

RE: Section 21 Notice 1 of 2024 – evidence session on 9 April 2024 – commitment to provide follow up information.

The Permanent Secretary of the Department of Health, Peter May, during the evidence session on 9 April 2024, committed to providing further information to the Inquiry during his answers to the Panel's questions. Please find the said information below.

1. Getting it Right First Time: Urology

Mr Hanbury queried whether there were any other specialisations that the Southern Trust were taking on (other than urinary tract stones) and whether the Department generally supports clinician-led initiatives.

The Department responds as follows:

The Department and the Southern Trust have worked in partnership to establish the regional Extra Corporeal Shockwave Lithotripsy (ESWL) and Generalised Stone Service in the Trust which has had a positive impact on waiting times for this procedure. More recently funding has been allocated to increase the range of regional urology services provided in the Trust and a new Percutaneous Nephrolithotomy (PCNL) service is now operational which has been funded by the Department with the support and input of urology clinical leads across Northern Ireland.

The Department recognises that the active involvement of clinical staff is an essential component of quality improvement and continue to engage with urology clinicians to ensure evidence-based service improvement, for example in local innovation and horizon scanning.

2. Encompass

The Chair queried, in relation to Encompass, where the interface was between private and patient public health and social care records.

The Department responds as follows:

The Department recognises that, to ensure patient safety, access to the relevant portions of the regional Electronic Patient Record (EPR) by all those providing care is desirable. This issue was identified by the Independent Neurology Inquiry and referenced in Recommendations 12 & 13 of their report.

Access by anyone in HSC organisations is strictly controlled and monitored with only information relevant to their role made available to them. If further access is required, such as in an emergency, then there is a facility to record that “unusual” access. This is often referred to as a “Break the Glass” capability.

The new EPR also provides facilities to enable patients or service users to share portions of their medical record with anyone they choose. Guidance is being prepared on how to use this capability.

Currently there are 3 distinct groups of healthcare professionals who might wish to access the EPR. These are:

- A. Staff employed by HSC organisations who utilise HSC provided equipment;
- B. Staff within private healthcare facilities, operating under contract to the HSC and who have access through their HSC employment; and
- C. Those providing independent private care and using their own facilities.

Those practitioners operating in groups A & B can access those portions of the patient record relevant to their work with access managed by HSC systems. The ability of those in Group C, providing totally independent services, to access and contribute to the HSC version of the healthcare record poses challenges in respect of:

- Clinical governance – Do they need to see this information to provide this service?
- Professional regulation – Are they competent to act on the information?
- Information governance – Have they been trained in handling this information and in their Duty of confidentiality? and
- Cyber security governance – does their access pose a risk to the security of the entire HSC network and computer systems?

In recognition of the new capabilities made possible by the EPR, the Department of Health's Chief Digital Information Officer has begun initial engagement with the private sector on interactions with Encompass to address those challenges. However, this work is still in the early stages.