

NHS Business Services Authority Burden Reduction Response

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Glossary of terms

Term / Abbreviation	What it stands for
ALB	Arm's Length Body
DH	Department of Health
HSCIC	Health and Social Care Information Centre
MOU	Memorandum of Understanding
NHS	National Health Service
NHSBSA	NHS Business Services Authority

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1. Introduction

The primary purpose of the health and social care system is to improve outcomes for people who use its services. The new health and care system has been designed to give greater influence to citizens and service users.

Everyone involved in health, public health and social care needs access to accurate and timely information to carry out their duties. We also have a public duty to collaborate in the interests of good care and outcomes, and in the interests of efficiency and productivity. We must obtain that information efficiently, so that it is not at the expense of direct care to people who need the services. As far as possible, this will be done by ensuring the information is captured as part of the care-giving process, is recorded in standard ways, and is capable of being extracted automatically to remove the need for separate collection or reporting processes.

1.1 Purpose of the Burden Reduction Plan

Following the recommendations from the NHS Confederation in their report on reducing burdens in November 2013, a set of core principles (a concordat) governing the collection of data from NHS bodies, to secure a more collaborative and systematic approach to data collections across the health and social care system was put together and signed by DH and each ALB.

To further support and strengthen the BRP activity, George Freeman MP wrote to all ALB Chief Executive Officers requesting commitment to the development of a 2016/17 Burden Reduction Plan.

In summary the concordat for reducing burden asks DH and its ALBs to:

- collect data which is proportionate and with a clear business purpose
- not duplicate other data collections
- work through the HSCIC as the national base for all data
- review the need to collect the data regularly

This burden reduction response has been put together by the NHS Business Services Authority (NHSBSA) in response to a request for a burden reduction plan.

1.2 About the NHS Business Services Authority

The NHSBSA is a Special Health Authority and an Arm's Length Body of the Department of Health which provides a range of critical central services to NHS organisations, NHS contractors, patients and the public.

Our service portfolio includes:

- Management of the NHS Pension Scheme in England and Wales which has over 2.6 million members and receives contributions of over £9 billion per annum.
- Administration of the European Health Insurance Card (EHIC) scheme (in the UK) processing over 6.6 million EHIC cards this year. 23.5 million people in the UK have an active EHIC card.
- Management of a 10-year outsourced Master Services Agreement (MSA) for the delivery of supply chain services to the NHS, supporting the planned delivery of around £1 billion of savings to the NHS over the life of the Agreement.
- Provision of strategic procurement and contract management expertise on Department of Health (DH) supply chain strategic contracts and programmes across the health sector.
- Payments to pharmacists (in England) for prescriptions dispensed in primary care settings which involves processing approximately 1 billion prescription items and payments totalling over £9 billion each year.
- Payments to dentists for work undertaken on NHS contracts which involves processing approximately 44 million dental forms and payments totalling over £2.5 billion in England and Wales.
- Provision of management information to over 25,000 registered NHS and DH users on costs and trends in prescribing and dental care in England and Wales.
- Provision of the NHS Dictionary of Medicines and Devices (in partnership with NHS Connecting for Health) for use throughout the NHS (in both primary and secondary care) as a means of uniquely identifying the specific medicines or devices used in the diagnosis or treatment of patients.
- Compilation, publication and distribution of the NHS Drug Tariff for England and Wales. Approving the list of medical devices and chemical reagents that appear in the Drug Tariff and determining the price of those products.
- Administration of a range of health related services across the UK, including a Low Income Scheme, Medical and Maternity Exemption Schemes, Tax Credit NHS Exemption Cards (in the UK) and prescription pre-payment certificates (in England). In total we process over 5 million claims per annum.
- Management of the NHS Student Bursaries (in England) making payments of over £500 million relating to over 82,000 students.
- Management of the Social Work Bursaries Scheme (in England) making payments of over £82 million to nearly 14,000 students.
- Management of the NHS Injury Benefit Scheme (in England and Wales) processing over 30,000 applications since the inception of the Scheme.
- Provision of a range of hosted employment, human resources and financial services for various DH teams and programmes.
- Provision of NHS Protect services (in England and Wales).

You can read more about us in our latest Annual Report and Accounts or in our Strategy and Business Plan on our website <http://www.nhsbsa.nhs.uk/About.aspx>.

1.3 Data Collections

The NHSBSA does not have a role in the interpretation of health data necessary for designing, implementing, and evaluating frontline NHS provision and it therefore does not carry out any data collections.

We do however hold a wealth of transaction data that is available for use by the NHS. These data are collected through our operations and are collected to enable us to carry out our directions.

2 Minimising burden

2.1 NHSBSA burden reduction activities and plan

As an ALB, the NHSBSA is committed to minimising burden and to the concordat recommendations which include:

Date	Concordat requirement	Description of activity	Timescale/ progress
	Only collect information from service providers where there is a clear business purpose which justifies the administrative burden required to provide the information	Not applicable – the NHSBSA does not carry out data collections.	Not applicable
	Work with the Health and Social Care Information Centre (HSCIC) as the national base for all information which is collected or extracted from local systems;	We work with HSCIC to ensure national statistics can be generated from our data and published via the HSCIC website.	Not applicable
	Establish clear criteria which can be used to measure the administrative burden arising from each national request for information	Not applicable – the NHSBSA does not carry out data collections.	Not applicable

Date	Concordat requirement	Description of activity	Timescale/ progress
	Through the HSCIC, publish details of all the national collections and extractions, and the criteria that are used to justify each decision;	Not applicable – the NHSBSA does not carry out data collections.	Not applicable
	Where appropriate, ensure that all aggregated and non-personal information that collected is made available for others to use, in the interests of transparency and avoiding duplication.	Our data and information are published in the following places: http://www.hscic.gov.uk/primary-care https://www.nhs.uk/Service-Search/Performance/Search https://data.gov.uk/ http://www.nhsbsa.nhs.uk/Index.aspx https://www.england.nhs.uk/ourwork/pe/mo-dash/ www.wales.nhs.uk	Not applicable
	Agree with the HSCIC an annual MOU which sets out each organisation's commitment to an agreed reduction in data collections that are undertaken outside the national process managed by the HSCIC;	Not applicable – the NHSBSA does not carry out data collections.	Not applicable
	Making better use of technology to introduce more efficient ways of acquiring the information, especially by moving away from manual collections to automated extractions of data directly from local systems, and using existing data held nationally;	The NHSBSA is working with HSCIC to improve the availability of patient demographic data for analysis from paper prescriptions through data matching to the Personal Demographic Service. Doing this will enable us to provide more granular information about the age and gender of patients who have received prescription items. Capturing this information from paper prescription forms is unaffordable so we would like to use existing data. Having access to this additional patient information will enable the provision of better information about prescribing trends.	August 2016 – subject to HSCIC agreeing to supply data.

Date	Concordat requirement	Description of activity	Timescale/ progress
	Ensuring that the collections and extractions are aligned with robust professional practice, such as NICE or other professional guidelines, and information standards;	Not applicable – the NHSBSA does not carry out data collections.	Not applicable
	Reducing and retiring those national requests for information that are no longer needed or justifiable	Not applicable – the NHSBSA does not carry out data collections.	Not applicable
	Keep these arrangements under regular review and contribute to the HSCIC's annual report detailing their progress in reducing burden, with clear reference to the targets agreed in the MOU.	Not applicable – the NHSBSA does not carry out data collections.	Not applicable
	Work closely with the HSCIC on the three year review of existing data collections to make sure that collections are still necessary, are not being collected elsewhere, and are collected in the most efficient and least burdensome way possible	Not applicable – the NHSBSA does not carry out data collections.	Not applicable
	Work closely with the HSCIC when designing new data collections to ensure that they are not duplicating any other existing data collection and that they are designed in a way to minimise burden on the service	The NHSBSA has an established working relationship with HSCIC as we are providers of data.	Ongoing

2.2 Activities undertaken

We continue to find ways that we can support the NHS through the provision of information.

During 2015/16:

- we worked with Public Health England to supply prescription information to support antimicrobial resistance activity and to support the work of the NHS Cancer Registry
- we developed the Meds Optimisation Dashboard with NHS England using our prescription data
- we supplied primary care dental information to my NHS
- we continue to share information with NHS Protect to support their assessment of risk
- we agreed a data sharing agreement with the Department for Work and Pensions to enable the sharing of information about patients' entitlement to qualifying benefits that provide eligibility for help with NHS health costs.

The organisation is considering how it can further digitise its services and use data sharing to improve the quality of its data. Doing this will help reduce our operational costs and also reduce the risk of fraud or error.

3. Next steps

The NHSBSA will continue to seek ways to ensure that the data that is collected through its operations can be consumed by the wider NHS. We are happy to work with HSCIC to achieve this and to review this plan on an annual basis.

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This document will be published online and available at: www.nhsbsa.nhs.uk

Appendix A - The Department of Health (DH) Reducing Burden of National Request for Information: Concordat

The DH 'Reducing burden of national requests for information' concordat is available here:

<https://www.gov.uk/government/publications/reducing-burden-of-national-requests-for-information-concordat>.