

# Proactive care – what does it mean?



- Moving away from treating illness and **towards promoting health**. It requires:
  - **Joined-up data** from across the system
  - **De-personalised information** on the whole population
  - **Expert analysts** to identify particular characteristics or patterns of activity that are linked to disease development
- Enables earlier **intervention to prevent** someone's health deteriorating
- We already do this in a limited way (e.g. flu jabs, cervical screening)
- But if we join-up data across health and care settings there is so much more we could do....

# ...for example:

- Best practice suggests that we should **provide tailored support for people who are frail** to reduce the possibility of a health crisis.
- **Identifying those most at risk** requires information that is in the GP record, such as the particular health conditions someone has...
- ...but also data on their use of other services such as out-patients, or accident and emergency which is held in other care settings.
- We need **a complete picture** to identify those who would benefit from personalised care plans to prevent an unexpected deterioration in health.



# Much more is possible...

- Generally, the later we pick up cancer the worse the prognosis.
- We need to be better at identifying cancer early.
- By combining de-personalised information on people's personal characteristics and the way they access medical care, in future we might be able to find early warning signs that someone is at increased risk of cancer.
- To find these patterns, we need to look at de-personalised data on a whole population.



# But...

- This is only possible by looking at de-personalised information from across different care settings
- Not everyone will benefit, but we need to analyse data for the whole population to identify patterns that will improve care outcomes for some people – we just don't know who
- There is uncertainty regarding how this use of information should be categorised – we understand it to be 'individual care' because anyone could benefit, but what about the privacy of those who don't?
- Do the protections of privacy feel adequate to justify the benefits for the people who go on to receive direct care support?
- Do people expect the health system to try and anticipate people's needs in this way, or continue to (only) react when problems become severe?