Professional Record Standards Body

Better records for better care

DIGITAL HEALTH AND COVID-19
A PRSB CONSULTATION

Executive Summary

PRSB set out to discuss what lessons could be learned from the initial phases of COVID-19, how they should inform preparedness for future waves of the pandemic and beyond, and the role of information sharing and digital solutions in meeting needs now and in the weeks and months to come. Through a series of structured interviews and workshops with members and partners the following themes emerged:

- The role of digital in responding to the pandemic
- The opportunities and challenges encountered and the lessons for the future
- Views on ways in which PRSB and its members can influence this agenda.

Based on extensive consultation, PRSB and its members recommend the following:

Enthusiasm for digital care

1. Harnessing the enthusiasm of service users and professionals for digital should be seized. PRSB will work with its members and partners to promote the benefits of digital working that have so energised the professions and public. We will work with system leaders to find practical solutions to solve interoperability challenges and address digital exclusion.

2. PRSB will review and modify existing standards or develop new ones explicitly to address any significant changes in the delivery of care resulting from the increase in remote and virtual consultation, and we will work with NHS Digital and NHSX to consider how data monitoring could capture any unintended consequences of the shift to virtual consultation.

3. The implications for workforce planning and productivity resulting from the shift to virtual consultations should be investigated more fully by our members in association with system leaders including NHS England/Improvement, Health Education England and others. PRSB can play an effective role in facilitating multidisciplinary consideration of these issues.

4. Responsibility for determining which digital innovations and relaxed permissions should be fully retained and which modified, is widely dispersed across local, regional and national organisations. PRSB should engage with this work as an opportunity to progress its mission and include implementation of relevant professional record standards at each level.

Self-management and remote monitoring

5. PRSB is well positioned to raise awareness and reflect the views of its members to NHS system leaders and four nations counterparts on the need to strengthen frameworks for quality and integration of digital technologies and enhance public trust in them.

6. PRSB should further promote, using examples drawn from the pandemic, of the importance of person-centred care planning using the “About Me” standard its widespread adoption, working closely with system partners and members. Implementation of the ‘About Me’ standard at scale will help avoid harmful proliferation of platforms for information of this type in the absence of adoption of a standard approach.

Improving information collection and data exchange

7. PRSB should engage with NHSX and NHS Digital to explore extending its role in building consensus and in convening expertise to develop and consult on new terminology and data standards in areas where these are needed, such as Covid immune status and risk. Vendors are an essential partner in this work, so that implementation is built into the work.

8. PRSB should continue to press for, and help create, common standards for data exchange in areas such as pathology services, where further developments are a priority. This should include linking progress on tactical pathology solutions to future strategic programmes if we are to drive transformation of pathology and adoption of new standards.

9. NHSX, NHS Digital, with PRSB support should review collections urgently to ensure they are not just restarted but demonstrate they are fit for purpose before re-introduction.

Safety

10. PRSB calls for a targeted review of the safety implications of remote and virtual consultation including assessing the impact on clinical risk management and patient access, including for vulnerable groups. It should identify and address gaps in existing guidance (for example, policy on providing recordings of consultations to patients); address access issues for the digitally excluded or those who cannot consult confidentially and any potential liabilities arising from the shift to virtual consultations and sharing recordings.

Resetting services

11. NHSX, NHS Digital, the Royal College of Emergency Medicine and PRSB should consider developing additional standards to support evolving models of care in urgent and emergency services, particularly in relation to NHS 111 services.

Shared decision making and end of life care

12. PRSB and its members should continue to work with NHS England's Palliative and End of Life Care programme to align different approaches to the recording of end of life care wishes with the Electronic Palliative Care Coordination Systems (EPaCCs). This work should be informed by evidence from the pandemic and relating to the provenance and curation of end of life information, particularly Do Not Attempt CPR orders.

13. PRSB and its members should highlight the inconsistent approach taken to shared decision making. The pressures to clear waiting lists and prioritise patients while dealing with a second wave of COVID-19 make this even more important and a national professional standard with a meaningful implementation programme is of urgent priority.

Social care

14. PRSB is engaged in a joint programme of work that will lead to the creation and endorsement of standards which have the potential to make a major impact in social care in care homes, emergency admissions from care homes and discharge to local authority care. A system-wide implementation plan for the new standards is needed to build support for digital transformation across health and care to support the future of integrated care.

Introduction

In a matter of weeks the COVID-19 pandemic has radically changed the way health and care services are delivered, the way frontline professionals in the health and care system work, and how people access care and treatment not only for COVID-19 but for other conditions both minor and major.

The rapid acceleration of digital transformation has been one of the most dramatic changes and professionals and members of the public welcome many of the benefits virtual working and consultations have brought about.

Sharing information quickly and efficiently has been a key part of managing the pandemic and the Professional Record Standards Body (PRSB) has played its part by ensuring that frontline staff have had the COVID-19 recording guidance they need to share information with health and care staff and people using services.

Working at pace with our partners in NHS Digital and the Faculty of Clinical Informatics we enlisted the expertise of clinicians, professionals and citizens to develop guidance and standard terminology for COVID-19 care data to support direct patient care as well as other uses including research and planning needs.

Because of our unique role as a member organisation representing the views of health and care staff and people who use services, PRSB judged it important to undertake a multi-disciplinary consultation with our members. We wanted to hear directly their experiences of digital working as the pandemic evolved. We set out to discuss what lessons could be learned from the initial phases of COVID-19, how they should inform preparedness for future waves of the pandemic and beyond, and the role of information sharing and digital solutions in meeting needs now and in the weeks and months to come.

What we did

During late June and July we undertook 15 semi-structured interviews with members and partners of PRSB. In these we heard from those directly involved in the delivery and receipt of care and from people developing policy and guidance for those in the frontline. We are very grateful to everyone who agreed to be interviewed.

We took the themes that emerged from our interviews into a facilitated multi-disciplinary online workshop to explore these more interactively. This focused on:

- The role of digital in responding to the pandemic
- The opportunities and challenges encountered and the lessons for the future
- Views on ways in which PRSB and its members can influence this agenda.

The workshop was followed by a further discussion during a virtual meeting of our Advisory Board. We were delighted that so many of our members and partners engaged in each phase of the consultation. In total 64 organisations (comprising members and partner organisations) attended the Advisory Board session, representing 62% of PRSB member organisations plus guests from NHSX, NHSD, NHSE/I, CQC, NHS Providers, the Registered Nursing Home Association, Digital Health and Care Scotland, the Local Government

Association, University College London Hospitals NHS Trust, Healthwatch, and the Local Government Network. Those involved are identified in an Annex to this paper.

What we heard and what we should do

Participants shared with us a great many insights. For our discussion with the Advisory Board we grouped these into seven headings. Each of these will be discussed in turn. We will summarise the key findings and illustrate these with specific examples of what we were told. We will then propose ways in which PRSB and its membership might take steps to respond, through our own work and through the influence that PRSB and its members can bring to bear in the short and the medium term through the Sponsorship Board and other channels.

1 Heightened Enthusiasm for Digital Health and care

Rapid adoption of digital solutions has been fuelled by a combination of factors. These include necessity, some relaxation of regulatory obstacles, a willingness to try an alternative approach and lowered financial barriers. Some or all of these factors are likely to be transient.

The experience of a shift to digitally enabled working was, on balance, seen as positive by both professionals and people using services.

- The royal colleges cited better multi-disciplinary team working through online platforms and the ability to draw in clinical expertise remotely (Consult and Connect in Wales).
- RCGP said digital working helped practices support one another and cover critical workforce gaps (with support from GP IT systems enabling single system log-ons).
- RCGP and the Allied Health Professions said virtual consultation could reduce or change estate needs and produce cost savings in the future.
- They added that the expansion of the clinical workforce and increased clinical input to services such as NHS 111 was possible because clinicians were able to return to practice safely through virtual working. Many clinicians who had to shield from face to face care could contribute digitally.
- The expansion of online training facilitated return to practice (RCN).
- Colleges including RCGP, RC Psychiatrists and RC Paediatrics and Child Health said they witnessed a huge and successful shift to remote consultations with both people and professionals citing convenience and improved access as key benefits.
- Colleges and other members said that digital consultation is one tool in the box and not appropriate in every case. Guidance around this is required.

The benefits from remote consultation went beyond convenience and a reduced risk of infection, particularly for people who have found traditional consultations a challenge.

- Our patient groups told us that virtual consultation is more convenient, notably for physically disabled people; they are easy to fit around a person's schedule rather than the doctor's or the hospital's. They noted that it is good for clinicians to see people in their home environment; and who people have to support them, such as family, carers etc.
- ADASS reported that people with learning disabilities and autism have found that online consultations have enabled them to overcome many traditional challenges to accessing healthcare consultations that they struggled with when they had to attend clinics and surgeries.

- RC Physicians highlighted the benefit of redesigning services, for example three-way consultation between patient, GP and consultant could now be achieved that would not have been possible before, which is more effective and efficient.

Almost universally, there was a sense that many of the changed ways of working, with adjustment where necessary, should be retained.

- RC Psychiatrists warned that there is a risk that we slip back into old ways and gains are squandered - we need to start building the infrastructure and policies and processes around the new ways of working now.
- NHS Providers said that the pandemic has prompted a change in attitude amongst NHS leaders who previously viewed digital transformation as risky and potentially career limiting; having embraced digital it is key that we don't slip back, they said.

However, poor infrastructure, multiple platforms, and lack of interoperability across many health and social care settings prevented optimal service delivery.

- CQC cited poor data exchange between providers. One important example was a lack of joining up of testing with the GP record with the impact that GPs didn't get the results telling them which of their patients were infected with the virus. As mass vaccination centres are planned, it is absolutely crucial that there is rapid updating of clinical records in general practice for all those receiving these vaccines.
- The RC Physicians surveyed members regularly, and many reported practical problems in moving to virtual consultation, relating to equipment, space and network capabilities.
- Patient groups said that lack of digital access risks increasing digital health inequalities and would hit hardest those who are most deprived. Improving access to technology and broadband connections will be important for future care delivery and libraries and other community hub locations should be considered.
- RC Paediatrics and Child Health and ADCS cited the increase in domestic violence and the impact of the lockdown and ongoing pandemic and its effects on people's mental health especially children's, the scale of which needs to be recognised and addressed.

Proposed Responses

The opportunity of building on the momentum of the last six months and of harnessing the enthusiasm of service users and professionals must be seized. PRSB, working with relevant members, should be commissioned to produce a series of illustrative case studies for widespread use and dissemination across the sector, to highlight the benefits of enhanced digital working but also the need for urgent action to address the deficiencies in basic provision, to provide practical solutions to overcome lack of interoperability and to pilot options for those who may become victims of digital exclusion.

Several Royal Colleges and professional groups have published guidance on optimising the benefits of remote consultation. PRSB should consider if there is a case to modify any of its existing standards or develop any new standards explicitly to address the delivery of care through remote and virtual consultations. It should work with colleagues in NHS Digital and NHSx to consider if adequate surveillance systems, populated with the necessary data capture, are in place to detect any unintended consequences of the shift to virtual consultation, and if not should advocate for these to be developed.

PRSB should encourage HEE and Professional Regulators and professional bodies? to seek to quantify the short term and longer-term benefits to the capacity of the healthcare workforce from a sustained shift to virtual working. This work should also explore the assumptions that should be made for future workforce planning concerning the comparative productivity of virtual and in-person consultation.

Responsibility for determining which digital innovations and relaxed permissions should be retained unchanged and which retained with modification, is widely dispersed across a range of local, regional and national organisations. PRSB should engage with this system, focusing on this as an opportunity to progress its mission and on the need for these decisions to include implementation of relevant Professional Records Standards at each level

2 Self-Management and Remote Monitoring

Respondents recognised that the pandemic would give further impetus to the trend for patients to engage in greater self-management, avoiding the need for visits to healthcare settings, and that many of these would involve the proliferation of digital tools designed to aid this and patients showed themselves astonishingly willing and able to do so at scale. The role of digital tools, including apps, has been the subject of a great deal of public debate and media interest during the pandemic and this seems likely to continue.

Remote and self-monitoring tools have great potential, but they need standardising, integration, quality control and risk management.

- Members agreed digital services, including Apps, could play a greater role in the shift to more self-care. But they believe the current systems for the regulation, approval and quality assurance of Apps to be confusing and inadequate.
- RC Psychiatrists said they have not endorsed apps as its difficult to know what safe or good practice is and also the commercial interests are uncomfortable for colleges. They support developing standards or a framework against which apps can be assessed.
- Service users and their families said that “About me” information about what matters to the person is even more important when the clinician is interacting only over video link and should be more widely used.
- The increase in self-management tools eg. personal diaries, Patient Expectations Tools needs to be reflected in a person’s health record.
- Patient groups said that with the emphasis on self-management Apps for physical and mental health, endorsed by the existence of the NHS Apps library, patients have an expectation that such data will be used in their care. Issues of quality and trust in Apps as well as devices need to be reviewed.
- The CQC said that the technology to help clinicians to identify clinically important parts of the incoming data is as important as the collection and transmission. Data dumps could raise clinical risk by making clinicians responsible for the data that they receive with a lack of technological or time capacity to deal with it.

Proposed Responses

PRSB, through its wide membership, its independence, and its ability to convene all of the stakeholders of interest, is uniquely placed to engage with this agenda. PRSB should raise awareness that the potential benefits of greater use of these technologies will not be achieved without a strengthened framework for quality and integration, and without establishing public trust in the solutions adopted.

PRSB should reflect the views of its members on the current arrangements for the regulation and quality assurance of digital assets such as apps in representations to NHSX NHS Digital and NHS England/ Improvement and four nation counterparts.

PRSB should further promote, using examples drawn from the pandemic, of the importance of person-centred care planning using the "About Me" standard its widespread adoption, working closely with system partners and members. Implementation of the 'About Me' standard at scale will help avoid harmful proliferation of platforms for information of this type in the absence of adoption of a standard approach.

3 Improving Information Collection and Data Exchange

The pandemic has created the requirement for new data capture and coding, not solely related to the management of COVID-19 itself. Some remarkable examples of rapid development of new data collections, clinical coding and terminology, including those in which PRSB played a leading role, show what can be achieved with goodwill and common purpose. Clinical system vendors have played an integral role in this work and their role and partnership is essential in work going forward during the pandemic and beyond. However, the challenges of the collection and exchange of data have been seen in even starker relief as decisions have been required based on real time data that can be relied upon. Much of the data is clinical, but data on workforce, on social and demographic dynamics and on logistical issues have also been of paramount importance.

Data requirements, for practice, governance and for research, need much better planning and coordination. Reducing burden is essential.

- Members said that better coordination of data collections is essential not only to manage subsequent waves of the pandemic but also that COVID-19 has highlighted gaps in metrics, terminologies and comparable data that must be addressed if we are to maximise the use of data for care, planning and research. Clinicians and social care professionals must be supported to adopt use of structured, coded information to enable interoperability and safe, joined up care.
- Members welcomed the temporary suspension of some reporting requirements during the early phases of the pandemic but expressed the sense that this lifting of the burden was short lived.
- The RCGP reported working with partners to simulate the data and logistical requirements of any future vaccination programme and that current systems could prove inadequate.
- The rapid development and use of the "Shielding" database was welcomed, but had thrown up a range of inclusion and exclusion anomalies.
- The RCGP said better workforce and workload data is needed with clear coding on appointment type and consultation duration. They challenged the assumption that clinicians could manage more patients if consultations were virtual.

Proposed Responses

PRSB should engage with NHSX and NHS Digital with a view to it being sponsored to extend its role in building consensus and in convening expertise to develop and consult on new terminology and data standards in areas where these are needed, such as Covid immune status and risk. Vendors have played an essential role in developing and incorporating new COVID-19 related standards in systems and any further work should be carried out in partnership with them.

PRSB should continue to press for, and play its part in creating, common standards for data exchange in areas such as pathology services, where further developments are a priority. At present there is a lack of clarity around how progress on tactical pathology solutions are linked to future strategic programmes and setting out those linkages is imperative to driving transformation of pathology services and adoption of new standards.

NHSX, NHS Digital, with support from PRSB, should review collections with urgency to ensure they are not just restarted as a matter of course but demonstrate they are fit for purpose before re-introduction.

4 Safety

At the heart of the case for the adoption of professional standards is the creation of services that are safe. The pace of change required to respond to the pandemic means that some new ways of working have been subjected to less scrutiny and evaluation than would be typical. Whilst maintaining momentum for change, consideration should be given to whether the safety of new ways of working has been optimised.

Safety: Capacity and capability building to embed safety, not just in technology use but in the implications for changes in practise, remain a priority.

- Members said professional guidance for remote consultation, including addressing safeguarding from a professional and patient perspective and video storage is needed. Standards and guidance developed at pace during the pandemic should be reviewed, and clinical risk management related to the increased use of digital care should be reviewed.
- CQC said that primary care has seen a wholesale shift to remote consulting. This has been supported with the rapid production of guidance around remote triage and the use of "intimate" images in clinical management. The understanding of the impact is lagging behind the adoption of the technology.
- There are different implications for the management of ongoing long-term conditions and the management of undifferentiated illness.
- We have seen a change in clinical risk management and a lowering of the threshold to prescribe - especially noted with antimicrobial prescribing and may also be contributing to increased antipsychotic prescribing in dementia. One significant risk is that the digital contact between patients and doctors becomes more transactional and paternalistic in nature especially when asynchronous in nature.
- Social care professionals added that increased provision of independence aids has occurred since the pandemic and the shift to remote consultations.

Proposed responses

PRSB should advocate for there to be a targeted review of the safety implications of a permanent shift of balance to remote and virtual consultation. This should identify the need for additional surveillance to assess the impact on clinical risk management and patient access, including for vulnerable groups. It should also identify and address gaps in existing guidance; for example, policy on making available recordings of consultations to patients; addressing the needs of those who do not have ready access to technology, and those whose circumstances mean they cannot consult from a private confidential environment as well as any potential legal liability issues arising from digital recording of confidential consultations.

5 Resetting Services

At the time of our consultation thoughts were turning to the need to move beyond the delivery of care for COVID-19 patients to resetting the delivery of the required wide range of health and social care services, but in the context of the need to do so in ways which minimise the risk of viral transmission, and which would enjoy the confidence of a public who have been wary of attending healthcare premises over some months. Of particular priority to those we talked to was the need to redesign emergency and urgent care services so that they could be delivered very differently, as meeting social distancing and health protection requirements would be impossible without redesign. Our respondents also discussed opportunities for minimising the need for patients to attend hospital prior to an elective admission.

Resetting services will require new standards to support changing models of care

- RC Emergency Medicine and other colleges said that the delivery of emergency care must adapt and change to ensure that COVID-19 can be managed safely within emergency departments. They recommend that all ambulance services should have the technology to provide an electronic record to the receiving hospital with clinical details of the patient. This allows better planning of where time critical patients are seen to meet their needs. They said there is a general desire to be pre-warned about at risk /not risk cases, so that emergency departments can proactively find appropriate spaces, facilitate ambulance offloads and arrange better patient placement.
- The college called for greater clinical involvement in NHS 111 and models whereby this service can act as a triage point for emergency departments to make sure we don't return to crowded emergency departments. NHS 111 needs to be better integrated with clinical systems, so that there is shared learning and governance.
- Standards for information flows to support integrated care and service changes are needed, notably in respect of urgent care and NHS 111.
- RC Anaesthetists and partners are exploring models for delivery of virtual, or mostly virtual preoperative assessment and the processes to secure informed consent.

Proposed responses

NHSX, NHS Digital, the Royal College of Emergency Medicine and PRSB should consider developing additional standards to support evolving models of care in urgent and emergency care, particularly in relation to NHS 111 services.

6 Shared Decision Making and End of Life Care

One of the most heart-breaking aspects of the pandemic has been not only the loss of life, but that the end of so many lives could not be attended by the contact with family and friends that would have been seen in normal times. We heard many instances where staff members, determined to do their best in these extraordinary circumstances, found ways, often involving digital technology, to enable some contact with loved ones at the end of life. Nonetheless, whether it be in a care home setting, in hospital or in people's own homes, the need for people being able to express and have recorded their end of life preferences and for every effort to be made for these to be respected has been given further emphasis.

The pandemic has also changed the risk dynamic in making healthcare choices for very large numbers of people. A routine elective procedure that may have been a simple choice is now complicated by the potential risks, and by a very changed pattern of expectations for timely care delivery. Also, the significant backlog of elective care that must be dealt with and people presenting now with more advanced/serious conditions because they have delayed. Reaching shared decisions is of even more paramount importance in these circumstances. Many more people than in the past have experienced using technology in discussing their health with a care giver, and this opens potential avenues for supporting their decision making that have been underutilised to date.

The pace of change in practice has not been matched by updated and responsive protocols for information sharing, leading to suboptimal care and frustration.

- COVID-19 shone a light on the huge variation that still persists in recording people's end of life care preferences. Members called for action to ensure end of life care recording is available everywhere and widely used. Second it is essential that the numerous standards for end of life care are aligned to the Electronic Palliative Care Co-ordination Systems (EPaCCS). They called for better access to information supported by technology (single sign-on) and insight into a patient's context. Members said a working group to examine the issue of information provenance and curation, beginning with Do Not Attempt Cardio-pulmonary Resuscitation orders is needed.
- The pandemic has raised the profile and importance of shared decision making, members said. People's health and digital literacy have increased dramatically, and patient groups have told us that people want a greater say in when, where and how they are treated, and they want their choices and decisions formalised in their health and care record.
- Member colleges said that prioritising patients and reducing waiting lists, in the new circumstances, require candid discussions about treatment choices and more standardised decision-making processes and that this information should form part of a person's care record.

Proposed responses

PRSB and its members should continue to work with NHS England's Palliative and End of Life Care programme to align different approaches to the recording of end of life care wishes with the Electronic Palliative Care Coordination Systems (EPaCCs), with this work being informed by the evidence that has emerged during the pandemic, relating to the provenance and curation of end of life information, particularly Do Not Attempt CPR orders.

PRSB and its members should highlight the inconsistent approach taken to Shared Decision Making, the changed dynamics that lead to this being of even greater importance and make the case for a national Professional Standard with a meaningful implementation programme to be given urgent priority.

7 Social Care

Whilst the pandemic led to unprecedented challenges in the delivery of healthcare this was also the case in the delivery of social care, in domiciliary settings and in care homes. PRSB members evidenced very clearly the nature and extent of these challenges.

The care sector, and social care, despite welcome developments such as access to NHSMail during the crisis, experience challenges in the timely access to information that could improve outcomes and experience for people.

- The Care Provider Alliance said that in adult social care provider settings, it is still only 40% of care homes and home care who use electronic systems for care recording. Covid has really been a driving force in health and care providers understanding the need to share information whether through shared health and care records or through NHSMail. Social care provider software systems don't use structured data and don't really conform to a specific standard so integrating with existing health records is difficult and needs addressing.
- They also point out that those care services that are digital frequently encounter challenges of interoperability with health systems.

Proposed responses

PRSB is engaged in a joint programme of work that will lead to the creation and endorsement of standards which have the potential to make a major impact in this arena including care homes, emergency admissions from care homes and discharge to local authority care. A system-wide implementation plan is essential to build the will and the capacity for this crucial change. PRSB should build a coalition of influence to press for the parallel development of such an implementation plan.

Conclusion

One of the things we heard most clearly during this consultation is that the pandemic is far from over. Now, several weeks since our original interviews, events have confirmed that this is very much the case. There will be more lessons to be learned during this pandemic and this warrants an ongoing discussion at the PRSB Sponsorship Board.

Nonetheless, this report indicates the emergence of some clear priorities for action in relation to digital health and care. These priorities reflect the views of our members and partners, and many of these views have been forged in the crucible of the delivery and receipt of care and support in unprecedented times. We should pursue them with vigour.

The proposed responses reflect the unique nature of the PRSB and its membership. Some relate very directly to the organisation's role in leading the delivery and endorsement of new professional record standards, our core purpose. Others reflect the opportunity for PRSB and its members to influence the digital health agenda through the many connections and interfaces that it enjoys with the digital health system, and which have been strengthened significantly in recent times. Beyond this, PRSB has the trusted relationships and the track record of being able successfully to convene and facilitate to delivery the widest range of stakeholders, and this is available to support the system to rise to the challenges that need to be addressed, including those we have outlined here.

Appendix 1 – Contributors

Initial discussions

Name	Role	Organisation
Alastair Henderson	CEO	Academy of Medical Royal Colleges
Ian Turner	Chair	Care Provider Alliance
Prof Neil Sebire	Chief Clinical Data Officer	Health Data Research UK
Rebecca Steinfeld	Head of Policy	National Voices
Adam Wright	Policy Officer	NHS Providers
Sophie Randall	Head of Partnerships and Strategy	Patient Information Forum
Dr Steven Casson	Chief Clinical Information Officer	Public Health England
Sharon Drake	Deputy CEO	Royal College of Anaesthetists
Sam McIntyre	Head of Quality and Policy	Royal College of Emergency Medicine
Dr Jonathan Leach	Joint Honorary Secretary	Royal College of General Practitioners
Rachel Noronha	Senior Policy Officer	Royal College of General Practitioners
Jonathan Barron	Policy Adviser	Royal College of Nursing
Ross Scrivener	Digital Resources Manager and eHealth Lead	Royal College of Nursing
Suzy England	Professional Adviser	Royal College of Occupational Therapists
Rachael McKeown	Policy Lead	Royal College of Paediatrics and Child Health
Dan Sumners	Head of Policy and Campaigns	Royal College of Physicians
Dr James Reed	Chief Clinical Information Officer & Consultant Forensic Psychiatrist	Royal College of Psychiatrists
Thomas Rutherfoord	Policy and campaigns officer	Royal College of Psychiatrists

Focus group

Name	Role	Organisation
Alastair Henderson	CEO	Academy of Medical Royal Colleges
Beverley Latania	Chair	Adult Principal Social Worker Network
Dr Tim Ballard	National Clinical Adviser – Primary Medical Services	Care Quality Commission
Sophie Randall	Head of Partnerships and Strategy	Patient Information Forum
Lorraine Foley	CEO	PRSB
Prof Bernard Crump	Adviser	PRSB
Helene Feger	Director of strategy, communications, and engagement	PRSB
Alannah McGovern	Membership manager	PRSB
Dr Steven Casson	Chief Clinical Information Officer	Public Health England
Katie Thorn	Digital Engagement Manager	Registered Nursing Home Association
Sharon Drake	Deputy CEO	Royal College of Anaesthetists
Pooja Kumari	Policy Manager	Royal College of Emergency Medicine
Suzy England	Professional Adviser	Royal College of Occupational Therapists
Dan Sumners	Head of Policy and Campaigns	Royal College of Physicians
Dr James Reed	Chief Clinical Information Officer & Consultant Forensic Psychiatrist	Royal College of Psychiatrists
Thomas Russell	Health and Social Care Programme Manager	techUK

Advisory board meeting

Name	Role	Organisation
Beverley Latania	Chair	Adult Principal Social Worker Network
David Watts	Director of Adult Social Services Wolverhampton City Council	Association of Directors of Adult Social Services
Mike Andersson	Vice Chair for standards	BCS, The Chartered Institute for IT
Andrew Langford	CEO	British Association for Music Therapy
Chloe Adams	Policy Lead	British Dietetic Association
Dr Gavin Fenton	Specialist Registrar	British Orthodontics Society
Hannah Farndon	Policy Lead	British Psychological Society
Dr Tim Ballard	National Clinical Adviser – Primary Medical Services	Care Quality Commission
Jonathan Papworth	Co-Founder	Care Software Providers Association (CASPA)
Nuno Almeida	Co-founder	Care Software Providers Association (CASPA)
Euan McComiskie	UK Health Informatics Lead	Chartered Society of Physiotherapy
Jane Mitchell	Professional Advisor	Chartered Society of Physiotherapy
Obi Amadi	Lead Professional Officer	Community Practitioners and Health Visitors Association
Usha Grieve	Director of Information & Partnerships	Compassion in Dying
Prof Jonathan Kay	Chair	Faculty of Clinical Informatics
Dr Ian Thompson	eHealth Lead	Four Nations Scotland
Ben McAlister	Chair	Health Level 7
Jacob Laint	Head of Policy and Public Affairs	Healthwatch
Kim Bellis	Chair	Institute of Health Records and Information Management
Michael Jones	Associate Director of Education (Clinical Coding)	Institute of Health Records and Information Management
Neil Bartram	Chair	LHCR LocGov Network
Edmund Willis	Social Care Digital Innovation	Local Government Association
Andrew Mitchell	Associate Director - Information Architecture, Search and Business Analysis	National Institute for Health and Care Excellence
Keith Strahan	Principle Clinical Lead	NHS Digital
Paul Wright	Chief Pharmaceutical Officer's Clinical Fellow	NHS Digital
Matt Whitty	Interim Director of Innovation, Research & Life Sciences	NHS England and NHS Improvement
Lucy Mcculloch	Care Home Digital Integration Consultant	NHS South West London CCG
Ross Hamilton	Programme Manager |Strategy and Transformation Directorate	NHS South, Central and West
Rebecca Cook	Head of Information Design and Standards Development	NHS Wales Informatics Services
Dr Natasha Philips	Chief Nursing Information Officer	NHSX
Ian Townend	Lead Architect	NHSX

Irina Bolychevsky	Director of Standards and Interoperability	NHSX
Steven McDonald	Programme Head Delivery and Operations Directorate	NHSX
Sophie Randall	Head of Partnerships and Strategy	Patient Information Forum
Dr Afzal Chaudhry	Vice-Chair	PRSB
Alannah McGovern	Membership manager	PRSB
Andrew Hall	Advisor	PRSB
Helene Feger	Director of strategy, communications, and engagement	PRSB
Laura Fulcher	Patient Adviser	PRSB
Lorraine Foley	CEO	PRSB
Marlene Winfield	Board member	PRSB
Martin Orton	Director of Delivery and Development	PRSB
Dr Philip Scott	Assurance Committee Chair	PRSB
Prof Bernard Crump	Adviser	PRSB
Sam Bergin Goncalves	Citizen Lead	PRSB
Dr Steven Casson	Chief Clinical Information Officer	Public Health England
Debbie Brown	Clinical Director and General Practise Nurse	Queen's Nursing Institute
Katie Thorn	Digital Engagement Manager	Registered Nursing Home Association
Sharon Drake	Deputy CEO	Royal College of Anaesthetists
Tom Hughes	Clinical Lead, Emergency Care Data Set	Royal College of Emergency Medicine
Dr Julian Costello	GP and Health Informatician	Royal College of General Practitioners
Dr Victoria Tzortziou-Brown	Joint Honorary Secretary	Royal College of General Practitioners
Hermione Jackson	Digital Midwife Advisor	Royal College of Midwives
Ross Scrivener	Digital Resources Manager and eHealth Lead	Royal College of Nursing
Suzy England	Professional Adviser	Royal College of Occupational Therapists
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