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10th December 2014

Ms Margaret Falsey
Public Accounts Committee Secretariat
Leinster House
Dublin 2

Dear Ms Falsey

I refer to your letter of 11th November concerning matters raised at the meeting of the Public Accounts Committee on 6th November and this Department's undertaking to provide further information relating to the system of unique health identifiers.

The Health Identifiers Act was passed by the Oireachtas in July 2014. The Bill was prepared in consultation with an advisory committee established and chaired by this Department and representative of the Department of Social Protection, Department of Public Expenditure and Reform, HIQA and the HSE. The Act provides for the introduction of a system of unique identifiers in the health service for individuals and for healthcare providers, both professionals and organisations. The introduction of health identifiers is primarily a patient safety initiative but will also underpin efficiencies as well as customer service improvements. Unique identifiers will support the eHealth and the connected health agenda in line with the *eHealth Strategy for Ireland* published in December 2013.

The Health Identifiers Act facilitates the use of the register established by the Department of Social Protection in respect of the Public Service Card to populate the Individual Health Identifier (IHI) index and all identifying information associated with an individual in that register, including signature and photograph, will be available to the health system. A one-to-one relationship will be maintained between the PPS Number and the IHI and updates to citizen information in the Public Service Card register will be reflected automatically in the

health system. This will allow the health services to leverage the investment being made by the Department of Social Protection in positively identifying citizens while providing for a distinct sectoral health number to take account of privacy requirements and patient safety considerations. The Act also provides for a range of sanctions for abuses of the health identifier and this further emphasises the importance that the health service places on the protection of sensitive personal health data. There was considerable engagement on this issue with the Office of the Data Protection Commissioner while the legislation was being prepared.

The decision to build on the Public Services Card initiative but not to use the PPS Number directly was based on two principal factors. Firstly, government policy on the use of the PPS Number has always been that it be confined to public bodies, but a significant proportion of health services are delivered in the private sector, including GP services and private hospitals. It is a key patient safety requirement that the identifier can be used across all healthcare providers, whether public or private. Secondly, the introduction of a sectoral individual health identifier will go a long way to allay any public fears that the privacy of sensitive health data might be compromised by using a single identifier across the wider public service as well as both public and private healthcare providers. The use of the IHI as a sectoral identifier was strongly supported by both HIQA and the Data Protection Commissioner's Office. Internationally, sectoral health identifiers are used in many countries, including Australia, New Zealand, UK (incl. Northern Ireland) and many of the original member states of the European Union because of the special sensitivity in terms of privacy and confidentiality relating to health and social care data.

The difference in cost between using the PPS Number and a health sector specific number is expected to be modest. The main costs in introducing health identifiers will arise in amending existing systems in the health service (e.g. at hospital level) and in populating those systems with the identifier. It is immaterial to these elements of the work whether the new identifier is the PPS Number or some other number. As already mentioned, the health identifiers policy and legislation was developed with a view to fully exploiting the Public Service Card infrastructure and the ongoing work of the Department of Social

Protection in collecting identity information from citizens and in this way duplication of effort and costs will be avoided.

The project to fully rollout and utilise the Individual Health Identifiers will be significant and will take some time. Learning from other countries suggests that being overly ambitious in scale and timing can result in major cost overruns and loss of public confidence. The project established by the HSE to implement the health identifiers is currently developing a detailed project plan and costs estimates. While some initial work was undertaken at the time the legislation was being prepared, detailed costings are now being prepared for inclusion in the project plans and business case to be submitted to the Department of Public Expenditure and Reform where technology components will be subject to an external peer review process. Initial scoping by HSE indicates that there are four main areas, or work packages, where ICT costs will arise in order to deliver the infrastructure to allow access and use of the identifier within the overall health system.

- Set up of Registries and Operational readiness: ICT hardware and software to set up and run the identifier registers themselves and the operational costs to set up and maintain these registers.
- Hospital and GP systems preparation: Costs of amendments to the very many systems that currently exist in hospitals, GP practices and other end user locations that will require access to the register of health identifiers. The extent to which these systems will require amendment will depend on system design issues.
- Connecting and interfacing between the Registers and the local sites: This will involve linking the main end user sites with the central registers and will vary in complexity from large acute hospital to primary care settings. Work here will also examine what degree of interfacing and automating of current systems will be required in order to ensure changes, updates and amendments are available to support operational requirements.
- Seeding of local databases with IHIs for existing clients. Costs in relation to seeding the various hospital systems with the identifier and ensuring the system is highly secure. This essentially involves matching existing records at each

healthcare provider site (e.g. hospital) against the register and placing the IHI number on the appropriate patient record. These costs are difficult to estimate at this stage due to considerable variance in quality and quantity of patient information systems across a variety of care settings in the health system. There will also be change management issues to be addressed and further work is required on estimating these tasks.

There will also be some costs in promoting patient awareness of the identifiers.

Maintaining data quality from the outset is paramount. The Department of Social Protection, which has been engaged in developing the PPS Number and associated infrastructure for a number of years, aims to issue Public Service Cards to 3 million adult citizens by the end of 2016. It is anticipated that the assignment of an IHI to adults will commence in 2015. Assignment of IHIs to children will also commence in 2015. However, it is anticipated that it will be a number of years before every citizen has been reliably assigned the new identifier and every health IT system has been updated to use the new identifiers.

The Committee may wish to note that it is not intended to directly notify citizens of their IHI since such an operation would have a significant cost with no obvious commensurate benefit and would also have certain privacy implications. Instead, it is intended that, once the systems become operational, the majority of citizens will be made aware of their IHI on their first or next encounter with the health service. However, interested citizens may request that they be notified of their Individual Health Identifier. Separate arrangements will be made for tourists and detailed consideration will be given to dealing with emergency situations where the patient may not be in a position to identify themselves. Possession of an IHI does not, in itself, confer any eligibility for health services.

In conclusion, a clear legislative framework was put in place earlier this year by the Oireachtas to support the introduction of Individual Health Identifiers. Significant planning is underway for the introduction and operation of health identifiers which will take place on a phased basis over a number of years. This will involve detailed business case development in respect of technical aspects which will be subject to external peer review. The approach

being taken builds upon the learning in a number of jurisdictions in introducing health identifiers which must take account of the complex and sensitive environment within which such identifiers are to be utilised.

I hope that the Committee finds this information useful.

Yours sincerely

A handwritten signature in black ink, appearing to read "Jim Breslin". The signature is written in a cursive style with a large initial "J".

Jim Breslin
Secretary General