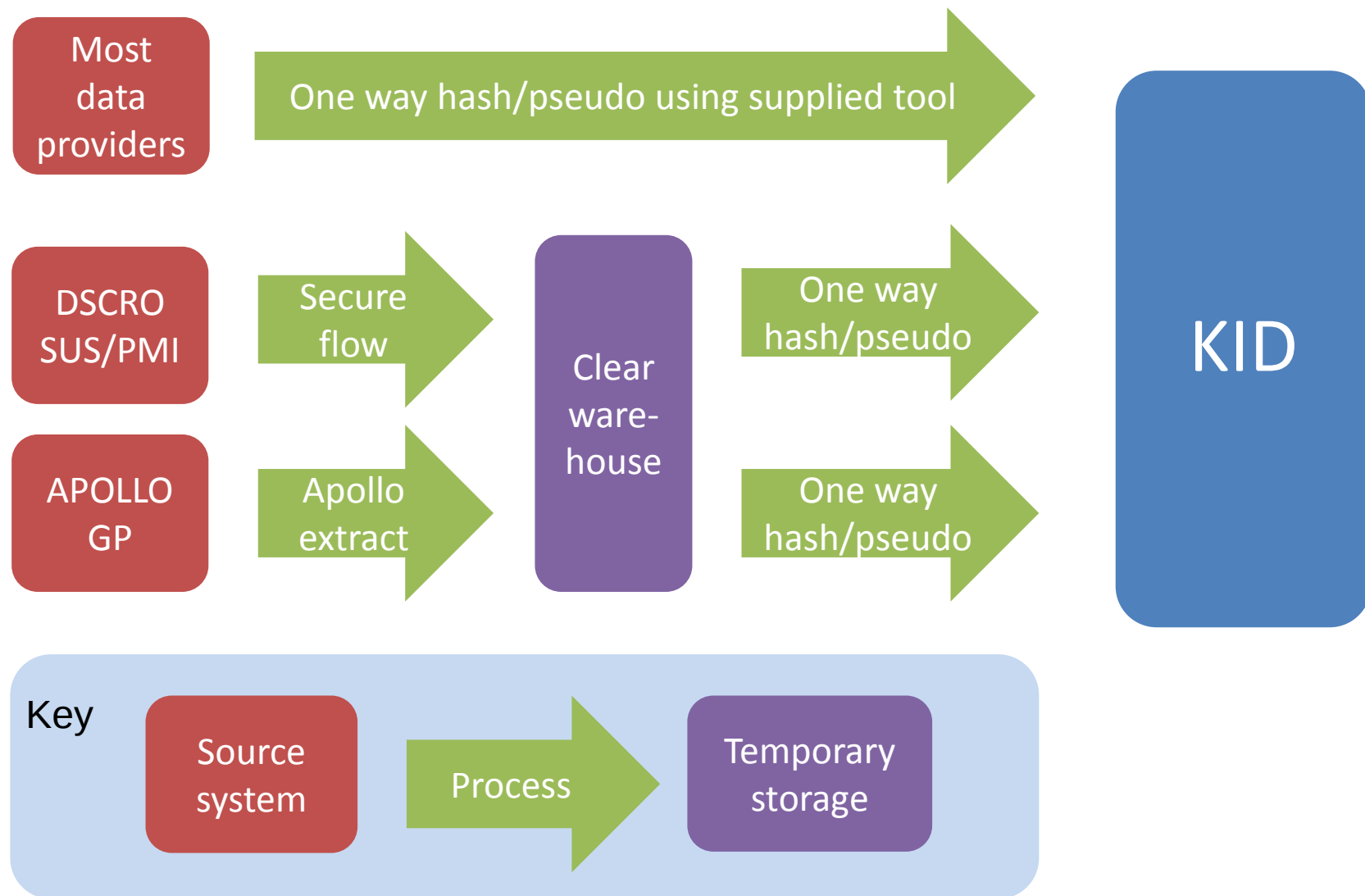
Permitted utility of the Kent Integrated Dataset



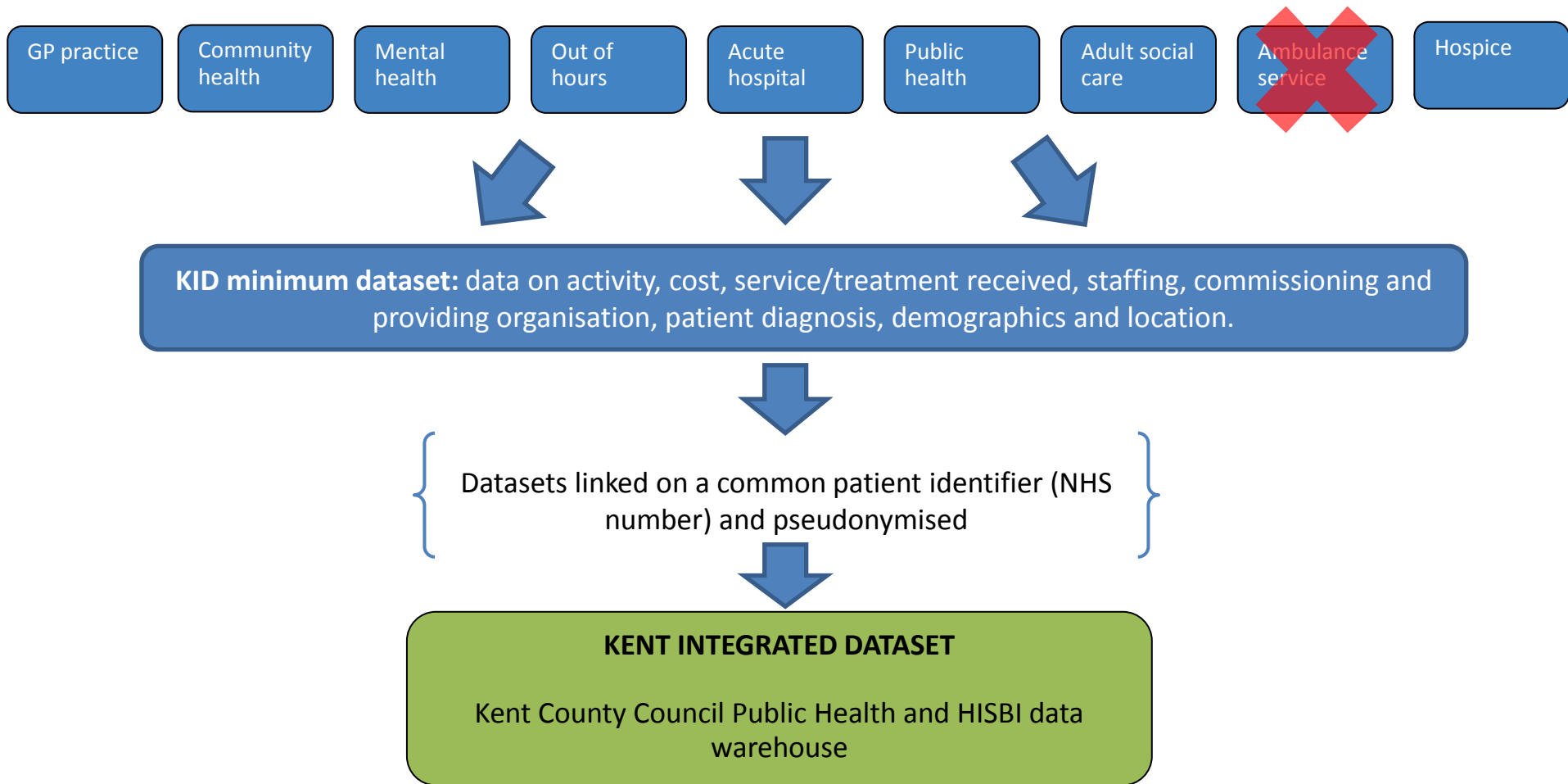
Current limits around the uses of the KID

Out of scope purposes	Other constraints
Performance management by stealth	Completeness of data
Individual care management	Sensitivity of partnership arrangements
Identification of individual patients	Access control policy
Transactional payments	Resource constraints
	Technology

Dataflow diagram



Flow of data into the Kent Integrated Dataset



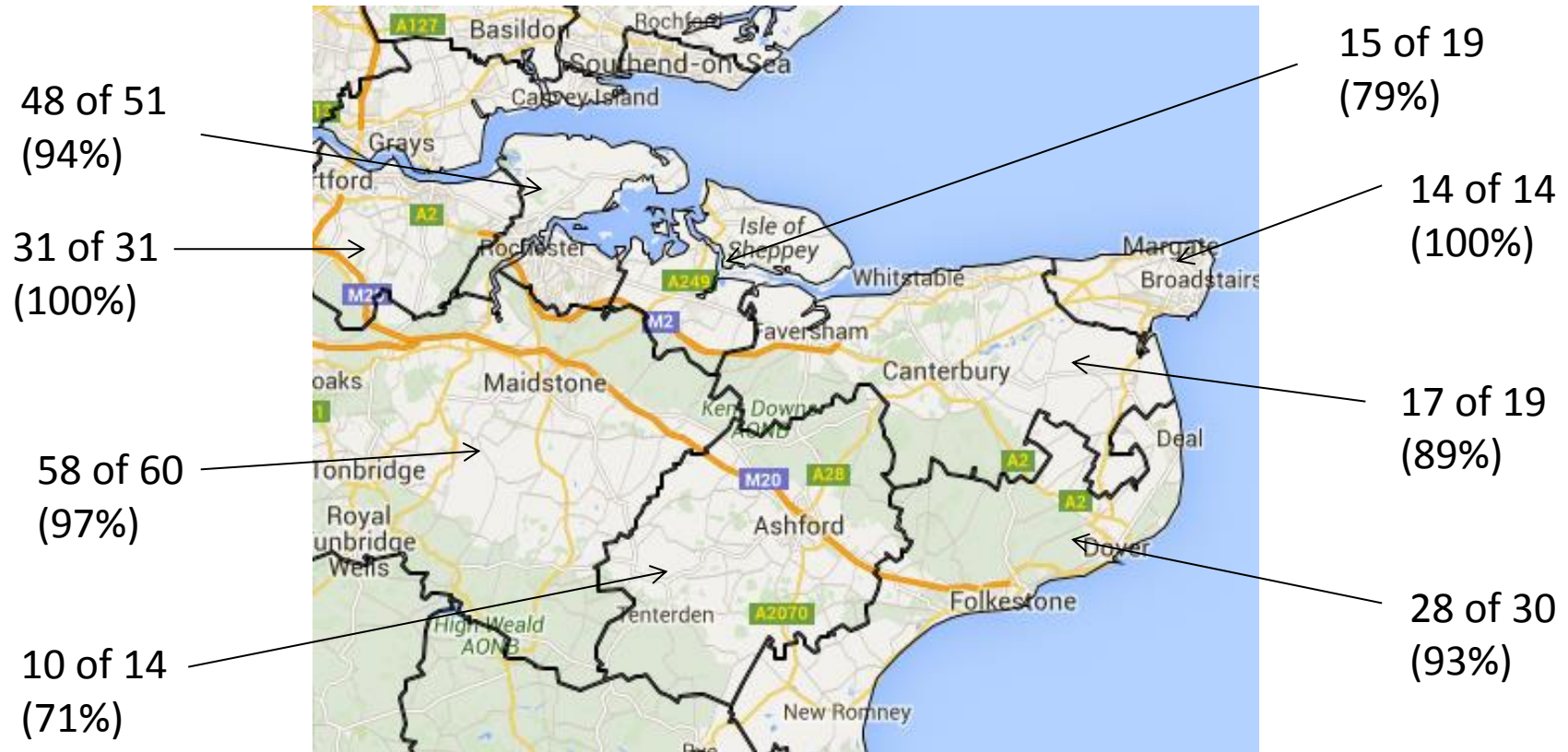
Arrangements are in progress to link to data covering other services, including:

Health and social care services: Children's social care, child and adolescent mental health, improving access to psychological therapies, and non-SUS-reported acute care.

Non-health and social care services: District council, HM Prisons, Fire and Rescue, Probation, and Education.

Current practice sign-up rate

Kent & Medway (221/238) – 93%



Scope of the dataset

Timespan	April 2014 – to present
Person level	Yes (both users and non-users of healthcare)
Geographic coverage	Kent & Medway
Frequency of update	Monthly
Reporting-lag	2 months, in line with SUS timetables
Ability to link households	Yes using UPRN

What information does the KID hold?

Demographics	Segmentation tools	Admin	Diagnoses	Activity/cost	Service
Age	IMD	Practice code	Morbidity profile (Read codes)	Contact date	Healthcare Resource Groups (acute)
Sex	CPM (Risk Stratification tools)	Provider code	Referral source	Cost/price	Tariff cluster (mental health)
Lower Super Output Area	MOSAIC	Commissioner code		Point of delivery	Care Package (social care)
	ACORN				Service code (community)
	eFI (Frailty score)				Specialty (outpatient)
	ACG (Restricted use)				Staff type

The legal basis

Who are the parties to the KID?

Data Controllers

Each organisation remains as DC
for its own data

- Each GP surgery
- Acute Trusts
- Community Trusts
- Ambulance Trust
- Adult Social Care
- etc

KCC Public Health

- Analysis
- Administration

Data Processor

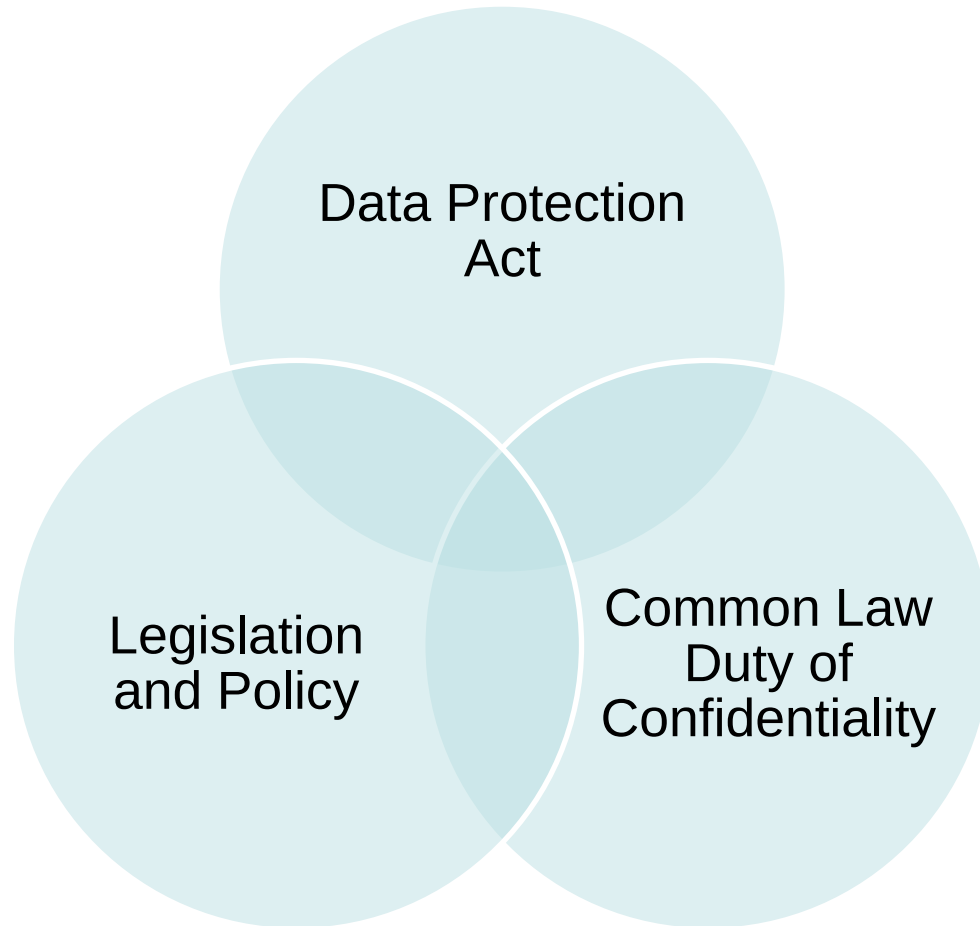
Trusted Third Party

- Maidstone & Tunbridge Wells
NHS Trust (HISbi)

Users of analytical outputs

- Commissioners
- Providers
- Academics

IG frameworks with which the KID is compliant



How is confidentiality maintained?

- Pseudonymisation
- Data must be fully anonymised before being published controls in place conforming to the ICO's Anonymisation Code of Practice
- Data controllers have a veto over any analytical activity using their data

Enabling legislation – for Public Health

Date	Name of legislation	Requirement of Public Health departments
2002	The Health Service (Control of Patient Information) Regulations Act	Grants Public Health teams access to confidential patient information to, amongst other things, recognise trends in diseases and risks.
2006	NHS Act (as amended)	Included adult social care users to confidential patient information access rights in 2002 Act.
2007	Local Government and Public Involvement in Health Act	Local authorities are required to produce a Joint Strategic Needs Assessment of the health and well being of their local community
2012	Health and Social Act	Major reorganisation of NHS services.
2016	General Data Protection Regulation	The new data protection act.