# Federated Data Platform (FDP)

## Key messages and FAQ

# Contents

# Key messages

The NHS uses data every day to manage patient care and plan services. Currently, it is held in different systems that do not speak to each other, creating an extra burden for patients and staff. This frustrates patients who need to repeat their medical history when using a different part of the NHS. For staff, time is wasted cross-checking and logging in to different systems to access information about patients. Better use of existing data brings benefits for patients by ensuring more joined up care, improving health outcomes and ultimately helping to save lives.

The COVID-19 pandemic highlighted the crucial role of joined-up data in solving some of these issues. The success of vaccination programmes was closely tied to the access of local data to: anticipate the virus; identify and protect those most at risk and most in need of being vaccinated; put the right number of vaccines in vaccination centres; and ultimately deliver the largest and the most precise vaccination programme in NHS history.

The Federated Data Platform (FDP) is new software that will sit across NHS trusts and integrated care systems (ICSs), allowing them to connect data they already hold, such as vaccination and hospital records, in a secure and safe environment. The FDP will support key focuses of the NHS, prioritising the recovery of elective care and the improvement of discharge processes to get medically fit patients home quicker.

More than two dozen (26) pilot sites have been testing a data platform similar to what the FDP will provide. These vanguards have seen falls in waiting times, discharge delays reduce, and diagnoses speed up. Theatre utilisation has also increased by more than 6%, meaning an average of 120 additional patients are being treated at each trust per month.

GP data will not be part of the national platform or shared outside of local NHS systems. The organisation providing the FDP will not hold or have access to NHS data. The use of the data in the FDP will always remain under the full control and protection of the NHS. Each trust and Integrated Care Board will have access to their own version of the platform and remain in charge of the data, giving them complete control over use.

The software is highly secure, thanks to new Privacy Enhancing Technology, which is being procured separately and will be in place before the rollout of the FDP. There are strict access controls within the NHS to ensure only those who need to see the data can do so.

Relevant patient information will only be accessed by those providing care. This includes NHS staff and those supporting them, such as bed managers or care coordinators, and social care staff supporting the move from hospital care.

The NHS has run an independent procurement exercise, done by the NHS, for the NHS. The choice of preferred supplier is not made by a single person but is the result of assessment by thirty individuals. This includes clinicians, chief operating officers and chief information officers at trusts and ICBs, and experts working in information governance and security.

The award of a contract for the FDP, worth £480m, continues to go through a rigorous and transparent governance process.

Over the coming months, there will be national engagement on the use of health data, listening to seldom-heard groups and with the public and professions on a large scale as part of the Department of Health and Social Care's Data Strategy. NHS England will establish an FDP Advisory Group made up of patient and clinical representatives to ensure stakeholders are kept informed and to work with us as the FDP develops.

## Myth-buster: what the FDP is not

- **The FDP is not a data collection**. It simply allows for better use of existing sets of NHS data that clinicians use when providing routine care.

- **The software manufacturer will not hold or have access to NHS data** for any purpose other than as directed by the NHS. All data will remain within and under the control of the NHS.

- FDP requirements **prevent third parties from accessing NHS data**.

- The FDP **will not include GP data** as part of the national platform.

- **Patient safety will not be compromised**. The software will be more secure than anything currently used in the NHS.

- **The NHS will not be reliant on a single software supplier**. Privacy Enhancing Technology, to further enhance security, will be procured from a different software supplier.

- **The FDP will not be used by third parties**. It will support five key NHS priorities: elective recovery, vaccination, population health management, care coordination, and supply chain management.

- **No wider use** will be allowed without further public, stakeholder and patient engagement.

- The NHS **has not cut corners** on procurement. The choice of preferred supplier is the result of assessment by thirty individuals with a wide range of backgrounds.

# Timeline

**Autumn 2023**
- NHS England is aiming to award the FDP-AS contract in October 2023.
- The NHS Privacy Enhancing Technology (NHS-PET) will also be awarded in October 2023. The first use of the new NHS-PET will be for the Federated Data Platform.

**October 2023 to January 2024**
- Following the FDP-AS contract award, there will be a three to six-month period to build the system ahead of trusts being able to use it.
- Engagement, via the FDP Stakeholder Advisory group, will start and a full programme of work will be mapped out.
- The NHS-PET will be put in place and fully operational ahead of the transition to the new FDP platform.

**2024/2025**
- From early 2024, we will begin rolling out successfully piloted products to new trusts across England. These existing tools are focused on priority areas such as care coordination (theatre management), virtual wards, and patient discharge. The ambition is to roll out these core, existing products to 70 trusts by the end of 2024.
- Large-scale engagement events to gather public views on digital and data transformation in the NHS will continue. The FDP Stakeholder Advisory Group will work with NHS England on engagement to support this.

# Benefits for patients

The FDP will support five key NHS priorities:
1. **Elective recovery** – addressing the backlog of people waiting for appointments or treatments which has been exacerbated by the COVID-19 pandemic and winter pressures on the NHS.
2. **Care coordination** – enabling the effective coordination of care between local health and care organisations and services, reducing the amount of time that patients have to wait for discharge summaries, medicines, or home support measures before being discharged from hospital.
3. **Vaccination and immunisation** – supporting the vaccination and immunisation of vulnerable people while ensuring fair and equal access and uptake across different communities.

4. **Population health management** – helping local care systems proactively plan services that meet the needs of their population. Improving the quality of data here will play a key role in allowing us to tackle health inequalities.
5. **Supply chain management** – helping the NHS put resources where they are needed most and spend more efficiently so that we get the best value for money.

# Frequently asked questions

## What is the Federated Data Platform?

The FDP is software that will sit across NHS trusts and integrated care systems (ICSs) allowing them to connect data they already hold in a secure and safe environment. GP data will not be part of the national platform.

The software will be 'federated' across the NHS. This means that every hospital and Integrated Care Board will have their own version of the platform which can connect and collaborate with other data platforms as a 'federation'. This makes it easier for health and care organisations to work together, compare data, and analyse it at different geographic, demographic and organisational levels and to share and spread new effective digital solutions.

The federated data platform is <u>not</u> a data collection; it is software that will help to connect disparate sets of data and allow them to be used more effectively for care.

## Why do we need a federated data platform?

The NHS is made up of multiple organisations that use data every day to manage patient care and plan services. Historically, it has been held in different systems that do not speak to each other, creating burden for staff and delays to patient care. It also makes it difficult to work at scale and share information.

Better use of data brings big benefits for patients by ensuring more joined up care, greater choice and improved health outcomes, and ultimately saves lives.

Feedback from patients has shown that we need to make it easier for staff to access the information they need, freeing up time to invest in delivering the best care possible for patients and facilitating the rollout of innovations taking place across the healthcare system.

The FDP will provide software to link these NHS trusts and regional systems and give us a consistent technical means of linking data that is already collected for patient care. Clinicians

will easily have access to the information they need to do their job – in one place – freeing up time spent on administrative tasks and enabling them to deliver the most appropriate care for patients. GP data will not be part of the national platform.

## What do we mean when we say "data"?

NHS organisations hold different types of data:

- operational information like the number of beds in a trust and what percentage are occupied, as well as aggregate or de-identified individual-level data. This information is often held in multiple systems.

- confidential patient information that both identifies the patient and includes some information about their medical condition or treatment.

The FDP will allow NHS organisations to access both these types of data, where lawfully appropriate, and combine it with other data to analyse multiple data sources in one place.

## What information will be available on the platform?

The new software will use data that the NHS already collects and uses. It will securely bring together information from hospital health records, waiting lists, and theatre and staff rosters to better manage patient care.

## Who will be able to see this data?

The FDP will only allow access to patient data for people who need to see it 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.

Only authorised users will be granted access to data for approved purposes, namely NHS staff and those supporting them, such as administrators, bed managers or care coordinators, and staff in social care supporting the move from hospital care.

## Will new data be collected?

No new data will be collected as part of the FDP. Existing data will be accessible when needed by approved individuals.

## What will the FDP do?

Every trust and ICB will have their own platform, with the capability to connect and share information between them where this is helpful. This could include the number of beds in a

hospital, the size of waiting lists for elective care services, staff rosters, or the availability of medical supplies.

The FDP will initially be focused on supporting five key NHS priorities:

1. **Elective recovery** – to address the backlog of people waiting for appointments or treatments.

2. **Care coordination** – to enable the effective coordination of care between local health and care organisations and services, reducing the number of long stays in hospital.

3. **Vaccination and immunisation** – to continue to support the vaccination and immunisation of vulnerable people while ensuring fair and equal access and uptake across different communities.

4. **Population health management** – to help integrated care systems proactively plan services that meet the needs of their population.

5. **Supply chain management** – to help the NHS put resources where they are needed most and buy smarter so that we get the best value for money.

## What are the benefits of the FDP?

The FDP will improve patient care by bringing together the information needed to plan and deliver care and reduce administrative burden on staff.

Pilot sites have seen list sizes reduce and waiting times fall, meaning patients are treated faster. Additionally, discharge delays have reduced, enabling patients to leave hospital and get home sooner, and people are having to wait less time to receive a diagnosis.

For example, Chelsea and Westminster NHS FT has used new software in its gynaecology department to track patients with suspected cancer through to diagnosis and first treatment, which has reduced the waiting time for a first appointment by an average of two days and cut the overall time to diagnosis. That means two days less that patients spent worrying and waiting to find out what the next steps in their treatment will be.

North Tees and Hartlepool NHS FT is using software to monitor all admitted patients and assess any potential barriers to discharge. The system has freed up almost 10 hours of clinician time each week and resulted in patients going home faster, with long stays (over 21 days) falling by more than a third (36%).

National rollout of the FDP will enable patients and clinicians across the country to benefit from these advances.

The FDP will:

- connect teams and organisations who need to work together to provide patient care.

- help local teams better prioritise waiting lists, manage theatre capacity and identify their staffing needs.

- help local health and care teams to understand the health of the people in their community, and what preventions and services might support those people.

- make it easier to see where critical supplies are, how much is available, and where there are shortages.

- reduce the reporting burden on frontline staff.

## Will the FDP be able to do more in the future?

The FDP will initially be focused on supporting the five key NHS priorities.

No further uses will be allowed without further engagement with public, patient and stakeholder assurance and advisory groups.

Any additional use must be supported by clear legal reasoning and accompanying Data Protection Impact Assessment, which is a legal requirement under the UKGDPR Article 35, to help identify and minimise any data protection risks.

## How will patient data be used?

No new data will be collected. Existing data will be used for analysing activity, auditing quality, planning service delivery, and service analysis to improve patient outcomes.

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## How will patient data be protected?

The software will be more secure than anything that is currently used in the NHS thanks to new Privacy Enhancing Technology (NHS-PET), which will provide robust protection and a standard approach to support safe data access and use.

The NHS-PET will be procured from a different supplier to the supplier of the FDP, and the FDP will not go live until the PET is fully in place.

The use of the data in the FDP will always remain under the full control and protection of the NHS. Patient data cannot be accessed by the company that makes the software.

Primarily, the data will remain within the organisation where the patient receives their care, and there are strict access controls within the NHS to ensure that only those who need to see the data are able to.

All uses of data within federated data platforms must be ethical, for the public good, and comply with all existing law. This includes the UK General Data Protection Regulation, the Data Protection Act 2018, and the Common Law Duty of Confidentiality.

## Can patients opt out of sharing their data with the FDP?

No. Patients can only opt out of sharing their data for research and planning, not for direct patient care.

The FDP uses data for direct patient care, such as booking a patient in for an operation, or uses data that has been anonymised and does not identify an individual, in which case opt outs do not apply.

Anyone wishing to find out more about data use and the NHS can visit Powerful moments, powered by NHS data, and read further information about keeping data safe. DHSC are also undertaking a national public engagement exercise on the use of health data, as part of the DHSC's Data Strategy, Data Saves Lives.

The Patients Association has also published a report on the relationship between the public, their data, and the health and care system.

## Can patients choose whether their information is accessed via the platform for their individual care?

The new software will be routinely used by NHS staff to provide patients with care, so patient information will be accessed with their implied consent.

To learn more about the use of patient data see here.

## If the FDP itself is secure, why is there a need for secure data environments inside the FDP?

The FDP will only allow access to patient data for people who need to see it as part of their role in the NHS. Secure data environments, which are secure ways of handling data, allow organisations to control who can access their data, what specific data people can access, and what people can do with this data.

For example, a doctor will be able to see the clinical details of their own patients, but not those of another doctor's patients. Similarly, someone in a non-clinical role will not be able to see any clinical patient information.

GP data will not be part of the national platform.

## Will the FDP increase the risk of a cyber-attack?

No. NHS England works closely with the National Cyber Security Centre to ensure that all information is protected from the threat of a cyber-attack. All data will be accessed in line with the Office for National Statistics' Five Data Safes.

## Can a patient access their own data?

Under GDPR, everyone can ask for a subject access request. This is a request for information that an organisation holds about you. Read more information about your right of access.

## What are the penalties for organisations that misuse patient data?

Data Protection is enforced via the Data Protection Act 2018 and the UK General Data Protection Regulation. If an organisation doesn't comply, the ICO may need to take action against the company.

The ICO has a range of enforcement powers that it can use where appropriate. It can issue monetary penalties of up to a maximum of £17.5 million – or 4% of the total annual

worldwide turnover in the preceding financial year, whichever is higher – in the most serious cases. [Read more information on possible penalties](#).

## What is an example of how the FDP can help patient care?

An elderly patient has been in hospital but is now medically well enough to leave. However, their discharge is being delayed because a bed in a care home hasn't been found and staff are spending a lot of time calling different care homes to try and find a space.

The FDP will enable staff to quickly see if and where there is an available bed in a care home within the patient's local community, or if there is an alternative option available, such as a space on a virtual ward. The clinician will be able to speak through the options with the patient and together they can decide on the preferred course of action.

Not only will the use of FDP have freed up clinical time, with staff no longer having to ring round different care homes, but the patient is more involved in the decision about their care and are able to be discharged more quickly into the appropriate location.

This also means that a bed is freed up for an incoming patient who needs to be cared for in an acute setting, as it is no longer occupied by someone who is medically well enough to be discharged.

Case studies from our pilots are published on [NHS England's website.](#)