

FREEING UP HEALTH ANALYSIS

Using government data to help improve health services

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CONTENTS

Executive Summary	3
Introduction	4
Why is access to analysis needed?	5
How could access be achieved?	8
What are the potential benefits?	11
Conclusions.....	13
Acknowledgements	14
References.....	15

EXECUTIVE SUMMARY

Why charities need better access to health data

If charities had better access to government health data they could learn more about their impact. They could, for example, find out whether their services had prevented accidents and illnesses, alleviated pain and stress, or reduced the number of hospital admissions.

And if charities knew more about the effectiveness of their services they would be able to improve them, and make sure they spent money on the right things. Donors to charities would be more confident that their money was making a difference. Charities might be even able to save the National Health Service (NHS) more money by preventing health problems in the first place

In the long run, if we understood more about the impact of charitable services, we would have a better evidence base on which types of interventions work best in different circumstances. This would mean more effective and efficient services.

The challenges to accessing health data

The key challenge is that government health data is about individuals, and is therefore confidential. Legally and morally, data owners cannot allow organisations to access the data, even if their intentions are good. We need to find a way for charities to do the analysis they need without compromising this principle.

Health data is also complex. Even if charities could access anonymous data, few would have the resources and skills needed to analyse this data properly or usefully.

A solution

Analysis of charity effectiveness could be done by government statisticians with the right skills and permissions to access the data.

Drawing on the precedent set by the [Ministry of Justice Data Lab](#),¹ charities would submit the details of their service users to government statisticians, who would link these with government data to identify combined or ‘*aggregate*’ outcomes for service users. Comparison groups could also be identified from the same dataset using statistical methods. Analysis would then identify whether or not there is a statistically significant difference between *aggregate* outcomes of the ‘treatment’ and ‘comparison’ groups.

We stress the word ‘*aggregate*’ to emphasise the point that *the only data we want charities to access is about groups of people*—ie, the data should not include any information about individuals, and should therefore be anonymous.

The aim of this report

This report outlines the case for improving charities’ access to government health data, possibly through a model similar to the Justice Data Lab. We review the background and need for the service, aspects of the possible model and the potential benefits. We also include examples of the kinds of charities that could benefit from using the service.

INTRODUCTION

New Philanthropy Capital (NPC) is a charity consultancy and think tank focused on helping charities and funders make the greatest impact. Our [Data Labs project](#), funded by the Oak Foundation, aims to open up analysis of government administrative data to the not-for-profit sector to help organisations gain a better insight into the impact of their services.

We are lobbying for data labs in the criminal justice, health, employment and education sectors. We proposed the concept for, and supported the development of, the [Justice Data Lab](#)—launched by the Ministry of Justice in April 2013. This service allows organisations to compare the anonymised re-offending rate of their service users with that of a matched comparison group to assess the impact of their work. This document makes the case for a similar service in the health sector.

In 2014, the Cabinet Office sponsored a consultant from NPC to work with [NHS Digital](#)² on a business case for a data lab, which was informed by a short literature review and semi-structured interviews with 23 staff and 20 charities. NHS Digital decided not to implement the proposal at the time because of resource constraints, but NPC continues to support the idea.

The concept is gaining traction. NHS England and the Health Foundation are using a similar approach in their [Improvement Analytics Unit](#)³ to provide benchmarking reports to local initiatives in the Vanguard programme. The Department for Communities and Local Government (DCLG) is using a similar approach to evaluate health outcomes for its Troubled Families programme. However, while these organisations are prototyping the methodology, there are not yet any plans in place to make the analysis more widely available, as it is in the Justice Data Lab. What's more, they are not thinking specifically about the charity sector—which, as we argue in the next chapter, they should be.

We want relevant government departments to work towards a proof-of-concept for a service based on the type of analysis provided by the Justice Data Lab. Beyond this immediate aim, we want to explore different types of analysis, looking at different outcomes—such as what happens over time—as well as different subgroups. We should also explore different data sets: we think there is strong demand from charities for access to analysis of primary care data as well as secondary care data. A data lab for health is an important first step in this process.

Glossary of terms used in this paper

'Intervention' or 'service': Any kind of programme, project, service or approach charities provide that can be evaluated. This could range from providing health advice and enabling self-management to direct treatment and support.

Matched comparison group or 'control group'⁴: A group of people with similar characteristics to users of the service that is being evaluated. The key difference between the control group and the service users is that individuals in the control group have not accessed that intervention. By comparing service users to a group of similar people who have *not* accessed that service, we can get a sense of whether the intervention has made a difference.

Propensity score matching: The statistical method used to identify the matched comparison group. Individuals in the comparison group are picked according to their similarity to service users with regards to characteristics that may determine their need to access the intervention. For the Justice Data Lab, for example, these characteristics may include gender, age at offence and/or criminal history etc.⁵

WHY IS ACCESS TO ANALYSIS NEEDED?

Charities play an important role in supporting health and well-being

In October 2014, the NHS [Five year forward view](#)⁶ set out a vision for the future of health and care in England that is more person-centred, embedded in communities, and effective at promoting health and well-being to prevent people getting ill.

The recent [Joint review of partnerships and investment in the voluntary sector](#)⁷ highlighted the vital role that charities, social enterprises and community groups can play in achieving this vision. Charities add value to the health and care system in numerous ways: helping people to stay healthy, supporting self-management and providing direct treatment and support.⁸ These services can all contribute to supporting patients in the community, improving their quality of life and reducing avoidable admissions to hospital.

Charities need to understand their impact

The [Five year forward view](#) asserts both the need for stronger partnerships between the NHS and the charitable sector⁹, and the importance of evidence for transforming services and improving outcomes¹⁰. In our view, better evidence of impact would facilitate more and better partnerships between charities and the NHS.

There are demands for health programmes to show strong evidence of impact. The National Information Board emphasises that programmes should be developed that '*produce evidence of impact using experimental and quasi-experimental methods*'.¹¹ The Chair of the National Information Board has [recently written to the Secretary of State for Health](#)¹² highlighting the importance of mobilising existing data to help answer questions about the processes and outcomes of treatment.

Case study: Homeless Link

Homeless Link is the national membership charity for organisations working directly with people who experience homelessness in England. It has more than 500 members.

Need: In a 2014 internal survey, improving clients' physical and mental health was ranked the number one priority by its members (87%), and evidence of effective interventions is needed to help service development as well as to make the case to funders.

In 2014 Homeless Link was appointed the evaluator of the Department of Health's Homeless Hospital Discharge Fund (HHDF). The £10m fund aimed to improve outcomes for homeless people when they leave hospital by ensuring a safe discharge from hospital and securing appropriate facilities for those requiring ongoing medical support. A key metric was whether patients were readmitted to hospital within 30 days. However, it was not possible to access this data from the NHS.

Outcomes: Homeless Link would welcome better access to analysis, including a metric on outpatient attendances.

Charities face challenges to evaluating their impact

Despite the focus on understanding impact, there are too few opportunities for charitable providers to test their effectiveness. The reasons for this are:

Charities and other providers have limited resources for impact evaluations

Generally speaking, where evaluation would be helpful, the funds are not always available to do it well. While there are some examples of large, national charities commissioning robust evaluations such as randomised control trials,¹³ most charities struggle to evaluate their impact in a robust way. This can lead to weak, inconclusive evaluation studies that do not provide much useful information and waste valuable time and resources for charities.

Charities and other providers tend to lack expertise in evaluation

Evaluation is a specialist discipline and few charities are big enough to recruit or commission people with this knowledge or experience. More than 60% of charities report that not having the right skills and expertise is a barrier to measuring their impact.¹⁴

Actual impact on health outcomes is long term and hard to attribute

Getting data on longer-term outcomes is a real challenge for charities. For example, providers may work with a patient to support them to self-manage their condition, which avoids a hospital admission years later. By the time the hospital admission is avoided, the charity may no longer be in touch with the patient.

Even if longer-term data is available, without access to control groups it is technically impossible to estimate the effect of the services independently from other factors. The [Joint review of partnerships and investment in the voluntary sector](#) highlighted the difficulties faced by charities struggling to demonstrate counterfactuals robustly, particularly in preventative work.

Charities cannot access existing data that would help them to measure impact

[Hospital Episode Statistics \(HES\)](#)¹⁵ is a rich and detailed dataset including all NHS admitted patient care, outpatient appointments and accident and emergency (A&E) attendances in England. NHS Digital also collects data on a range of other outcomes including [secondary care](#), [community healthcare](#), [mental health](#), and [maternity and children's services](#).

At the moment, NHS Digital publishes a number of standard analyses of HES data, but the only way to do bespoke analysis is through NHS Digital's [Data Access Request Service \(DARS\)](#). However, this system does not work for the majority of charities and other providers because:

- charities cannot meet the access conditions;
- the service requires too large a data extract to identify service users and a comparison group; and
- charities do not have the analytical capability, resources or experience to use the data.

There is demand for accessing health data analysis

There are more than 6,600 charities working in the health sector across the UK. In 2013/2014 they spent £4.5bn, making health the third largest charity sub-sector in terms of expenditure.¹⁶ However, estimating the number of charities delivering a health and social care service is more difficult, because it is hard to define what constitutes a service. Nonetheless, through NPC's consultation work, we have identified around 50 charities that are interested and eligible to use a data access service. We have also recruited 12 organisations that might be willing to take part in a pilot of the service.

The experience of the Justice Data Lab also helps us to estimate demand. Since 2013 the Lab has conducted 119 analyses and we might expect demand for a data lab for health to be higher given the size of the sector and the importance of outcomes-based commissioning for funders.

Case study: Alzheimer's Society

The Alzheimer's Society is a leading support and research charity for people with dementia and their families and carers. It undertakes a range of activities—local service provision such as befriending and day care; telephone and online support; research; training; and campaigning/awareness raising.

Need: Both the operations and fundraising team want to know about the impact of their services to support service development, campaigning and as evidence for commissioners.

Outcomes: The most relevant data to Alzheimer's Society's services are admissions, followed by readmissions, with lengths of stay being a key indicator. A&E was thought to be less pertinent, but would be useful to measure. Developing a control group to compare the impact of interventions with those who had dementia, but did not receive a service from Alzheimer's Society is seen as useful. It would also be useful to gather comparisons for older people in general, as it is believed that a number of older people have undiagnosed dementia.

The Society is interested in access to primary care data to look at the impact of primary care usage both before and after receiving a dementia diagnosis, and to explore the amount of time a patient waits before being diagnosed with dementia.

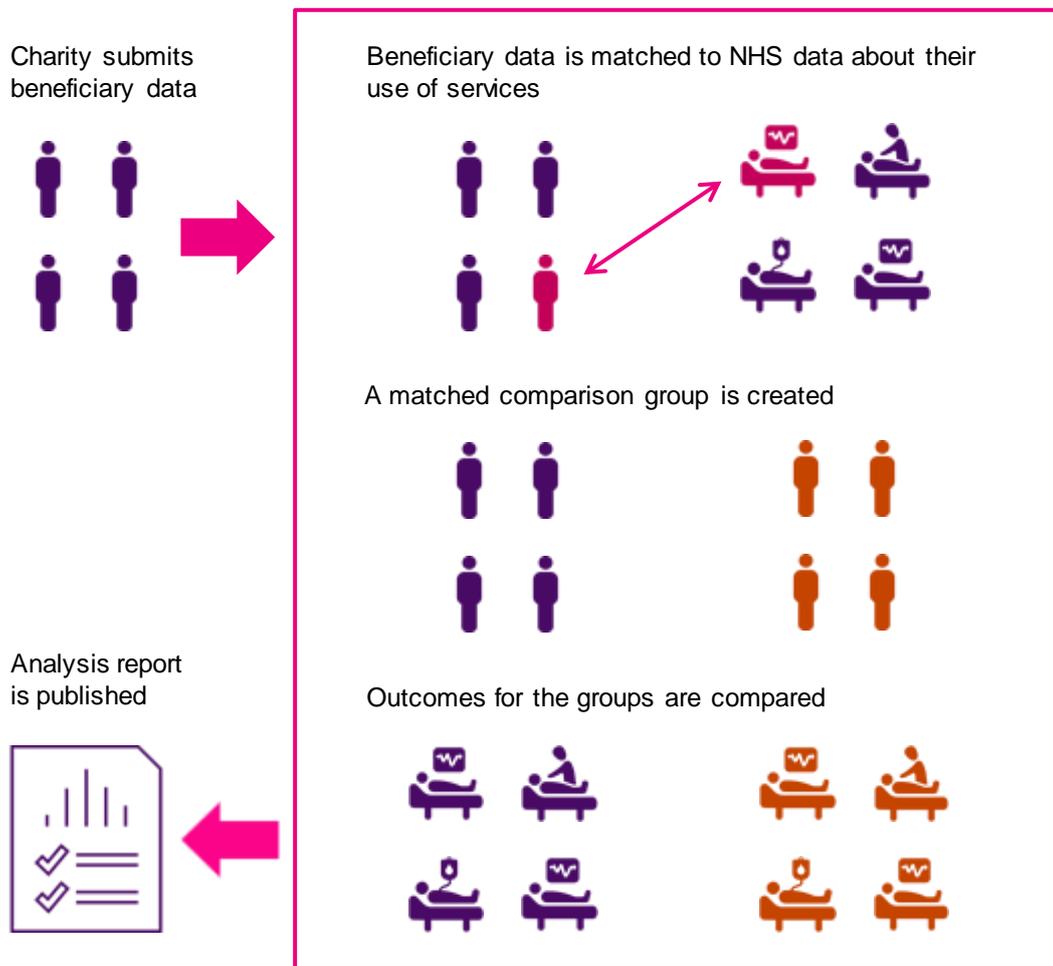
HOW COULD ACCESS BE ACHIEVED?

The ‘data lab’ model

Access to government health data could work by allowing charities to submit the anonymised details of people who have received their services to the data lab. That data can then be linked to NHS data so we can study aggregate outcomes for that group of service users.¹⁷

More than this, because robust evaluation means assessing whether a service has made a difference *over and above* what would have happened without it—known as the counterfactual—analysis could also allow charities to compare outcomes for their services with a matched control group of non-users. This comparison group could be identified from the same dataset, using a statistical method called propensity score matching. The analysis would then identify whether or not there is a statistically significant difference between service users and the comparison group. If we continue to follow the template of the Justice Data Lab, the analysis would then be written up in a standard report that would be made public.¹⁸

Figure 1: Data lab model



Essential ingredients for a successful data lab

We think there are four criteria for a successful data lab. We list these below, along with a discussion about how the proposed health data lab could meet them and some of the important issues to address.

There is an efficient and straightforward way to access analysis.

A data lab in the health sector would need to resolve the difficulties organisations face in accessing and analysing health datasets that have been described above. It should not require expertise or training to use. And for smaller charities in particular, it should be low cost or free.

The transfer of data from charities to government statisticians needs to be straightforward and risk free. The Justice Data Lab has used a secure email service for this process, which has been easy for charities to set up and use.



Straightforward

To use the data lab, charities would need to ensure that their own data is accurate and contains the right identifiers, otherwise the matching to NHS data is unlikely to be effective and the analysis may be flawed. Based on our experience of charity data quality in other areas, we expect that many charities will have to improve their data collection and storage processes before they are able to submit to a health data lab (which could be a positive side effect of the data lab model).

It meets legal requirements and does not compromise individuals' right to privacy.

The data lab model relies on bringing together sensitive personal level data, and so all proposals need to be considered carefully to ensure they are lawful and ethical. Criticism of NHS England's [care.data programme](#)¹⁹ illustrated the potential risks and public sensitivity around health data.

The Justice Data Lab has shown that a process can be designed that complies with both the [Data Protection Act](#)²⁰ and the European Convention on Human Rights. At the outset, a [privacy impact assessment](#)²¹ of the Justice Data Lab was conducted that sets out clear procedures for information governance available for public scrutiny. Outputs only show the anonymised, aggregated outcomes for service users, with no individual data reported. No personal data ever leaves the service, and after the review period all individual-level data is destroyed. To date, the Justice Data Lab has had no criticisms from organisations that have used its services, or complaints from service users.



Legal

Any proposal for a data lab in health would need to go through a similar process involving NHS Digital's information and governance, as well as legal teams.

It delivers useful information

We suggest that a health data lab could start by helping charitable organisations to test the effectiveness of their interventions in reducing the use of secondary care. Specifically, measuring the impact of charities' interventions on the following outcomes (potentially one month and one year after):

- A&E attendance;
- admissions (both elective and non-elective);
- readmissions;
- length of stay; and
- cost of secondary care.

As more datasets become available, the number of outcomes measured could be increased.



Useful

It delivers truthful information.

A successful data lab should deliver high-quality information that helps people to draw the correct conclusions and is transparent about the methodology used.

A data lab for health will need to consider which measures of health outcomes are appropriate. The secondary care data in the [Hospital Episode Statistics \(HES\)](#) will allow some charities to demonstrate their impact. However, other charities will need access to analysis of primary care data in order to draw meaningful conclusions.

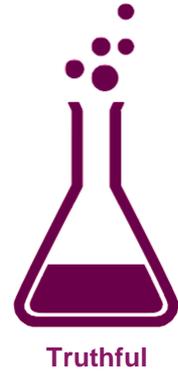
The validity of the comparison group is also important. The HES data contains a wide range of information about an individual patient admitted to an NHS hospital, including:

- clinical information about diagnoses and operations;
- information about the patient, such as age group, gender and ethnicity;
- administrative information, such as time waited, and dates and methods of admission and discharge; and
- geographical information such as where patients are treated and the area where they live.

This background data can be used to compare patient outcomes from different subgroups or with a matched control group of patients with similar characteristics, created through a statistical technique called [propensity score matching](#).²²

Who could deliver a data lab?

A data lab for health could only be delivered by an organisation with access to confidential NHS data. NHS Digital is the executive non-departmental public body that houses the datasets and so is the obvious choice. However, other organisations could potentially run data lab models, for example, Public Health England or Clinical Commissioning Groups (CCGs).



WHAT ARE THE POTENTIAL BENEFITS?

Benefits of wider access to analysis

The ultimate benefit of increasing access to analysis of government health data would be a more efficient and effective healthcare system. Each analysis conducted would provide information on how effective a particular service is at delivering health outcomes, which could influence decision-making by service providers and commissioners. Over time, the collection of reports would improve our understanding of the types of interventions that work best in different circumstances. This could have a wider influence on the question of how to use limited resources to support the health of the population.

Table 1: Benefits by audience

Benefits for users of the data lab	Benefits for government
<ul style="list-style-type: none"> • Clear route to analysis of government-held data • Accessible, tailored and useful reports • Use of a more robust method to measure impact • Improved understanding of the outcomes achieved for beneficiaries • Insight into what works and what doesn't—informing service development and delivery • Better able to demonstrate impact and respond to commissioners' requirements 	<ul style="list-style-type: none"> • Provide accessible and tailored analysis through a secure mechanism • Increased evidence base of effective interventions—can focus on what works and save money overall • Opportunity to develop staff skills to produce complex statistical analysis • Route to engage and collaborate with the charity sector and learn from their work and expertise • Cost-effective—offering a cheaper way to conduct routine analysis than commissioning separate evaluations
Benefits for policymakers, commissioners and researchers	Benefits for beneficiaries
<ul style="list-style-type: none"> • More evidence to inform commissioning and policy developments • Routine access to high-quality, low-cost evaluations of social policies and interventions • Increased body of evidence—can be used for meta-analyses to better understand what works • Enables shift in evaluator role from quantitative data collection to data analysis, synthesis, interpretation and qualitative research 	<ul style="list-style-type: none"> • Improved health outcomes as interventions are more effective (informed also by other sources of research and impact measurement eg, qualitative research)

Benefits of wider data sharing

We believe there is a strong case for sharing health data beyond the model presented in this paper. Innovations in technology, statistics and big data analytics offer the potential to use this data to enhance people's health and well-being. Sharing, linking and analysing data can help to discover better treatments, improve services and develop personalised care pathways.

We know that the public broadly supports data sharing when the benefits of doing so are clearly explained.²³ For example, the recent [Caldicott Review](#)²⁴ highlights the level of public support for data being used to improve health and social care, and for research into new treatments.

However, the case for using NHS data in this way has not really been convincingly made to the public and we think that all health and social care, research and public organisations should share responsibility for this. This includes charities, which are key players in the health and care system.²⁵ Many charities already make use of internal data to understand their impact and improve their services. Charities are also important campaigners and innovators on provision of health and social care, and improved evidence will help them perform these roles better.

We want charities to use their experience to help address public concerns about data usage in a transparent and robust way. This includes assuring the public about how their data is used, as well as putting security and privacy safeguards in place. Fundamentally, we do not believe that there is a conflict between data security and data analytics, providing the approach taken is transparent and rigorous.

Involving charities more prominently in conversations about the use of NHS data may help to allay public concerns about data sharing. Although trust in charities has declined slightly in recent years,²⁶ charities are still more trusted by the public than many other institutions—and they are more trusted when they are seen to be basing their decisions on good evidence.²⁷ Many health charities are already seen as a reliable source of information by their service users and this could be an asset for engaging in an honest conversation about data sharing. The Caldicott Review reports that some members of the public are concerned that their data will be used by commercial companies for marketing and insurance purposes. We believe that a strong charity voice in the conversation with the public would help people to understand how their data could be used for good.

Case study: Stroke Association

Stroke Association is the UK's leading stroke charity, campaigning to improve stroke care and supporting stroke survivors to make the best recovery they can. Its world-class research develops new ways to prevent and treat stroke. Stroke Association wants a world where there are fewer strokes and all those touched by stroke get the help they need.

Need: Stroke Association is currently piloting a new model of service delivery for its commissioned services. A theory of change has been developed and identified outcomes have also been aligned to relevant national frameworks. A clear and standardised system for accessing data and support to evaluate services would help Stroke Association to assess the impact of its new model.

Outcomes: Stroke Association would be interested in data on readmissions to hospital (particularly for those within 30 days of discharge), as well as general admissions and attendance at A&E. Co-morbidity of conditions is also of interest as this is a challenge for evaluations of stroke services. For example, there is an increased risk of having a stroke for people with diabetes.

CONCLUSIONS

The need

Charities working in the health system currently struggle to access the analysis that would help them understand whether their programmes have been successful at preventing avoidable illnesses and hospital admissions. With access to this data, providers and commissioners could make more informed decisions, and the role of charities in the health system would be enhanced.

The solution

We propose that access to this type of data could be facilitated through a data lab model. A data lab for health outcomes would allow charities and other health providers to access analysis of data that is already collected by the NHS about their beneficiaries' use of care services. This would offer individual organisations better understanding of the impact of their work and would create a powerful evidence base for what types of interventions work best in different circumstances. Ultimately, this information could help to improve decision-making across the charity sector and the NHS.

The next steps

We are lobbying NHS Digital and other government departments to commit resources to piloting a data lab for health. We have identified around 50 charities that are interested in being involved, and have recruited 12 organisations that are willing to be part of a pilot.

NPC will continue to work closely with health charities to make the case for wider access to data.

We are also working with charities to equip them to take advantage of increased access to health data. We are looking at developing a learning network that would focus on analytical and implementation challenges around using NHS data. This would bring together charities who are accessing or trying to access health data to share experiences and exchange ideas with experts from outside the sector.

How you can help

We want to hear from charities interested in a health data lab, including those that participated in the initial consultation, to make a stronger case for why this service is needed and what could be achieved.

We also want to hear from anyone interested in collaborating to make the case for wider access to health data, or to equip charities to take advantage of access to data.

To discuss these ideas further, please get in touch with Katie Boswell via info@thinknpc.org or on 020 7620 4850. Visit www.NPCdatalabs.org for more about our Data Labs project.

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- Alzheimer's Society www.alzheimers.org.uk
- Association of Medical Research Charities www.amrc.org.uk
- Asthma UK www.asthma.org.uk
- British Heart Foundation www.bhf.org.uk
- British Red Cross www.redcross.org.uk
- Centre for Mental Health www.centreformentalhealth.org.uk
- Citizens Advice www.citizensadvice.org.uk
- Core Arts www.corearts.co.uk
- Derventio Housing Trust www.derventiohousing.com
- Diabetes UK www.diabetes.org.uk
- Homeless Link www.homeless.org.uk
- Macmillan Cancer Support www.macmillan.org.uk
- Mencap www.mencap.org.uk
- Mental Health Providers Forum www.mhpf.org.uk
- Mind www.mind.org.uk
- Mosaic Clubhouse www.mosaic-clubhouse.org
- Motor Neurone Disease Association www.mndassociation.org
- NHS Digital (formerly HSCIC) digital.nhs.uk
- Nuffield Trust www.nuffieldtrust.org.uk
- Rethink Mental Illness www.rethink.org
- Skills for Care www.skillsforcare.org.uk
- St Mungo's Broadway www.mungosbroadway.org.uk
- Stroke Association www.stroke.org.uk
- The Health Foundation www.health.org.uk
- Volunteering Matters (formerly CSV) www.volunteeringmatters.org.uk

REFERENCES

- ¹ Ministry of Justice, Accessing the Justice Data Lab service: www.gov.uk/government/publications/justice-data-lab
- ² NHS Digital is the main data holder for NHS-provided services—which makes it the right department to lead the work. It was formerly known as the Health and Social Care Information Centre (HSCIC).
- ³ Improvement Analytics Unit website: www.health.org.uk/programmes/projects/improvement-analytics-unit
- ⁴ The two terms are not entirely interchangeable. A ‘control group’ tends to refer to groups defined through more robust approaches such as random allocation, while a comparison group is any group that can provide a reasonable comparison.
- ⁵ For further explanation see Sabri, F. and Gyateng, T. (2015) *Understanding statistical significance: A short guide*. New Philanthropy Capital.
- ⁶ NHS (2014) *Five year forward view*
- ⁷ Department of Health, Public Health England and NHS England (2016) *Joint review of partnerships and investment in voluntary, community and social enterprise organisations in the health and care sector*.
- ⁸ Bull, D., Bagwell, S., Weston, A. and Joy, I. (2016) *Untapped Potential: Bringing the voluntary sector’s strengths to health and care transformation*. New Philanthropy Capital.
- ⁹ p. 8, NHS (2014) *Five year forward view*.
- ¹⁰ *Ibid*, p. 32.
- ¹¹ National Information Board (2014) *Personalised health and care 2020: a framework for action*.
- ¹² National Information Board (2016) *Intelligent Transparency and My NHS*, Annual Letter to Secretary of State,
- ¹³ Bull, D., Bagwell, S., Weston, A. and Joy, I. (2016) *Untapped Potential: Bringing the voluntary sector’s strengths to health and care transformation*. New Philanthropy Capital.
- ¹⁴ Pritchard, D., Ni Ogain, E. and Lumley, T. (2016) *Making an impact*. New Philanthropy Capital,
- ¹⁵ NHS Digital website: <http://digital.nhs.uk/hes>
- ¹⁶ NCVO (2016) *UK Civil Society Almanac 2016*.
- ¹⁷ This model is distinct from the ‘safe room’ data lab approach used in models such as Administrative Data Research Centres, or the ‘HMRC Datalab’—in which external researchers are given access to administrative data to answer a range of research questions—NPC’s Data Labs programme focuses on the ‘analytical service’ approach, by which a research team (usually housed in a government department) produces consistent analyses of cohorts submitted by external organisations.
- ¹⁸ See Justice Data Lab examples here: www.gov.uk/government/collections/justice-data-lab-pilot-statistics
- ¹⁹ NHS England website: <https://www.england.nhs.uk/ourwork/tsd/care-data/>
- ²⁰ UK Government website, Data protection: <https://www.gov.uk/data-protection/the-data-protection-act>
- ²¹ Ministry of Justice (2013), *Justice Data Labs privacy impact assessment*
- ²² Sabri, F. and Gyateng, T. (2015) *Understanding statistical significance: A short guide*. New Philanthropy Capital.
- ²³ Wellcome Trust (2016) *Wellcome Trust Monitor Summary Report Wave 3: Tracking public views on science and biomedical research*.
- ²⁴ National Data Guardian (2016) *Review of data security, consent and opt-outs*.
- ²⁵ Bull, D., Bagwell, S., Weston, A. and Joy, I. (2016) *Untapped Potential: Bringing the voluntary sector’s strengths to health and care transformation*. New Philanthropy Capital.
- ²⁶ Charity Commission (2016) *Public trust in charities has fallen, reports Charity Commission*.
- ²⁷ Noble, J., Harrison-Evans, P. and Hargrave, R. (2015) *Show and tell: Charities, polling and evidence of doing good*. New Philanthropy Capital.

TRANSFORMING THE CHARITY SECTOR

NPC is a charity think tank and consultancy which occupies a unique position at the nexus between charities and funders, helping them achieve the greatest impact. We are driven by the values and mission of the charity sector, to which we bring the rigour, clarity and analysis needed to better achieve the outcomes we all seek. We also share the motivations and passion of funders, to which we bring our expertise, experience and track record of success.

Increasing the impact of charities: NPC exists to make charities and social enterprises more successful in achieving their missions. Through rigorous analysis, practical advice and innovative thinking, we make charities' money and energy go further, and help them to achieve the greatest impact.

Increasing the impact of funders: NPC's role is to make funders more successful too. We share the passion funders have for helping charities and changing people's lives. We understand their motivations and their objectives, and we know that giving is more rewarding if it achieves the greatest impact it can.

Strengthening the partnership between charities and funders: NPC's mission is also to bring the two sides of the funding equation together, improving understanding and enhancing their combined impact. We can help funders and those they fund to connect and transform the way they work together to achieve their vision.

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