Dear Ms Hillier

Re: Treasury Minute response to the Committee’s report on Mental Health in Prisons

Thank you for your letter of 15 October to Simon Stevens in relation to progress on the Committee’s recommendation to evaluate the effectiveness of the link between NHS records in the community and in prison. I have been asked to reply and I apologise for the delay in responding.

We would like to clarify one of the points you raised in the body of your letter with the direct quote from the Treasury Minute that ‘functionality will go live in a phased rollout out from May 2019’. This related specifically to the rollout of the GP2GP data transfer capability, which was the point in question. It has to be recognised that the Health and Justice Information Service (HJIS) programme as a whole is charged with rolling out more than the one capability. GP2GP, whilst important, is part of a series of upgrades to SystmOne (provided by The Phoenix Partnership, TPP) whose sequencing and timing are determined by system architecture and practical rollout considerations.

In response to your specific questions:

Why it will take so much longer than you previously indicated to begin rolling out the link between the prison and community healthcare systems?

There is a limited market for IT solutions of this kind, and only two suppliers remained at the end of the tendering process when HJIS was procured in 2015/16: TPP and one other which would have taken at least 18 months to develop their offering. There are no alternative suppliers waiting in the wings with a viable alternative product for prisons.

When the contract was originally being prepared for signature between NHS England and TPP, a fault in the community GP version of SystmOne was discovered. Although the fault was resolved, the HJIS contract was paused in order to safeguard tax payer’s interests until this particular supplier TPP would agree to the...
level of reimbursement it would make for the disruption caused to the NHS. The pause lasted from May to November 2016.

A second pause then immediately had to be imposed due to the concerns raised in 2016 by the ICO in relation to TPP’s data sharing model. These took until August 2017 to resolve, and NHS England was able to sign the HJIS contract with TPP in October 2017. TPP had prioritised existing customer contracts in the intervening period in preference to HJIS, which built in significantly more lead time between contract signature and go live of the first stage of development.

At the time of the Committee hearing in October 2017 NHS England had not received confirmation from TPP of the extended lead time. This extended lead time had a knock-on effect on all future releases (including GP2GP) which must be introduced in a particular sequence.

Due to their being no alternative supplier and time already elapsed in negotiating the contract, NHSE thought it prudent to accept the lead times and press ahead with introducing the new functionality.

**When you expect roll out of the link to be completed?**

The current plan for the implementation of GP2GP connectivity is that it will commence in June 2019, and complete by March 2020.

**What measures NHS England is putting in place to improve information sharing in the interim period?**

NHS England has been preparing the ground for data sharing between the community and prisons and in the last two years has expended considerable effort to improve data quality and security in the clinical system. This includes the rollout of NHS Smartcards to all prison sites; ensuring NHS numbers are used accurately and consistently in the estate; removing duplicate records and introducing templates to ensure consistency in the recording of clinical data. All of this has enabled the estate to be ready for the introduction of the Personal Demographics Service, the first stage in Spine enablement.

Since the Committee hearing, NHS England has worked with partners to pilot an approach to the GP pre-registration of people about to leave the prison estate. The findings of the pilot are being readied for wider promotion to all prison healthcare providers and community GP practices. The expectation is that this manual process will reduce the risks of discontinuity of care at release. The national promotion of pre-registration will commence early in 2019, and from there it will run in advance of the GMS registration go-live at each prison site.

Alongside the work on pre-registration, NHS England has led work in relation to the National Partnership Agreement Priority 4 which is to improve quality of data & intelligence collection and enable data-sharing between partners. This includes improving the sharing of information before and after incarceration to support continuity of care, and will aid development of effective health outcome measures. NHS England has produced a template for a national information sharing protocol.
which offers a comprehensive approach and abides by the legal requirements reflecting the new legislative framework around data protection, referencing the Data Protection Act 2018. This information sharing protocol was shared with the national Prison Health Care Partnership Board in July.

I hope this clarifies the position, and the reasons for it.

Yours sincerely,

Kate Davies OBE
Director of Health & Justice, Armed Forces and Sexual Assault Services Commissioning
NHS England