

Editor's Briefing

CYBERANXIETY

Making effective use of routinely-collected NHS data, and managing access to patients' personal confidential data, are tasks that have so far defeated the Department of Health in England, although better progress appears to have been made in Scotland and Wales. The messy demise of care.data, an object lesson in how not to communicate with the public, was the latest in a series of IT embarrassments. In this issue two editorials raise further questions about how we can make better use of data to improve patient care, while at the same time ensuring its security. Benjamin Brown and colleagues paint a tantalising picture of healthcare improvements based on capturing a previously unimagined range of data from sources within and outside the NHS and the patient record. Nigel Mathers and colleagues reflect on the events leading up to the commissioning of 'Caldicott 3', the latest report from the National Data Guardian, and describe the new proposals for consent and opting out, particularly for the use of personal confidential data.

The consultation on this report closed towards the end of last year and final recommendations are awaited. Taken together with the findings of an almost simultaneous report by the Care Quality Commission on data security in the NHS, one result may be better governance in terms of data protection but less flexibility for patients to opt out of all or part of their healthcare data being used centrally. Whatever the outcome, no one should underestimate the difficulty, as well as the importance, of explaining to patients exactly what their choices are (the report isn't all that clearly written about this) and exactly what their data could be used for, let alone being absolutely honest about data security. Freedom of Information requests have discovered that about 30 NHS trusts have been the victims of 'ransomware'. The value of healthcare databases to the worlds of crime and commerce is enormous.

Our main clinical focus this month is on cardiovascular disorders, and a number of articles provide useful information for clinical practice. The study by John Robson and colleagues from the east of London shows that, in the context of a managed practice network and the use of financial incentives, NHS Health Checks can indeed result in the identification of patients at significant risk and lead to useful therapeutic interventions; a good example, perhaps, of general



practice operating 'at scale'. Clare Taylor and colleagues' study from Oxford suggests changes in the way that natriuretic peptide measurements and echocardiography are used in the diagnosis of heart failure. Patricia Apenteng and colleagues' work, based in Birmingham, reveals that residents in care homes are at very considerably increased risk of venous thromboembolism but are generally not assessed for this risk. A provocative study from the University of Bonn, Germany, reports that patients with Alzheimer's disease who also have coronary heart disease experience more rapid cognitive decline than those without. This raises some tantalising questions about prevention and intervention.

There is plenty more to stimulate and inform: two excellent articles from Oxford looking at the new problems and pressures faced by GPs and the strategies that they develop to deal with increased workload, some good book reviews, including Roger Neighbour's *The Inner Physician*, and the way the dispensaries provided health care for the poor before the NHS was created, and two useful clinical updates on the management of prosthetic joint infection and the diagnosis and treatment of eosinophilic oesophagitis.

The NHS is having an awful press at the moment. Frontline services are looking particularly fragile and vulnerable, and there is accumulating evidence of serious underfunding right across health and social care. There may be a lot going on in the wider world just now — someone described 2016 as 'history speeded up' — but the view that the NHS really is in peril is becoming more widely shared. This would be a very bad time for the government to take their eye off the ball.

Roger Jones,
Editor

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EDITORIAL OFFICE

30 Euston Square, London, NW1 2FB.
[Tel: 020 3188 7400, Fax: 020 3188 7401].
E-mail: journal@rcgp.org.uk / bjgp.org / @BJGPjournal

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