Decision-makers, such as health commissioners, are often required to make decisions about the structure and delivery of health and care services to ensure that they are equitable, so that everyone has equal access to the care they need.

These decisions can have implications for more than one organisation. For example, someone working within a council could make a recommendation on how to design local social care accommodation, but this decision also has implications for other local organisations such as GP surgeries.

Patient information is often stored in anonymised administrative heath or care records. Knowledge generated from the analysis of these records ('analytics') is increasingly being used to inform decision-making.

What was the aim of the project?

This study aimed to explore if and how senior leaders’ readiness to use analytics for strategic and equitable decision-making varied across health and care organisations. This study also sought to advance understanding of what facilitates or hinders analytics use in this context.

What did we do?

This research conducted interviews with 20 senior leaders of partner organisations of North Central London’s Integrated Care System (ICS). The ICS serves the boroughs of Islington, Camden, Barnet, Haringey, and Enfield.

The interviews explored barriers and facilitators of analytics use for informing strategic and equitable decision-making across organisational boundaries.
A typology was used – a method that allows researchers to capture and describe the variation in participant responses. The typology was informed by key themes and used to identify and define different types of analytics users across study participants.

What we found and what does this mean?

This research found that half of the decision-makers interviewed factored health inequalities into their decision-making. Analytics were mainly used to help inform investment and disinvestment, plan new, or redesign existing, services and understand the impacts of new services models.

Three themes captured the identified barriers and facilitators of analytics use. These were:

- Factors related to the working environment. These included *system structures* such as organisational fragmentation and priority alignment and *top-down constraints* such as resource pressures and policy priorities.
- Factors related to people. These included *personal relationships* between leaders and between leaders and analysts, and the *skills and knowledge* of leaders and of analysts.
- Factors related to data quality such as *data availability and accuracy* and *data richness and linkage*.

What next?

This research generated further questions: How do these findings compare to other local areas and ICSs? How can we successfully address the identified wider barriers to analytics use? The researchers are now working with local health and care practice partners to use the findings to inform their practice.

Recommendations

For more decision-makers to become "Advanced" users of analytics, more is needed to better integrate organisations, align organisational priorities, and build and sustain relationships between leaders and analysts, and across leaders of different organisations.

Who needs to know

National policy makers and local organisations aiming to improve data and analytics use for informing the delivery of more equitable health and care services.

Find out more


Improved data sharing will be insufficient to realise the UK government’s aspiration for data to transform care without strategies to address further key barriers to analytics use.