Department of Health & Social Care

From Lord Markham
Parliamentary Under-Secretary of State

By email

30 August 2023

Dear Steve,

NHS FEDERATED DATA PLATFORM

Thank you for your letter on the Federated Data Platform (FDP). I am keen to make sure Members of Parliament – and particularly the Committee - have access to all the relevant information on what promises to be an important contribution to the NHS. A briefing for members of Parliament has been prepared and will be placed in the House libraries, and I attach a copy with this letter, as it contains very useful general information on FDP and answers to some frequently asked questions. I have also provided answers below to the questions you have asked in your letter (given in italics).

The FDP has great potential for improving outcomes in the NHS and social care, and to help ease pressures on the system, and it would be a shame if it were to be frustrated by misunderstandings. The FDP will be a means of using the latest software to draw together operational data – currently stored in separate systems – to support staff to access the information they need in one safe and secure environment. This could be the number of beds in a hospital, the size of waiting lists for elective care services, staff rosters, or the availability of medical supplies.

This is fundamental to NHS delivery – to the delivery of direct care; it is not a system for collating data for the purposes of research by third parties. It will only be used by the NHS, and those working for the NHS, and whoever provides the software will not be able to access the data themselves (except in the carefully controlled circumstances of system maintenance). The data which the system uses is data already available to the NHS and used by them.

Pilots of Palantir's Foundry platform

The FDP is still undergoing procurement. What NHS England have done is supported a series of pilots, which use Palantir's existing Foundry platform, which has allowed the NHS to explore the potential of this sort of data platform, in over thirty trusts. There are two programmes: Improving Elective Care Coordination for Patients (IECCP) which supports trusts to effectively deliver care through the implementation of the Care Coordination Solution (CCS), and the Dynamic Discharge programme to support effective hospital discharge. These pilots are not part of the FDP; they are a test bed, for exploring how an FDP-solution might support the NHS and help to shape the thinking behind the procurement. The functionality and capability of the

Trust CCS and Dynamic Discharge solutions will be transitioned to the FDP once the procurement has completed, whoever is the preferred bidder.

For each of the nine pilots that was "paused", and two "suspended", what were the reasons for these decisions?

You have asked about the pauses and suspensions to pilots, which were highlighted in response to a Parliamentary Question. Our response to the question referred to both pauses (where pilots had begun but stopped with the intention to restart at a later date) and suspensions (where pilots had not begun). The table below - which is also in the Parliamentary briefing – highlights the reasons for the pause or suspension – and provides updates on the current position.

Trust name	Reason for pause as of March 2024	Current status
Milton Keynes University Hospital NHS Foundation Trust	Trust chose to address internal process change before participating in a digital transformation programme	No change
University Hospitals of Leicester NHS Foundation Trust	Trust chose to address internal process change before participating in a digital transformation programme.	No change
Liverpool Heart & Chest Hospital	Following discussions, it was agreed that given the speciality nature of this trust, the pilot products were not designed to address the Trust's particular issues.	No change
University Hospital Plymouth NHS Trust	The Trust made the decision not to participate in the programme based on lack of capacity of Trust resources to engage with the programme.	No change
Royal Free London NHS Foundation Trust	The trust made the decision to pause as their SRO and DM resigned from the trust at the same time, and they were unable to identify replacements. The trust confirmed they are unable to participate in the programme in June but would like to remain updated on the programme and potentially re-engage in future.	No change
Chesterfield Royal Hospital NHS Foundation Trust	Paused due to upgrade of supporting systems within the Trust; due to restart once upgrades are complete.	Restarting programme delivery in August 23
London North West University	Paused temporarily due to impact of strike action within Trust	Restarting programme

Healthcare NHS Trust		delivery in August 23
Newcastle Hospitals NHS Foundation Trust	Paused whilst work is completed to enable Dynamic Discharges module.	Restarting programme delivery in August 23
University Hospitals Sussex NHS Foundation Trust	Paused due to operational pressures, strike action and a recent EPR upgrade.	Memorandum of Understanding not signed- pilot didn't officially commence.
East Sussex Healthcare NHS Trust	Declined offer following discussions as existing system provided current capabilities.	Memorandum of Understanding not signed - pilot didn't officially commence.
University Hospitals Dorset NHS Foundation Trust	Paused due to other programmes of work within their IT department.	Memorandum of Understanding not signed - pilot didn't officially commence.

Campaigners have seized on these pauses and suspensions as evidence of fundamental flaws in Foundry or the programme (or indeed, the plans for the FDP), but as can be seen, the issues are chiefly logistical and routine. In some cases, trusts were not able to commit the resources which NHS England required of them, in order to participate.

Is there a timetable for restarting the "paused" pilots?

Where a trust has had to pause actively progressing implementing a solution, NHS England is working with the trust to understand the factors behind the pause, and work on an individual basis on timeframes for restarting – although without setting an explicit timetable when trusts face such diverse operational pressures. NHS England will continue to engage in conversations with these trusts to discuss delivery options.

What are the Department and NHSE's key learnings from the "suspended" Liverpool pilot?

Throughout these pilot programmes, NHS England is continuing to refine its approach and develop a better understanding of the conditions required for successful implementation of the solutions. In the case of Liverpool Heart and Chest Hospital, the trust decided not to progress with the roll out of the solution as it did not fully meet its needs or priorities. It was found that the IECCPP was not best suited to the work of specialist trusts where waitlist volumes tend to be lower, and a vigorous vetting process is followed before adding additional patients, whereas the

solution is designed to assist in the management of large volume waiting lists and associated capacity planning.

Within specialist settings, there also tends to be need for a single end-to-end pathway view of the Patient Treatment List, e.g., elective (which IECCPP provides), diagnostics, outpatients, admitted etc. However, the trust wanted this full view immediately as part of the implementation. NHS England's programme was only able to provide one elective waitlist at the time and did not therefore meet their immediate needs. We anticipate that our waitlist coverage will grow as the product offer expands. NHS England will look to reengage when the IECCPP offer has been further developed or other solutions are available that may be more appropriate to their needs.

How has the pausing or suspension of eleven out of twelve pilots affected the Department's and NHS England's ability to understand whether the Palantir system is appropriate for widespread use across the NHS?

Just to clarify, there are 36 trusts participating in the programme at various stages of roll out. 24 trusts are actively realising benefits which include treating patients faster, increased efficient usage of theatres, patients being safely removed from the waiting list, and patients receiving increased notice of their upcoming treatments.

At a North Tees and Hartlepool NHS Foundation Trust in Teesside, the Dynamic Discharge pilot is allowing staff to monitor patients from admission through their hospital journey and highlight in real-time any issues that could delay their discharge once they are medically ready to leave.

At Chelsea and Westminster NHS Foundation Trust, gynaecology clinicians have achieved a significant increase in theatre utilisation, from the already high rate of 86%, to 93% - this is based on improved management of data, and not from any additional staffing or other resources.

The pausing or suspensions of some of these pilots has not adversely affected NHS England's understanding of the value of this sort of platform or how appropriate it would be for wider use. Through the deployment of the pilots, NHS England has continued to refine the approach and develop a better understanding about the conditions required for success.

Through the pilots, NHS England is enhancing its delivery approach to work more effectively with providers who are experiencing operational pressures, to ensure that the programmes create minimal extra burden for teams.

What other efforts has the Department made to gather evidence on Foundry's suitability, in the absence of evidence from the pilots?

NHS England are currently conducting an open and transparent procurement of the FDP and Associated Services, in line with the Public Contracts Regulations 2015. NHS England has engaged with trusts and ICSs to inform the procurement requirements - which includes the use of the data navigator tool, ongoing dialogue with pilot sites and trusts and ICSs across the country. The data navigator was used across all ICSs to understand how they would like to adopt FDP, the areas they would like support in and where their data gaps are. This has enabled focus on areas of greatest need and products to be specified that meet the demand of the ICS. It has also helped inform the adoption and implementation plan and built up the

understanding of what FDP will provide to ICSs by sharing details of the use cases and products, ensuring advocacy among ICSs.

A preferred supplier will not be selected by NHS England until the competition has completed and all potential suppliers are treated equally. As you will understand, the procurement process is designed to test rigorously and evaluate the suitability of all bidders for delivery of the FDP to the NHS.

Does the Department or NHS England have plans to release any further information, evaluation or analysis of either the complete or incomplete pilots?

The FDP is a learning programme which adapts its approach based on the experiences from pilot programmes. NHS England is committed to ongoing continuous improvement and will embed continuous evaluation through the lifecycle of the FDP programme and the use cases within it. This is set out in the business case for FDP. NHS England has committed to publishing the FDP business case once the contract has been awarded.

The need for public trust

The Department and NHSE has told us that it has a campaign planned addressing data security and public trust. Are you able to share any further information about what the campaign will involve?

What other research is being used to inform the Department and NHS England's communications over data security?

Building and maintaining public trust in the use of data remains central to *Data Saves Lives,* with a clear set of commitments for how we would deliver tangible progress.

The detailed list of commitments relating to public trust can be found in chapter 1 of *Data Saves Lives*. Delivery against the strategy is progressing well – at the time of writing 60 out of 102 commitments have been delivered. Further details on progress were published in a recent implementation update and blog to mark one year of progress since publication. I would like to draw your attention to five main areas of progress:

1. Large-scale national engagement: we committed to undertake in-depth engagement with the public on particularly complex topics and questions that require meaningful engagement on how to resolve. This programme will primarily consist of a deliberative series of events with c.100 representative members of the public over multiple weekends, similar to that used by OneLondon. Funding has recently been confirmed for this work, and we intend to start procurement processes imminently, with the events likely to take place from early 2024. We anticipate that aspects of the FDP will be engaged upon (where the public can have meaningful influence), alongside other key health data policy and programmes, such as reform of the National Data Opt-Out. This is a significant undertaking and commitment that is widely supported as best practice for engaging with the public.

2. Clear publications that show how and why the NHS uses patient data: Alongside the need for engagement, the *Data Saves Lives* strategy also committed to developing a Data Pact, Transparency Hub and a Standard for Public engagement on data.

3. NHSE communications campaign on data: there are several communication campaigns ongoing and planned aimed at raising public awareness for how data is positively used within the health system. This begun as a pilot phase for "Powerful moments, powered by data" in June 2023 across NHS channels and social media and is planned to initially run for three months. The first three case studies focus on HPV, a diabetes self-management tool and the impact of reducing air pollution on cutting asthma rates in children. Following this campaign, NHSE plans to launch a marketing information campaign to explain changes to how data is practically managed and used in the NHS and what this means for individuals.

4. FDP-specific communications activities: we recognise that while the above actions will contribute to improving the public's general understanding and support for how their data is used in the health system, there is a clear need to clarify some aspects relating to FDP more urgently and specifically. A public and patient panel has recently reviewed the existing web content, and updates are now being made based on this feedback. This includes providing clearer webpages that explain what the FDP is and how it will work in simple language, as well as boosted engagement with the NHS workforce to further build support ahead of implementation. Teams within DHSC and NHSE are supporting this work as a matter of priority.

5. Improving our understanding of the public attitude towards data: we have developed internal tools to track public confidence regarding their health data over time, for instance how policy and programme announcements influence the number of using the national data opt out. We have had discussions with the National Data Advisory Group (NDAG) on how we can continue to improve and implement this *Data Saves Lives* commitment more effectively. Earlier this year a series of three public deliberation events took place to explore the views and expectations of the public regarding how NHS data is used. The themes from these events were explored further in a survey with over 2000 members of the public. Ongoing research and analysis will continue to help inform both future communications as well as the "large-scale" engagement campaign referenced above.

Did the pilots look at whether and why individuals were opting out from their data being held by the Federated Data Platform? If so, are you able to share any insights from the completed, suspended or paused pilots?

The Foundry pilots are intended to support trusts in the management of direct patient care, and as such would not be covered by the National Data Opt-Out (NDOO). The NDOO allows individuals to prevent their confidential patient information from being used for research or planning (with specified exceptions such as where is a legal requirement to disclose information) but does not apply to use of data for direct care purposes. The pilots did not explicitly seek to look at opt-outs in areas served by the trusts using Foundry. The focus was on implementation and roll-out within NHS structures.

With respect to the potential for individuals to apply the National Data Opt-Out, it is hard to comment on the Foxglove survey when we have not seen it. It is possible that the survey did not provide a full or clear explanation of what the FDP will be, what benefits it will provide, and the security arrangements that will be in place to protect people's data.

The FDP will not give people access to patient data which they do not need to see as part of their role in the NHS. As happens currently, there will be clear rules on who can access, what they can see, and what they can do. It is a system for managing the data which the NHS already uses, to link and analyse it, to manage activity. It is not collecting any new data and does not override the existing statutory protections of people's data.

The supplier of the FDP will only operate under the instruction of the NHS when processing data on the platform. The supplier will not control the data in the platform, nor will they be permitted to access, use or share it for their own purposes. There are already many suppliers of IT services working for the NHS who handle confidential patient information.

Explaining how data will be accessed and used will be crucial for maintaining public trust in how the NHS uses patient information for the FDP and more generally. We are actively engaging and involving patients and the public about how data is used within the platform, and how we best meet our duty of transparency and open communication. We will also continue to work with patient groups to develop and iterate information for the public.

However please be reassured that clarifying the application of opt-out within FDP and communicating clearly how the FDP conforms with the NDOO, and reforming patient choice remains a high priority for me and NHS England.

I am happy to meet with you to answer any questions you may have.

The letter has also been deposited In the House library

With my very best wishes,

LORD MARKHAM CBE