Department of Health

Common Assessment Framework for Adults

A summary of the consultation on proposals to improve information sharing around multi-disciplinary assessment and care planning

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Contents

Executive summary

This consultation document is about improving the quality and efficiency of care and support, through improvements in the sharing and use of information. Individuals provide their personal information to allow an assessment of their needs for care and support. This document focuses on care and support for adults and on assisting the continuing development of personalisation by helping people to choose services better suited to their needs.

Sharing people's personal information within assessment and care and support planning is essential in:

- providing a better experience for customers who contact and use health and social care services, their families and their carers; and
- building further capacity and improving the effectiveness and efficiency of care and support arrangements.

The widely shared vision for transforming adult social care, *Putting People First*, sets the agenda for giving people greater choice and control over their care and support, the development of self-directed support and the need to continue moves towards better-targeted, earlier intervention to support people. It emphasises the broad nature of community support arrangements and the importance of sharing information appropriately across health and social care services, and more widely with organisations involved in housing and supporting people and in the voluntary and private sectors.

People's expectations of what information the different professionals involved in their care and support should consider continue to change and widen. People have expressed an increasing frustration at having to provide the same information to different organisations and professionals involved in their care.

The range of information that can be shared through computers and information technology (IT) rather than on paper has increased significantly. Over time, use of IT by the individual, within and between local organisations and by professionals has grown.

However, support arrangements for the sharing of information across health and social care services and the wider community have developed at differing rates. They use different approaches, from paper-based exchange to more high-tech solutions. These have developed to meet local needs and do not help exchanges of information beyond local boundaries.

Sharing the right information at the right time has advantages for the quality of a person's care and support arrangements. These must be set against the potential disadvantage of the underlying risks from unauthorised access. It is important to maintain the security of personal information, making sure that consent arrangements are explicit, understood and recorded, and that only those people who are authorised and need to can access it.

Section 1 of the consultation explains why the Common Assessment Framework (CAF) for Adults is being developed. There are further gains and improvements to be made, building on what happens now and the practical implementation of the Single Assessment Process (SAP) for Older People and the Care Programme Approach (CPA) in mental health. People's expectations of care and support arrangements have grown. They wish to reduce the number of occasions when they are asked for the same information by the different people.

Section 2 sets out what a CAF for Adults would cover. The development of the CAF aims to support the existing investment made in local areas, building on current assessment and care management frameworks rather than replacing them.

Section 3 identifies the foundations on which the CAF should develop and assessment and care planning happen, building on what we know from the SAP and CPA. The general principles on which they were based and introduced at local level need to be developed and adapted. This will ensure they take account of personalisation and self-directed support, placing people at the centre of assessments and care and support planning.

Section 4 notes how wider support structures contribute to people's independence and underpin their personal preferences and goals in life and, consequently, the support that is available to them. To enable this wider support often requires wider sharing of relevant information. Whoever the sharers are, information must be shared on the basis of established guidelines and the clear and informed consent of the person concerned. Section 4 looks at the level of information sharing across traditional organisational boundaries, as well as the possible use of collated, anonymised data in planning, organisation and research.

To make the best use of IT, current electronic information systems holding individual care and support records need to interface with a range of different types of electronic assessment. **Section 5** gives an example of a personalised results-based set of information, common and appropriate to a range of different assessments. This could form the basis of what information could be shared more widely.

Section 6 covers proposals for IT systems or mechanisms that could be used to store and share records, so that they can be held securely and safely and be accessible only where appropriate consent has been provided and to those with a legitimate interest. It proposes development of the approach taken by NHS Connecting for Health, but also asks for suggestions on alternative approaches that could offer similar or enhanced security.

The consultation process

To respond to this consultation, please visit:
www.dh.gov.uk/en/Consultations/index.htm

The online consultation makes it easy to submit responses to the questions. On registering you will be provided with a user name and password to enable you to edit or update your submission as many times as you wish during the consultation period. The consultation runs from 22 January 2009 to 17 April 2009.

We would prefer you to make your response online. However, if you are unable to respond online, you can request a paper feedback form by writing to, or telephoning:

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All responses by email should be sent to caf@dh.gsi.gov.uk

Please note: After the consultation has closed, all responses will be published unless respondents specifically request that their response be kept confidential. Your name will **not** be displayed against your comments. Submissions made on behalf of organisations will be displayed with the organisation name. This will apply to all responses whether submitted online, posted, faxed or emailed. Please indicate on your response if you want us to treat it as confidential. You should also read the information in the annex about confidentiality and data protection.

Introduction

1. This document summarises proposals for, and seeks wider views and consensus on, the development of a Common Assessment Framework (CAF) for Adults.

2. More information and detail is included in the main consultation document www.dh.gov.uk/en/Consultations/index.htm

3. The framework is intended to promote more efficient and timely exchanges of information around assessments. The aim is that support and care planning should place the individual, family and carers at the centre of the process. The objectives of the CAF are to support:

   - a better experience for people who use health and social care services and their carers. This will be achieved by promoting and supporting a proportionate, thorough, more person-centred assessment of need and care and support planning; and
   - improvements in the capacity, effectiveness and efficiency of the health and social care systems, by providing a basis on which the development of shared electronic care records can be taken forward.

4. We are particularly interested in comments, ideas and evidence concerning the potential impact of the proposals on equality issues. Specific concern is about the positive and negative effects of sharing information or of not wishing to share information in relation to disability, ethnicity, gender, sexual orientation, age, or religion or belief.

Question 1:

Do you have any general comments about the Common Assessment Framework?

Section 1: Reason for developing a Common Assessment Framework for Adults

Public view and expectations

1. People have told us about being asked the same questions and having to give the same information time and time again to those involved in their care. Not only do people in regular contact with health and social care services find this irritating, but it also reduces their sense of being treated as an individual. It seems to confirm a view that the information they give is not valued. There is now an overwhelming expectation that professionals involved in the assessment of a person's needs and their care and support planning must be aware of that person's general circumstances and preferences so as to start from a common understanding. This is not always matched by current practice.

Professionals

2. For those involved in the assessment of a person's needs, support and care planning, there is a lot of information which will be essential to discussions and agreements. Evidence gathered from the introduction of the Single Assessment Process (SAP) for Older People shows the importance of sharing this information. As we develop self-directed support and personalisation, the ability to access a wider range of information will become more important.

Potential for cost efficiencies

3. Duplicating information that should be shared reduces the effectiveness of joint working and individual focus. It is also inefficient. Initial evidence supports the view that there are gains to be made in quality, efficiencies and cost efficiencies from improving information sharing.

4. Our proposals are based on the views and the available evidence from the introduction of the SAP and the Care Programme Approach (CPA). Many authorities have extended the use and approach of the SAP from older people to all age groups, but obstacles to multi-disciplinary working remain. These obstacles accord with the experience of information sharing across wider community settings. These and other complex issues must be addressed if the CAF is to be successfully introduced.

Question 2:

Do you think there are any other advantages to be gained by making improvements in information sharing around assessment and care and support planning?

Do you have any major concerns?

Section 2: What would a Common Assessment Framework for Adults look like?

1. *Putting People First*[1] has a shared vision which the CAF is designed to support:

   'Ultimately, every locality should seek to have a single community based support system focussed on the health and wellbeing of the local population. Binding together local Government, primary care, community based health provision, public health, social care and the wider issues of housing, employment, benefits advice and education/training.

   'This will not require structural changes, but organisations coming together to re-design local systems around the needs of citizens.'

2. Our proposals provide a framework which will encourage improved multi-disciplinary and inter-agency working. They begin by focusing on improving the interface between health and social care provided in the community.

3. Local arrangements for sharing information across health and social care, and across the wider community, are at different stages. They developed locally and use a range of approaches. The CAF aims to support these local arrangements, building on current assessment and care management frameworks rather than replacing them.

4. A CAF for Adults will:

   - set out core principles which should inform it;
   - establish how best to fit information sharing into developing assessment and care and support planning arrangements and the introduction of self-directed support and personalisation;
   - establish the basis of a shared set of information; and
   - be supported by mechanisms that hold and share information securely and appropriately.

Question 3:

In your experience, are these mechanisms sufficient for developing improved information sharing around assessment and care and support planning to support delivery?

Section 3: Principles of a Common Assessment Framework

1. The CAF will need to develop alongside assessment processes compatible with council duties in law and with policy guidance:

   - Councils have a statutory duty to assess needs and to provide help to people who meet their eligibility criteria.
   - Councils also need to continue to meet their statutory duties to carers.
   - Councils need to ensure that financial upfront allocations/resource allocation systems are compatible with guidance on fair access to care.

2. Introducing self-directed support and personal budgets will require systems compatible with requirements for assessment and review, including the SAP and the development of a CAF.[2]

Consent

3. A right to confidentiality is provided under common law. It requires that information held in confidence should not be disclosed or used for purposes that the individual concerned has not consented to. However, confidentiality may, under certain specific circumstances, be set aside in the public interest or where statute requires it. Further guidance can be found in *Confidentiality: NHS Code of Practice*.[3] The Data Protection Act 1998 (DPA) regulates the processing of personal data through an enforceable set of good practice handling rules known as the data protection principles. These principles are expressed in general terms. Among other things, they require personal data to be processed fairly and lawfully, obtained only for specific and lawful purposes, and not further processed (including disclosure to third parties) in a way that is incompatible with the original purposes for which the data were collected.

4. Multi-disciplinary assessment should only happen when a person consents to the process. Consent must be given before a person's information is shared with and within separate organisations, in line with legal requirements and obligations.

5. The NHS Care Record Guarantee[4] commits NHS organisations to using health records only in ways that respect people's rights and promote their health and well-being. This document should inform decision making about who can access a person's care record. A similar Social Care Record Guarantee is being developed. For more details about consent see the main consultation document, pages 18–19.

Mental capacity

6. A person's mental capacity to consent to assessment and information sharing should always be considered in line with the legislation and guidance.[5, 6] If a person lacks the capacity to consent, then a decision should be taken:

   - with due regard to any advance directives which that person may have authorised; and
   - by a Deputy, or a person who has Lasting Power of Attorney (where one exists).

7. Where neither of the above applies, a decision must be taken in the person's best interests. The response must be proportionate to the level of need or risk. Such a decision is ultimately a professional judgement.

Proportionate assessment of need

8. Assessment brings together information on a person's needs and circumstances. It means making sense of that information to identify needs, and agreeing what advice, support or treatment to provide. The level of assessment, and therefore the amount of detail, should be proportionate to need. Throughout an assessment, re-ablement is critical, especially when care, support and treatment are being considered. For information on self-assessment of need see the main consultation document, pages 20–22.

A person-centred approach

9. Assessment of needs should be carried out in line with the key principles of a person-centred approach. These include:

   - encouraging those who can and wish to undertake an assessment of their own needs – a self-assessment – to do so, with support as necessary. This provides the basis for giving individuals the maximum choice, control and power over the care and support they need;
   - if a more formal professional approach is appropriate, involving people fully in the process by listening to their views, considering how they want to live their lives and the type of care and support that suits them best, and helping them to make informed choices;
   - identifying and agreeing on risks associated with any care and support plan;[7] and
   - involving close family members and carers where appropriate. Family members may have high-level needs that have an effect on the individual being assessed. So, where appropriate, look holistically at the family.

   For more information see the main consultation document, pages 22–23.

Focus on improving peoples' outcomes

10. Outcomes adults have identified as important are:

- improved health and emotional well-being;
- improved quality of life;
- making a positive contribution;
- choice and control;
- freedom from discrimination;
- economic well-being; and
- personal dignity.

Identifying the effect of a person's needs on family members and carers

11. It is particularly important that each assessment goes beyond identifying a person's specific needs. It must also identify the impact of a person's needs on other people – including the effect of failing to meet those needs. The right intervention or support will take account of the wider needs of the family and carers.

12. Adult social care services have a continuing role in helping parents to fulfil their parental roles while children's services carry out their responsibilities. It is crucial that adult and children's services work together to provide adequate support for parents, children and families.

Care and support planning

13. Assessment, care and support planning are intrinsic parts of one continuous process. They need to be based on a person-centred, integrated approach. That requires an effective means of sharing information between members of multi-disciplinary care teams. For more information on care and support planning see the main consultation document, pages 24–25.

Care coordination

14. It is good practice for all adults with long-term support needs to have a named contactable person. For those with more complex longer-term health and social support needs, a person should be given the responsibility for coordinating support. This would include coordinating the assessment or self-assessment processes, to which a number of different people make contributions, and the development and management of a care and support plan and any associated risks. Care coordination is well established in some areas, for example within mental health services where the Care Programme Approach (CPA) is used.[8]

15. The care coordinator needs a good understanding of the local health and social care sectors and good communication skills, as well as case conference management skills. In some cases (for example where a person is terminally ill) specific professional skills may be necessary. But the care coordination role could be undertaken by any of a range of people with experience in health and social care. Some people might be willing and able to coordinate their own support, with adequate training and assistance.

16. It has also been suggested that a person's carer could act as a care coordinator in some cases, though there are a number of considerations in relation to this suggestion. It raises complex issues, which would need to be explored further. It could potentially add to the pressures felt by carers: a carer may not be best placed to navigate the system, requiring substantial advice and support. We believe, nevertheless, that it should remain an option in cases where the individual and carer think it beneficial.

Question 4:

We welcome your views, whether general or specific, on the set of principles for assessment and care and support planning.

In particular, in your experience:

a) are there any additional principles that should be included?

b) will these principles all retain their relevance within the developing context of self-directed support?

c) what will help ensure that they are sufficiently embedded into practice?

Question 5:

We welcome your views on care coordination.

a) Should the care coordination role be open to people who are not professionally qualified (including the person themselves)?

b) Should carers be able to act as care coordinators?

c) Are there specific circumstances in which carers should **not** undertake a care coordinator role?

Section 4: Use of shared information from assessment and care and support planning

1. The initial focus of these proposals is to improve the sharing of information that supports multi-disciplinary assessment and support planning.

What does information sharing need to deliver and ensure?

2. There need to be a number of central elements underpinning information sharing:

   - The individual's **consent** to sharing their personal details needs to be explicit, setting out the pieces of information to be shared and who they should and should not be shared with.
   - Sharing of people's personal information needs to be on the basis that it is **secure** and only accessible, with appropriate consent, by professionals with a legitimate interest in a person's support.
   - It should allow for secure patient and user access and, potentially, direct control of the information.
   - It should support individual approaches based on what each person wants for their life.
   - It needs to link to and from wider specialist assessments, as well as any other assessments such as web-based self-assessment for equipment.
   - People should be able to frame their own overall assessment and care planning needs.
   - It should facilitate the sharing of a limited amount of information that is up-to-date and correct, in a way that is helpful and useful to the different professionals involved.
   - It should provide the basis for recording the information **once**.

Use of information in assessment and care and support planning

3. The starting point for the collection, collation and effective use of health and social care information must be the individual.

4. When delivering personalised care, the different professionals need to be aware of the wider picture. Multi-disciplinary assessments should build on a core set of information, where the person is confirming known facts rather than repeating details they have provided before.

Extending information sharing more widely

5. The support and care provided through health and social care services are not free-standing. They are part of a much wider network of support across the community. The individual may, therefore, want relevant information shared much more widely. In some respects, there is a growing expectation that the information people give will be shared with a wider range of professionals/organisations. However, this is matched with competing concerns about the security of their personal data. For more details see the main consultation document, pages 30–32.

Wider use of collated data

6. The individual's personal information, anonymised and collated, can be used for a variety of other important functions, including:

   - joint strategic needs assessment;
   - commissioning of services;
   - local performance monitoring;
   - local and national performance assessment;
   - parliamentary accountability;
   - national policy development; and
   - supporting wider research.

Issues raised by the Common Assessment Framework for the wider information agenda

7. The main purpose of sharing all this information is so that the different people involved in a person's care and support begin to understand and act on the individual's needs and wishes. Achieving this and ensuring that the information can be used with confidence means addressing a number of issues:

   - **Consent:** IT systems must be required to operate to the same standards of information governance. That is, they must manage their information to ensure that people can trust that what they provide will be treated confidentially.
   - **Data quality:** information sharing highlights the need for high quality data, with all agencies working to similar standards.
   - **Common data standards:** the same term or information should have the same meaning to different people in different professions or areas of the country.
   - **Workforce and professionals:** there is still a job to do in 'winning hearts and minds'. There is general agreement that sharing information is vital, but many

people have experienced the introduction of IT solutions and formed negative views. A number of problems need to be avoided, including:

- duplicating the input of information;
- IT potentially driving how assessment and care planning are undertaken, rather than the other way round;
- lack of trust in information collected by others; and
- lack of initial and continued training.

Question 6:

Assuming that appropriate arrangements for informed and explicit consent are in place, would you be content to share assessment and care and support planning information with others with a legitimate interest, including:

a) health and social care practitioners?
(for example, in community settings – GP, district nurse, acute and specialist hospitals etc and children's services)

b) wider community support services?
(such as housing, neighbourhood services and organisations from the voluntary and private sectors providing support etc)

c) services providing financial and/or employment support?
(such as benefits advice or applications, employment, education and training)

Section 5: The basis of a shared set of information

Introduction

1. Our proposal is for the development of shared electronic care records (see Section 6) that interconnect and interface with a range of different types of electronic assessment.

2. We need to define the scope, content and make-up of a shared CAF information set that would meets the aspirations of policy and practice. It is important that this allows for the sharing of text and comment. To be useable and transferable, the information needs to be captured in a standard way and the data set must be accessible, subject to consent. Where electronic assessment and records are used in future, the IT approach and software will need to allow for joined-up systems based on the proposals for shared information.

3. An initial set of CAF information has been developed. This draws out relevant information held in current systems into an outcome-based format. This is intended to form the basis of the initial information that will be available to share.

4. In the development of the CAF we have looked to ensure that it:

   - responds to the framework of principles in Section 3;
   - places the information in the context of outcomes;
   - focuses on the individual and their needs and wishes;
   - provides a holistic view of their needs and the support in place; and
   - links to the needs of carer/family and the carers assessment.

The Common Assessment Framework information set

5. More details of what the CAF information set should cover are included in the main consultation document, Section 5 and Appendix 2. The information set incorporates:

   - **demographic information:** this information verifies a person's identity and also includes their contact details. These items are currently recorded in the NHS Care Records Service Personal Demographic Service (PDS);
   - **reason for referral/contact:** the information set will need to identify a person's presenting needs and recommendations for action (that is, the reason why they have contacted health or social services, or why a referral has been made);
   - **personalised information set within outcomes:** these proposals provide for a holistic overview. This allows for a multi-factoral assessment of an individual's

physical, mental and social well-being and environmental factors, to be held within their care record. The information set could be used as a prompt for self-assessment or assisted assessment, or at the point of a review or re-assessment of care needs. The information within it is provided in a structured way. For more information on this structure see the main consultation document, pages 38–40;

- **specialist assessment outcomes:** following a contact or overview assessment, specialist assessments may be needed to diagnose a condition or to identify a problem more clearly and to plan specialist care and support. The intention is to record only their outcomes, which provide information that is most relevant to the individual and other professionals; and
- **care and support planning information:** the integrated care and support plan will include all the support or care being provided for an individual. It will be made up of contributions from a range of professionals. It should be accessible and potentially controlled directly by the individual. The information set provides for this, capturing both a high-level summary of the care plan and a more detailed breakdown of specific parts of the plan. Local communities will be able to choose the more detailed breakdown of parts of the plan components, or use the summary only.

Importance of the care coordinator's role

6. A care coordinator will draw together information from a variety of electronic and manual sources to deliver a fully integrated perspective. They will also act as gatekeeper for information that may be sensitive to the individual.

7. It will also be important for anyone acting in this role to define when a CAF assessment or integrated care plan is to be published for sharing with other agencies, as well as when it is due for planned or formal review. As set out in Section 3, the developments may allow the care coordinator role to be undertaken by a patient/client or a carer.

Aspects to be tested/developed through the demonstrator sites

8. A number of CAF demonstrator sites are being set up and will be a central and core aspect of how the proposals will work in practice. The demonstrators will need to react to the responses to the consultation, and they will form the basis of an evaluation. We expect them to:

- link local social care systems to the NHS Care Records Service;
- use the CAF electronic communications to share information from assessments, where agreed by individuals, or propose a replicable alternative; and
- use electronic messages (or propose a replicable alternative) to share information with named professionals who need to be aware or take action.

Question 7:

We would welcome your views, whether these are general comments or detailed, in-depth ones, on the common shared information set proposed.

In particular, are any aspects missing or are there aspects that should **not** be included?

Section 6: Mechanisms to hold and share care and support records

1. IT solutions should respond directly to the needs of policy and good practice. No IT solution should restrict the potential benefits of shared information, nor limit future development.

Proposed development

2. Building on NHS developments and IT standards and services currently overseen through NHS Connecting for Health (CFH) we propose:

   - providing a national/regional facility for holding a shared record;
   - providing a national facility to direct information to named professions and organisations in primary and secondary care;
   - an approach based on experience across complex NHS systems;
   - developing rules/processes to ensure security; and
   - supporting an individual's control over information sharing by requiring explicit consent.

3. This may not be the only means of delivering the CAF and a national approach to information sharing. We are keen to seek views and ideas about potential alternatives as well as on the detailed developments outlined.

Detailed proposals through NHS Connecting for Health arrangements

4. The CAF information set will enable information from assessments and care plans to be shared electronically. Staff from NHS organisations, social services and potentially wider community support services will be able to access the same information – and, where appropriate, different views of that information. The information set will:

   - provide social care access to the current NHS Personal Demographics Service (PDS), with individual consent;
   - enable storage of and wide access to a CAF shared record, including assessment and care plan history; and
   - enable specific messages to be sent to named professionals involved in a person's assessment, care planning or support who need to be aware or take action.

Personal Demographics Service

5. Linking social care systems to the NHS PDS provides a starting point for essential identification and demographic information. This includes details of other key contacts such as carers and family members. The PDS is one component in the NHS CFH Spine[9] and does not hold any clinically sensitive information, but may hold confidential data items such as ethnicity or religion. For more information see pages 48–50 of the main consultation document.

Access to a Common Assessment Framework shared record

6. We propose integration of health and social care information through the development of IT solutions that will connect local social care systems with the NHS CFH Care Records Service. The existing NHS CFH IT infrastructure, although focused towards health services, could provide the most effective and efficient approach.

7. We expect to develop a number of 'products' for sharing assessment information, which systems suppliers would then make available to health and social care communities not involved in the demonstrator programmes. The CAF demonstrator sites will help to trial social care systems that conform to NHS Information Governance standards, and that have shared assessment and care plan information with the NHS Care Records Service using nationally defined messages.

Enabling specific messages to be sent to named professionals

8. There are particular problems with sharing and transferring timely information at key transition points in an individual's care and support. This is especially true at the point when a person is moving out of hospital and needs support and care in the community. The information exchange around hospital discharge and assessment of continuing care is being looked at. Both areas have important implications for improving the outcomes for and experience of adults with complex longer-term health and social care needs.

Question 8:

Do you support the proposed approach in which NHS Connecting for Health systems would be used to provide the IT systems for sharing information across social care and wider community services?

What difficulties or issues might this approach raise?

Question 9:

Are you aware of any alternative approaches that could be tested?

Endnotes

1 *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*. Department of Health, December 2007. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

2 Personalisation Network, Toolkit and resources. http://networks.csip.org.uk/Personalisation/

3 *Confidentiality: NHS Code of Practice*. Department of Health, November 2003. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

4 The Care Record Guarantee. NHS, August 2007. www.nigb.nhs.uk/guarantee

5 Mental Capacity Act 2005, Code of Practice. Issued by the Lord Chancellor on 23 April 2007 in accordance with sections 42 and 43 of the Act. The Stationery Office on behalf of the Department for Constitutional Affairs, 2007.

6 Guidance on implementing the Mental Capacity Act 2005. www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/MentalCapacity/MentalCapacityAct2005/DH_074526

7 *Independence, choice and risk: a guide to best practice in supported decision making*. Department of Health, May 2007. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074773

8 *Effective care co-ordination in mental health services: modernising the care programme approach – A policy booklet*. Department of Health, 1999. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074957

9 The Spine is the name given to the national databases of key information about patients' health and care. It forms the core of the NHS Care Records Service. The Spine also supports other key programme of the National Programme for IT, such as Choose and Book and the Electronic Prescription Service, each of them using the Spine's messaging capabilities as part of their own services.

Annex: The consultation process (continued)

Criteria for consultation

This consultation follows the Government Code of Practice. In particular, we aim to:

- formally consult at a stage where there is scope to influence the policy outcome;
- consult for at least 12 weeks, with consideration given to longer timescales where feasible and sensible;
- be clear about the consultation process in the consultation documents, what is being proposed, the scope to influence, and the expected costs and benefits of the proposals;
- ensure the consultation exercise is designed to be accessible to, and clearly targeted at, those people it is intended to reach;
- keep the burden of consultation to a minimum to ensure consultations are effective and to obtain consultees' 'buy-in' to the process;
- analyse responses carefully and give clear feedback to participants following the consultation; and
- ensure officials running consultations are guided in how to run an effective consultation exercise and share what they learn from the experience.

The full text of the code of practice is on the Better Regulation website at:
www.berr.gov.uk/whatwedo/bre/consultation-guidance/page44420.html

Comments on the consultation process itself

If you have concerns or comments which you would like to make relating specifically to the consultation process itself, please contact:

Consultations Coordinator
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Leeds LS2 7UE
email: consultations.co-ordinator@dh.gsi.gov.uk

Please do not send consultation responses to this address.

Confidentiality of information and data protection

We manage the information you provide in response to this consultation in accordance with the Department of Health's **Information Charter**.

Information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, among other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

Summary of the consultation

A summary of the responses to this consultation will be available before or accompanying further action and will be placed on the Consultations website at:
www.dh.gov.uk/en/Consultations/Responsestoconsultations/index.htm

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