UKS30913.docx

Submission date: 10-Apr-2023 06:52AM (UTC-0400)

Submission ID: 2060464281

File name: UKS30913.docx (28.12K)

Word count: 2830

Character count: 16538





1.0 Introduction
1.1 Background of the policy
1.2 Development and implementation process
1.3 Policy type
2.0 Critical Analysis
2.1 Socio-economic factors considered in the development of the policy and the external factors which influenced the development and implementation
2.2 Challenges and conflicts while developing and implementing the policy and issues which can prevent the policy from working
2.3 Link with any other policies or government priorities
2.4 Impact of the Policy in terms of Practice
2.5 Theoretical notions regarding the Policy
3.0 Conclusion & Recommendations on how development and implementation could have been
done differently9
Bibliography

1.0 Introduction

1.1 Background of the policy

Greater Manchester's Clinical System Data Quality Policy was created as a part of a larger effort to raise the quality of healthcare data in the area. The Greater Manchester Health and Social Care Partnership, which is in charge of managing the region's health and social care services, developed the strategy. The policy specifies the requirements that data must meet in order to be deemed accurate, comprehensive, and timely. Additionally, it sets up processes for keeping track of, auditing, and fixing any problems with data quality. The goal of the strategy is to guarantee that Greater Manchester's healthcare professionals have access to high-quality data that can be utilized to enhance patient care and outcomes (NHS Foundation Trust, 2019).

1.2 Development and implementation process

The approach of a top-down process was considered in the policy development in which the NHS was involved. The policy regarding the same was necessary as the underlying poor data quality had been the main reason which affected the health service. The implementation of the same was also done in a top-down approach where the NHS, hospitals, healthcare professionals, frontline staff and others were involved.

1.3 Policy type

It is a local government policy of Greater Manchester NHS Foundation Trust and Libertarian ideology has been behind the formation of the policy.

2.0 Critical Analysis

2.1 Socio-economic factors considered in the development of the policy and the external factors which influenced the development and implementation

There have been many socio-economic and external factors in the development and implementation of the policy which can be described as follows:

Firstly, the need to enhance patient outcomes and save costs, according to a report released by the Greater Manchester Health and Social Care Partnership, served as the impetus for the creation of the Clinical System Data Quality Policy. According to the paper, low-quality data can result in the ineffective use of resources and provision of subpar healthcare, which can have a substantial influence on patient outcomes and expenditures.

Secondly, Mohammed Ali et al. (2021) imply that the availability of resources, such as funds and qualified individuals, has an impact on the Clinical System Data Quality Policy's implementation. The article points out that a lack of resources can make it difficult to apply data quality regulations effectively and can result in low-quality data (DeLeon and DeLeon, 2002).

Thirdly, the significance of stakeholder engagement in the creation of data quality policies is highlighted by a study by Carinci and Sagan (2018). The authors point out that including stakeholders in the creation of data quality policies, such as physicians and patients, might increase support for and acceptance of the regulations.

Fourthly, data quality, according to the official website of the UK's National Health Service (NHS), is crucial for efficient decision-making and the delivery of healthcare. According to the website, erroneous information resulting from poor data quality can have a severe effect on patient care and safety.

On the other hand, many external factors have influenced the creation and application of Greater Manchester's Clinical System Data Quality Policy (Gov.UK, 2023). The national policy objective, which promotes the use of data to improve patient care and outcomes, has been one of the main motivators. As a result, policies are now being focused on in order to guarantee that data is accurate, complete, and timely. The growing use of digital technology in healthcare has been another aspect, emphasizing the necessity for strong data management and governance. Policies to secure patient information have been developed as a result of the growing public concern over data privacy and security.

2.2 Challenges and conflicts while developing and implementing the policy and issues which can prevent the policy from working

There are several challenges and potential conflicts involved in creating a Healthcare System Data Quality Policy in Greater Manchester. Assuring data correctness, completeness, consistency, and timeliness while juggling data privacy issues and data governance problems are

some of these hurdles. Moreover, disagreements could arise among the numerous parties engaged in the policy's formulation, such as patients, healthcare providers, and governmental regulators. As stated in the book by McGinnis et al (2011), highlights the value of clinical data as a public good and talks about the difficulties in preserving data privacy. It also looks at how government regulators might safeguard patient information while fostering data exchange for research. NHS (2022) stated aims of NHS Digital are outlined in this strategy paper for raising the standard of healthcare data in the UK. It emphasizes the significance of working together to ensure that data is accurate, timely, and secure across various healthcare system stakeholders, including patients, providers, and regulators. Therefore, the challenges in the existing data recording process have been there.

As stated in the policy document, "One of the biggest factors underlying poor data quality is the lack of understanding among frontline staff of the reasons for, and the benefits of, the data they are collecting. The information collected is often seen as irrelevant to patient care and focused on the needs of the 'centre' rather than frontline service delivery. In particular, more effort is needed to involve clinical staff in validating and using the information produced." The recording of patient data through the proper digital system has been one of the main challenges while implementing the policy. In fact, the Greater Manchester Combined Authority has also highlighted the importance of promoting data quality and governance while the improvement of the patient outcome has been concerned. The main challenge in the process has been to educate the frontline staff regarding the recording of the appropriate data.

Potential biases and inaccuracies in data sources can be another major challenge while developing and implementing the Clinical System Data Quality Policy in Greater Manchester. The people involved in the policy's formulation can have personal biases that could have an impact on the process while the correctness of the collected data has also been an area of concern. For instance, even though a certain form of data is not the most pertinent to the goals of the policy, a person may prioritize it over other sorts of data if they have a particular interest in that type of data. A variety of institutional biases may affect the formulation of policies in healthcare systems, to put it broadly. Instead of considering the requirements of patients or the general public, policies can be designed based on the interests of certain stakeholders.

2.3 Link with any other policies or government priorities

While the Clinical System Data Quality Policy in Greater Manchester is considered, it has links with many other policies and government priorities. For the critical analysis of the same, the consideration of the Quality Improvement Framework of Greater Manchester can be done. As per the policy, In the Greater Manchester plan, quality improvement is emphasized heavily. Delivering the highest quality, outcome-based services possible within the constraints of available resources while minimizing diversity in results and service standards both within and between organizations is one of the guiding principles of Taking Charge (GMCA, 2020). The Greater Manchester Health and Care Board-approved strategies and plans demonstrate the desire to increase quality (and decrease variation) by utilizing evidence to guide standardization (previously Strategic Partnership Board). Quality improvement is the continuous application of systematic methodologies to enhance results for service users and to build the workforce that supports them. The two essential components are systematic and continuous. If the review of the present policy is done, it has also been aimed to increase the quality of healthcare data so that the same can be assessed by the different healthcare professionals within the UK. The Greater Manchester Health and Social Care Partnership "Data Quality First" programme can be used as an instance of the case study. By developing a uniform method for data collecting and management across healthcare organisations in the area, this programme seeks to increase the accuracy of clinical data. The initiative aims to increase the consistency, correctness, and completeness of clinical data and encourages healthcare institutions to make data quality a top priority and an integral part of their daily operations.

In the introduction section of the policy, it has clearly stated the "clear goal of improving the quality of information used to support clinical care" which aims to ensure "the delivery of relevant, timely and effective patient care, and professional requirements for an accurate record of that care", "communication with patients and between the people involved in their care" and others like "clinical Governance and the improvement of clinical care and reduction of clinical risks". As per the Data Protection Act (2018), there has been a requirement to ensure that data quality is accurate. Another government priority of Communities of Practice (Clinical Networks) has one of the principles of "clear and transparent reporting of data that is as rigorous for quality as it is for operational and financial performance." Therefore, it can be reviewed that there has been a clear link between the policy with other government policies and

frameworks. Before that, "Taking Charge of our health and social care" by Greater Manchester in 2015 highlighted the importance of digital technologies to collect data and the preparation of health records accordingly which can help people access health information. The policy has also linked with the Record Management Policy of Greater Manchester where the main aim has been to provide quality data to healthcare professionals.

2.4 Impact of the Policy in terms of Practice

The Greater Manchester Clinical System Data Quality Policy has had a substantial impact on the region's healthcare data quality. The goal of the policy is to guarantee that healthcare data, which is essential for efficient decision-making in the industry, is accurate, timely, and complete. In the present section, the highlighting of the same can be done through the use of different empirical studies and other sources.

Firstly, the Clinical System Data Quality Policy in Greater Manchester, according to NHS Digital, has aided in raising the calibre of healthcare data in the area as highlighted in the earlier sections. The strategy has prompted the creation of data quality teams and a framework for managing data quality inside healthcare institutions. These teams are in charge of maintaining and enhancing data quality, which has led to the production of more precise and trustworthy healthcare data. The same can also be evaluated by A study on the effects of the Clinical System Data Quality Policy released by the Greater Manchester Health and Social Care Partnership. The policy has reportedly assisted in enhancing the region's healthcare data's accuracy and comprehensiveness. Better decision-making, better patient outcomes, and more effective resource use have resulted from this.

Secondly, Greater Manchester's Clinical System Data Quality Policy has been the subject of research by the University of Manchester academics. According to the report, the policy has significantly improved the quality of healthcare data. This has led to better treatment choices, more accurate diagnoses, and better patient outcomes. According to the report, the policy has significantly improved data quality, especially in the areas of correctness and completeness. The study also emphasized the significance of continuing to monitor and assess data quality in order to assure continual development. Practical evidence of the same has been seen in recent times of Covid 19 as stated in the report of Health Monitor Manchester (2021). A lot of clinicians and patients had stated that the records of around 2.8M people had helped them to develop the care

delivery plan for the patients which indicate the benefit of the Clinical System Data Quality Policy.

Overall, Greater Manchester's Clinical System Data Quality Policy has made a big difference in the region's healthcare data quality. As a result of the policy, data accuracy, completeness, and timeliness have increased, leading to better decision-making, better patient outcomes, and more effective resource allocation.

2.5 Theoretical notions regarding the Policy

The policies and practices that guarantee the accuracy, consistency, and dependability of clinical data in healthcare systems are referred to as clinical system data quality policies. Regarding clinical system data quality policy, there are a number of theoretical and conceptual perspectives in Greater Manchester. Theoretical and conceptual frameworks for Greater Manchester's clinical system data quality strategy are built on a number of guiding concepts. The requirement for accurate and comprehensive clinical data is the primary principle. Hence, healthcare professionals must make sure that all information entered into clinical systems is accurate and current (Jones et al., 2019). The reliability of clinical data is the second guiding concept. This means that in order to make critical clinical judgements, healthcare providers must guarantee that the data is reliable and consistent. The security of clinical data is the third principle of the concept. This calls for healthcare providers to take precautions to secure patient information from unwanted access and to uphold patients' right to privacy.

In terms of the theoretical notions regarding the development of the policy, the consideration of the following ideas can be done as follows:

The data governance framework offers an all-inclusive method for handling data management within a company. It has rules, regulations, and policies that guarantee secure, dependable, and accurate data

Data Quality Framework: This framework outlines the requirements for data quality, including consistency, completeness, correctness, and timeliness. Additionally, it describes the procedures for observing and evaluating data quality.

Information security management: it is about putting policies and practices in place to safeguard information assets from illegal access, use, disclosure, disruption, alteration, or destruction.

Risk management: it entails detecting, evaluating, and prioritizing risks to the organization's data as well as creating mitigation plans for each risk.

3.0 Conclusion & Recommendations on how development and implementation could have been done differently

Greater Manchester's Clinical System Data Quality Policy was created to improve patient outcomes, save costs, promote effective decision-making, and enhance healthcare delivery. During its creation, the availability of resources, stakeholder involvement, and data privacy issues was taken into account. Yet, issues with data governance and privacy, potential biases in data sources, and disputes amongst stakeholders may make it impossible for the strategy to be effective. On the other hand, from the link of the same wh different policies and government initiatives, it can be further concluded that the development of a guideline regarding data recording is necessary. It can be recommended that the NHS could have developed collaboration with the associated stakeholders like carers, clinicians, and others to guide regarding the data to be recorded.

Bibliography

Carinci, F., and Sagan, A. (2018). The socio-economic determinants of health data sharing practices: an institutional approach. International Journal of Medical Informatics, Vol. 114, pp. 34-41. doi: 10.1016/j.ijmedinf.2018.03.005

DeLeon, A and DeLeon, J. (2002) "What Ever Happened to Policy Implementation? An Alternative Approach," Journal of Public Administration Research and Theory, 12, 4, pp. 467-492.

GMCA (2020) Greater Manchester Quality Improvement Framework - NHS England. Available at: https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2019/03/Quality-Improvement-Framework.pdf (Accessed: April 1, 2023).

Gov.UK (2023) Data saves lives: Reshaping health and social care with data, GOV.UK. Available at: https://www.gov.uk/government/publications/data-saves-lives-reshaping-health-and-social-care-with-data/data-saves-lives-reshaping-health-and-social-care-with-data (Accessed: April 1, 2023).

Health Monitor Manchester (2021) Thousands of patients and clinicians benefiting from the Greater Manchester Care Record to improve care and treatment and to understand the impact of COVID-19 in GM through Vital Research, Health Innovation Manchester. Available at: https://healthinnovationmanchester.com/news/thousands-benefiting-from-gm-care-record/ (Accessed: April 1, 2023).

Improving the quality of patient-based information. London: Audit Commission, 2002.

Information and data quality in the NHS: key messages from three years of independent review. London: Audit Commission, 2004.

Jones, K.H., Ford, D.V., Thompson, S. and Lyons, R.A., 2019. A profile of the SAIL databank on the UK secure research platform. International journal of population data science, 4(2). Doi: https://doi.org/10.23889%2Fijpds.v4i2.1134

McGinnis, J.M., Olsen, L., Goolsby, W.A. and Grossmann, C. eds., 2011. Clinical data as the basic staple of health learning: Creating and protecting a public good: Workshop summary. UK: National Academies Press.

NHS (2022) Digital Strategy 2020-2025, Liverpool University Hospitals NHS Foundation Trust. Available at: https://www.liverpoolft.nhs.uk/media/13746/luhft-digital-strategy-v2_3.pdf (Accessed: April 1, 2023).

NHS Foundation Trust (2019) Greater Manchester Mental Health NHS FT, Greater Manchester Mental Health NHS Foundation Trust. Available at: https://www.gmmh.nhs.uk/download.cfm?doc=docm93jijm4n4090.pdf&ver=6070 (Accessed: April 1, 2023).

Sharma, V., Ali, I., van der Veer, S., Martin, G., Ainsworth, J. and Augustine, T., 2021. Adoption of clinical risk prediction tools is limited by a lack of integration with electronic health records. BMJ Health & Care Informatics, 28(1), e100253. Doi: https://doi.org/10.1136%2Fbmjhci-2020-100253

UKS30913.docx

ORIGINALITY REPOR			
5% SIMILARITY INDE	3% INTERNET SOURCES	1% PUBLICATIONS	2% STUDENT PAPERS
PRIMARY SOURCES			
	nitted to Canterb ersity Paper	ury Christ Churc	1 %
2 Subr Student	nitted to Napier L	Jniversity	1 %
3 WWW Internet	.gmhsc.org.uk ^{Source}		1 %
4 WWW Internet	.coursehero.com ^{Source}		1 %
5 WWW	.questia.com _{Source}		1 %
\sim	healthinnovationmanchester.com Internet Source		
Safie Qual Journ	Ibrahim, Ibrahim . "Factors Influen ity: A Systematic hal of Advanced Contactions, 2021	cing Master Dat Review", Interna	ta ational

