General
Medical
Council

Agenda item:	7
Report title:	**GMC Data Strategy (DS) – Annual update**
Report by:	**Andrew Henderson**, Data and Information Sharing Programme Manager, andrew.henderson@gmc-uk.org, 0161 240 8130
Action:	**To Note**

Executive summary

The report summarises a detailed benefits review of our data products and provides examples of how they contribute to our:

- understanding of trends in the workforce

- ability to understand / manage risk

- engagement with stakeholders

- ability to evaluate impact.

Recommendations

The Board is asked to note:

a Progress in 2018 and *examples* of benefits associated with the DS.

b That the DS Programme Board have recommended that DS products delivered to date are maintained as BAU and iteratively developed as requirements or opportunities to include new data emerge. Such development would be within existing IS / DRIH resource.

c That development requiring new resource or investment would be approved by the DS Programme Board – this might support the previously agreed "ambitious" recommendations of the Collective Effect paper.

d That we profile stakeholders who would benefit from DS products and promote products to ensure associated benefits.

Working with doctors Working for patients

Background

1　In 2018, the Data Strategy was redefined against our corporate strategy. Having previously delivered our Agora database and dashboards, in 2018 the Programme focussed on four areas.

- Delivery of data and insight focussed capabilities / tools (DS Project Portfolio).

- Data improvement and enrichment (obtaining new data, improving our own).

- Organisational transformation (Data, Research and Insight Hub, Patient Safety Intelligence Forum and broader organisational development).

- Stakeholder and benefits management.

2　The following section provides a brief summary of achievements in 2018 and *examples* of some *associated benefits*. The products can be found in the GMC Data Portal*.

Achievements in 2018

Agora based products

3　2018 has largely built on our previous investment in the Agora data mart by developing or improving a suite of Agora based products for internal and external audiences. Such development was delivered within existing IS & DRIH resource at a cost of c. £135k.

4　These can now be considered as "live" – but they will be enhanced within existing resource as new requirements arise or new data is obtained to enhance the analysis they provide. Executive Board have also previously endorsed an ambitious approach to our "Collective Effect" ambitions where dependencies with the Data Strategy / DRIH business plan have been identified.

5　The Agora based products and examples of associated benefits include:

- 2.1 Organisation and Comparisons Dashboard (intranet)
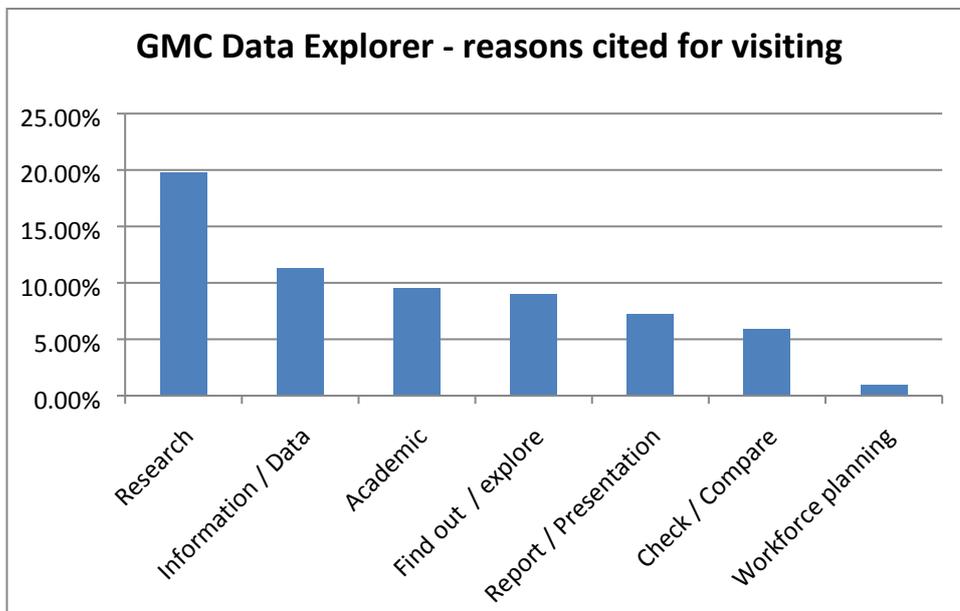
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* GMC Data Portal (GMC intranet only – GMC Data Explorer also provided externally)
http://intranet/cps/rde/xchg/SID-864ACBA5-23AE4D72/dev_intranet/hs.xsl/10919.htm

This compares internal and external data on designated bodies to support our *analysis of risk* at organisation level. This has *supported* PSIF prioritisation and business planning for Regional Liaison Service (targeted interventions etc).

- 2.2 GMC Data Explorer (public – GMC web site)

Intended to support our *collaborative and transparent* ambitions while reducing FOI requests, this dashboard provides external users with access to IG and quality assured GMC data from our register, revalidation processes, Fitness to Practise, deaneries, medical schools and designated bodies.

Since its formal launch at our conference in 2018, there has been a steady increase in monthly usage from c.1k to 2k users per month and it has been endorsed by a broad range of visitors. The following chart shows the primary reasons they cited for visiting:

GMC Data Explorer - reasons cited for visiting

Reason	Percentage
Research	~20.00%
Information / Data	~11.00%
Academic	~9.50%
Find out / explore	~9.00%
Report / Presentation	~7.00%
Check / Compare	~6.00%
Workforce planning	~1.00%

- 2.3 Designated Body / Responsible Officer dashboard (approved external users via GMC connect)

Delivered in 2017, this has automated provision of data packs to regulators (primarily Care Quality Commission and Healthcare Inspectorate Wales) yielding a *£20k/annum capacity saving* on data teams' time plus AD approvals.

Usage amongst *ROs* has been consistent and they have asked for enhancements. *CQC* are introducing processes to ensure that inspectors have the information provided to hand and to use the data to support their regulatory planning meetings.

- 2.4 National / regional repository (intranet)

Provides easy access to key figures over different geographical areas (including countries, regions, authorities, constituencies, RLS / ELS areas – will also represent the new regional structure of the NHS.

Used by ROs, data / media / FOI teams to answer queries improving responsiveness and consistency.

- 2.5 Country moves (intranet)

Provides analysis on *trends in the workforce* such as organisation changes, movement across nations of graduates.

Such data as well as from Agora has enabled us to *collaborate with other regulators* on key strategic challenges such as *workforce planning.* An example includes the "NHS Workforce Implementation Group".

- 2.7 Front Page (intranet – mobile devices)

Developed in response to an SMT request to DRIH, "Tell me what you know about Trust X", this dashboard provides key information about organisations on a single page, highlighting concerns or outliers. This effectively briefs any GMC user requiring a summary of an organisation and is available on mobile devices.

Products based on Siebel / Livelink

- 2.8 UKMED (https://www.ukmed.ac.uk/)

The GMC securely provide data from a number of organisations to *support research* that would not otherwise be possible. This year, we have also obtained data from UCAS that has significantly reduced the collection burden from individual medical schools.

- 2.9 Intelligence Module (Siebel based)

Improves *our insight* and supports *qualitative analysis* of intelligence obtained through our field forces and devolved offices with standards with Corporate Directorate and MPTS to follow. 240 days of staff time have been saved by using the IM to date, at a cost of 32 days staff time to input into the tool – potential to double these.

■ 2.10 The Knowledge (Livelink)[*]

Provides key internal publications and enhances our 'corporate memory' with extensive positive feedback from users across the GMC.

Outstanding requirements from those identified in 2018 and emerging requirements from Collective Effect

6 Requirements identified in 2018 are identified in Annex A. The majority of these will be delivered through ongoing data enrichment and iterative development to agora based products such as those described above in section 2.

7 It is likely that some capital investment will be required to deliver some outstanding requirements including enhanced search capability for the Intelligence Module, geographic predictive analytics and automation and machine learning (perhaps primarily associated with the Expenditure and Investment Review).

8 These have yet to be costed. Initial business cases for the former two requirements will be considered by the DS Programme Board prior to submission to the Transformation Fund.

Data enrichment – next steps

9 In 2018 we have obtained data from some key partners including CQC, Nursing and Midwifery Council, UCAS, NHS Improvement (Quality and Outcomes Framework, Single Oversight Framework), NHS Digital (primary care) to support our *analysis of risk and research* via UKMED.

10 DRIH are currently mapping out the data we hold and would like to obtain from partner organisations to further support *our analysis of risk (doctors and organisations),* for example independent sector data. A small cross directorate group meet monthly to prioritise and manage associated relationships at data sharing level.

11 We are also improving our *data quality and associated definitions* to continue to provide *more consistent answers (single version of the truth)*.

Organisation transformation and stakeholder and benefits management

12 The Programme Board agreed a recommendation that we profile users of the above products, promote their use and associated benefits and establish a user group to

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[*] The Knowledge http://intranet/cps/rde/xchg/SID-E98EC683-E1A2EE14/dev_intranet/hs.xsl/11300.htm

iteratively improve them to meet emerging requirements or, as data is obtained, to enrich their content.

13   At Programme Level the products associated with the strategy are effectively supporting our ability to evaluate impact and engage / collaborate with stakeholders through effective use of data. Feedback has been excellent from a number of external stakeholders including:

- Regulators across the four countries of the UK (CQC, Healthcare Improvement Scotland, HIW, NHS Education for Scotland, Scottish Government).

- NHS Workforce Implementation Group.

- UK Advisory Forums.

General Medical Council

7 – GMC Data Strategy – Annual update

7 - Annex A

Roadmap & ongoing achievement of vision

Ability to analyse and act upon data

2018

Four Country reporting*
PMQ to working location mapping*
Further stakeholder gathering to obtain concerns*
Increased data sharing initiatives (ongoing)*
Dept View of NHS Trusts*
Tailored content*
Enhanced DotMailer dashboard*
Geographic location of doctors**
Social media data PoC**

2019

CE Recommendations
Intervention methods based on risk factors
Early insights into potential FTP**
Recoding clinical outcomes**
Workforce planning**
UKMED Growth with non education data**
Further Predictive Analytics**
Communication and rollout strategy for data tools (ongoing)**
Specialists / GPs by area coverage**
Enhanced Trust data to support Doctors**

2020

CE Recommendations
NTS for all Doctors***
Geographic predictive analytics***

Improved technical, analytical and data capability

Green* – Strong Progress
Amber* – In Progress
Red* – Requires planning and prioritisation – primarily future ambitions

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