

# Taking health intelligence forward in England...

David Pencheon

[www.erpho.org.uk](http://www.erpho.org.uk)

8<sup>th</sup> November 2006



# Five issues:

1. The Information and Intelligence Strategy as part of the implementation of England's Department of Health Choosing Health White Paper
2. Learning from the commercial sector
  - Data collection
  - Adding value
3. Workforce Development
4. Engaging decision makers with health intelligence.
  - display techniques in visualising health intelligence to support policy makers, professionals, practitioners and the public
5. Lifestyle Survey developments

# 1. The Information and Intelligence Strategy. *What stimulated it?*

*Answer:* The 2 Wanless reports!

- Little comprehensive information collected on the health status of the population [*systematic / consistent*]
- Gaps in existing information data flows and systems, inhibiting data capture, sharing and dissemination.
- Poor links between:
  - numerical data on population health
  - research evidence on effectiveness
  - information on the cost-effectiveness of interventions
- Need to develop Public Health capabilities and capacities [*systematically*]
- Rapid dissemination needed to drive local action

# > Response:

## Information and Intelligence Strategy

*(to be published 30<sup>th</sup> November 2006)*

- Data collection
  - “Connecting for Health” (NHS)
  - Survey data (Development of Lifestyle surveillance)
- Data management
  - Improving *existing data* quality, linkage, consistency
- Analysis
  - Agreed geographies, sub populations, measures of progress, measures of inequality, science of indicators.
- Interpretation in context
  - Added value of broadly skilled people who ask “So what?”
- Communication of messages
  - Innovative methods, paper based, web based, hybrid....

## 2. Learning from the commercial sector

- Successful knowledge based organisations base their success on knowledge  
*(Tesco / Humby et al: “Scoring Points”)*
- “End to end information solutions” don’t usually start with *data* but with identification of *problems* where good data and analysis, lead to good solutions.
- Adding value in a way that suits actual (and potential) end users is essential

# 3. Workforce development

- Historically, little structure in the “career pathway” for information analysts
- Core skills
  - Familiarity with actual (and potential) data sets
  - Analytical expertise
  - Health informatics
  - *Balancing need, timeliness, and quality*
  - *Turning problems into answerable questions*
  - *Putting results into context*
  - *Integrating data with other sorts of information*
  - *Dealing with people AND data*

## 4. Making health intelligence wanted

- Understanding the issues where managers, clinicians, policy makers, public would like (need!) to be better informed
- Synthesising the intelligence to better inform them
  - ..in a variety of accessible and attractive ways
  - ...comparative, visual, summary, interactive
- Stimulating further critical and open minded enquiry.

# 5. Lifestyle surveys - why?

- More people
- Fewer data
- More local
- More automatic
- Teliosynthesis
- Appropriate technology (?telephone)