

# **National AHP Informatics Strategy Taskforce**

## **Terms of Reference**

### **Context**

Healthcare is an information intensive environment. There is an urgent need amongst Allied Health Professionals to support and influence government policy for the use of information by health, public health and social care services to improve outcomes for the public and drive efficiencies for the system in terms of integrating informatics into routine practice.

The purpose of the taskforce is to bring together experts and clinical leaders who can work through and advise on the many challenges for allied health professions and our service users arising from the “information revolution” described in Equity and excellence: Liberating the NHS, and subsequently in driving positive action to implement the Informatics Strategy in response to the White Paper. Professional leadership in this area will be strengthened enabling well informed individuals capable of representing our constituents to be fielded into the work streams that emerge.

### **Scope**

Informatics for this taskforce is defined as the integration of health science, technology, and information science in identifying, collecting, processing, and managing data and information to support allied health professional practice, education, research, quality and efficiency and the expansion of clinical knowledge. It includes the use of information and technology to support patients in making their health choices, living healthy lives and in self management of long term conditions.

The benefit of collaborative work may arise from a number of key areas;

- Clinical data and record keeping standards
- Healthcare outcome recording and reporting
- Sharing information with patients, across services and organisations
- Information to unbundle pathways and influence commissioning
- Developing informatics capabilities and behaviours of the workforce

### **Principle Roles and Responsibilities**

The National Allied Health Professions Informatics Strategic Taskforce will provide strategic advice, guidance and recommendations to the allied health professions, the NHS Commissioning Board and the Department of Health Informatics Directorate, and other associated bodies taking account of the needs of clinical practice, research, education and management in the delivery of efficient and effective services.

The Taskforce will be driven through the activities and input of individuals with a strong relevant knowledge base who are seen as leaders in the area of allied health informatics and supported by those whose agenda can help to drive policy and practice development in this vital area.

The group will undertake reviews, provide advice and aim to influence policy, education, practice and management.

The National Allied Health Professions Informatics Strategic Taskforce will approach their work in an open and transparent way and engage collaboratively with other professional informatics advisory groups and groups representing other disciplines.

The group will engage and communicate regularly with the professions and compile and disseminate information about developments in Informatics to inform and educate AHP practitioners, educators, managers and researchers.

The remit of the taskforce is constrained to English Health Informatics, however it is vitally important to share learning across Scotland, Wales & Northern Ireland and into Social Care. It is also recognised that although there are policy differences there is an explicit requirement for standards which impact into professional practice to be able to be applied across the 4 countries memberships and care sectors.

## **Membership**

The National Allied Health Professions Informatics Strategic Taskforce membership will be through nomination to the chair and shall include:

AHP Professional organisations  
Allied Health Professions Federation  
Expert practitioners  
Health Professions Council  
Allied Health Professions Officers team at Department of Health.  
Representatives from Clinical Division, Informatics Directorate, Department of Health

Members will be expected to participate in activities outside of the meetings.

Each Allied Health professional body is entitled to nominate one representative who should be a professional advisor or officer, who holds responsibility for informatics within the professional association. Where there isn't such a position, the representative should have sufficient seniority and/or involvement with the professional association to speak on its behalf, assuming responsibility for communication between the organisation and the Forum.

In cases where individual professional associations are representing another, they are responsible for ensuring that membership of the forum is distributed appropriately.

Deputies may be accepted where arrangements to enable continuity are in place.

Repeated non-attendance will be reviewed at the discretion of the chair.

## **Meetings**

The group will meet four to six times per year. Ad hoc meetings or workshops and off line work may be required.

All documents produced, circulated and stored will be referenced and processed in accordance with National Allied Health Professions Informatics Strategic Taskforce's open and transparent way of working.

## **Working arrangements**

The group will develop and work to an annual published work plan and use technology as far as possible to reduce the need for face to face meetings and maximise communication opportunities.

Secretariat for the Taskforce will be provided by the Clinical Division of the Informatics Directorate (CDID), Department for Health.

Travel expenses will be covered by the individual AHP PBs or employing organisation or claimed through the CFH Clinicians expenses procedure.

The Senior Responsible Officer for the group is the Director of Nursing, Midwifery and Allied Health Professionals in the Clinical Division of the Informatics Directorate DH.

## **Conflict of Interest**

All members of the National Allied Health Profession Informatics Strategic Taskforce will be expected to declare any conflicts of interest. Any action to be taken on the basis of these declarations will be at the discretion of the Chair.

Approved 07 July 2011