NMDS-SC V2 DISCOVERY REPORT EXEC SUMMARY

DEPARTMENT OF HEALTH AND SOCIAL CARE

Recipients: Department for Health and Social Care, and Skills for Care

Discovery report authors: Lagom Strategy

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Version: 1.1

EXECUTIVE SUMMARY

The Department of Health and Social Care (DHSC) and Skills for Care commissioned Lagom Strategy to conduct a Government Digital Service (GDS) aligned Discovery phase for the National Minimum Data Set on Social Care (NMDS-SC) service.

Lagom previously conducted a Discovery on the NMDS-SC service 12 months before. This second Discovery built on that work and dug deeper in key areas.

The Discovery team engaged with end-users and stakeholders of the service in a range of qualitative and quantitative research activities, inc. interviews, surveys, web analytics, and prototype usability testing.

A particular focus, beyond the general examination of user need, was an exploration of the potential overlap of the NMDS-SC and Care and Quality Commission's Provider Information Collection (PIC) service (currently in development).

The Team also explored how the NMDS-SC could help deliver the objectives of the [Quality Matters initiative](#), specifically the hypothesis of a single portal for social care providers.

KEY FINDINGS FROM THE DISCOVERY

➔ The workforce intelligence from the NMDS-SC is highly valued by DHSC and others, but at serious risk with the contract for the service terminating in April 2019

➔ Such a poor user experience on a service that is largely voluntary is unsustainable

➔ The double-keying workforce data into the NMDS-SC from in-house software systems is a significant burden

➔ A troubling disconnect between inputting data into the NMDS-SC and how the data is used to influence policy making and have impact

➔ The NMDS-SC is serving as the source of truth for training and qualifications for some care providers (rather than other on or offline systems)

→ Insufficient evidence to pursue a unified social care portal

→ The assumed benefit of sharing data with the new CQC PIC is not as significant as assumed

KEY RECOMMENDATIONS

1. Proceed to an Alpha to build a working prototype of an NMDS-SC V2, with a series of experiments for the Delivery Team to test and learn from

2. Improve the everyday user experience of inputting and managing data to reduce burden

3. Don't attempt to reduce burden on care providers by introducing a social care portal

4. Raise awareness of the importance and impact of contributing to the NMDS-SC

5. Don't share data between the NMDS-SC and the CQC PIC (to begin with) as there is limited benefit to the users or the running of either service

6. Open the doorway with APIs (application programming interfaces) for third-party HR services to sync and update records in the NMDS-SC (to reduce the double-keying time burden on users)

7. Share aggregated NMDS-SC data (out) through APIs - where permissions and data security allow

8. Improve NMDS-SC to be a viable source of truth for training and qualifications for care providers

9. To deliver a *Minimum Viable Product* for the NMDS-SC V2 and to migrate over existing data in time, the Delivery Team must focus on the *critical path* for accessing, inputting, updating, storing, exporting, and analysing data