OneLondon Health Data Strategy
2025 Refresh

Contents

Background

The OneLondon Health Data Strategy (2022) represented an important commitment and first step to use data at scale across London's five Integrated Care Boards (ICBs), in partnership with the NHS England London Region, the Greater London Authority (GLA) and others. The explicit aim was to develop data capabilities that would enable efforts to make London the healthiest global city and the best place to receive healthcare services.

It had a number of key aims:

- to establish a single scalable data sharing policy
- to prototype data services that enable interoperability
- to establish secure data environments underpinned by strong governance controls
- to engender and maintain professional and public trust
- to develop and apply analytics to directly impact care delivery, strategic planning and research

The approach was practical and pragmatic, building on examples of existing local exemplars and making use of the datasets with which we have the greatest confidence in sourcing and utilising.

The ambitions of London are underpinned by the Federated Data Platform (FDP) and the London Secure Data Environment (SDE), which are material and significant components of London's digital infrastructure, serving complementary purposes and sharing underlying technical capabilities.

Over this parliamentary period, we will review and converge these technologies in line with the following strategy, as well as with the development of the technical capabilities of both platforms.

Why it needs updating

Since 2022, large elements of the strategy have now been successfully delivered:

- the prototype data service is in operation across three ICBs, powering operational tools such as Whole Systems Integrated Care (WSIC) and North East London Population Health Management (PHM) dashboards
- the OneLondon collaboration has been successful in securing inward investment to develop an SDE and has established a single data sharing framework for London
- multiple public deliberations have ensured strong and trustworthy policy development
- extensive engagement and co-design with the Londonwide Local Medical Committee (LLMC) has created a strong buy-in across general practice – as of September 2025, more than seven in ten of London GP practices have signed up to be part of the SDE
- practical collaborative working across ICBs and NHS England London has demonstrated our capability to deliver complex pan-London work together

In addition, technologies have continued to change at a rapid pace, with national policy sending clear signals of intent to accelerate digital maturity and interoperability across ICBs. For example, the FDP is a mandated tool, helping to raise capabilities in areas that lack existing infrastructure, and the NHS App is expected to operate as the main point of digital patient engagement.

The Government's Fit for the Future: 10 Year Health Plan for England has set out an ambition to deliver a single patient record, noting that the NHS England market engagement has advised incremental changes and not a disruptive 'big bang' overhaul.

The 2022 strategy also needs updating because it is too disconnected from the core transformation programmes being delivered across the region.

This lack of formal and practical alignment means that whilst the implementation of this digital and data infrastructure has delivered benefits for both clinical and operational teams, these are lower than they could have been, and lower than we need it to be in future.

With NHS England and ICBs facing major structural and financial pressures, now is the time to radically reduce cost duplication and secure productivity benefits from technology investments.

The initial steps set out in the 2022 strategy have been taken, and we need an updated strategy to stride forward with clear direction, confidence and pace.

What we will do

Through the OneLondon partnership London's ICBs, NHS England London Region and other partners have agreed that now is the time to commit to a more radical and extensive OneLondon approach for delivering the major regional transformation priorities. This means making use of the significant technical investments made to date across London and unapologetically seeking to deduplicate and standardise around a set of core capabilities.

Strategic ambition

We will develop and deploy the right data, digital and analytics to deliver London's priority transformation commitments ensuring we make London the healthiest global city and the best place to receive healthcare services. We will use the unique opportunity of London as a global health and tech hub to drive research and development and technology adoption to drive economic growth and make London a globally significant Health Innovation Zone.

We will do this by directly supporting the regional strategic priorities as they develop and through seven major commitments:

1. **Build transformation programmes with the right data and digital expertise, and continued public involvement**
2. **Build and use world-class data**
3. **Converge to a OneLondon Tech Stack**
4. **Drive dividends from the FDP**
5. **Drive dividends from the SDE**
6. **Build a truly Integrated London Analytics Function**
7. **Build world-class governance and policy environment across London, with radical transparency and trusted partnership working**

Seven major commitments

1. Build transformation programmes with the right data and digital expertise, and continued public involvement

This would mean all core transformation programmes would include Multi-Disciplinary Team expertise across clinical, operational, data, digital and analytics and programmes will also continue to make use of our OneLondon Citizens' Advisory Group (CAG). Resources will be apportioned to develop the data, pipelines, and analytics required to understand existing operations and design new ways of working; and we will operationalise changes by practical using and enhancing the core components of the 'OneLondon Stack' (see Figure 1).

2. Build and use world-class data

Set standards and expectations to bring together and make useful high-value data such as pathology, and out-of-hospital (eg mental health and community) data – with the aim to match acute data standards by 2030. Data curation and the development of common data models will be driven by clinical transformation programmes, tightly linking to data engineering and clinical semantics.

3. Converge to a OneLondon Tech Stack

We will optimise the return on investments in the London Care Record (LCR), Universal Care Plan (UCP), SDE, FDP and NHS App. These will form the core 'OneLondon Tech Stack' (see Figure 1): complementary technologies designed for different purposes that work together as part of effectively redesigned care pathways and operational processes.

For the foreseeable period, this would retain a system-level SDE data warehouse as critical infrastructure to store and link GP data with data from other care settings. A fundamental design principle of the 'stack' is that it is modular, scalable, and updatable, using open standards to maximise interoperability. Over time, we will work with and review the opportunity for convergence of these platforms to simplify and reduce cost in line with the progression of functionality.

4. Drive dividends from the FDP

We will commit to full sign-up by March 2026, maximising the deployment and use of the national products that have been built and tested. We will take an FDP first approach to performance reporting with a commitment to provide real-time board reports covering key system performance measures. And we will review the full cost of compute and maintenance over the period to estimate likely long-term local pickup costs.

5. Drive dividends from the SDE

We will commit to full GP and trust sign-up by March 2026, using the data warehouse to:

- (i) power proactive care tools and segmentation models in neighbourhood teams
- (ii) enhance the functions available through LCR and UCP
- (iii) attract inward investment for targeted research and development projects with academia and industry
- (iv) act as a source of aggregate data to power FDP reporting

## 6. Build a truly Integrated London Analytics Function

As already now exists for data infrastructure, we will create a unified highly networked London-wide function for analytics working to a single strategy, with flexible resourcing, embedded local expert teams with strong population health capabilities at ICBs, a regional centre of excellence, joint learning and development and Standard Operating Procedures, standardised reporting (particularly performance) and ambitious use of AI and advanced analytics.

7. Build world-class governance and policy environment across London, with radical transparency and trusted partnership working

We will define our collective approach to innovation and research as part of a Health Innovation Zone, ensuring consistency of approach across our major institutions with respect to data sharing, data access, IP management, and the commercialisation of data. This includes setting up and running a world-class research service commercial model to create a 'friction-free' experience for industry that is transparent and trusted by Londoners.

Figure 1: Illustration of the complementary technologies that make up the OneLondon 'Tech Stack'
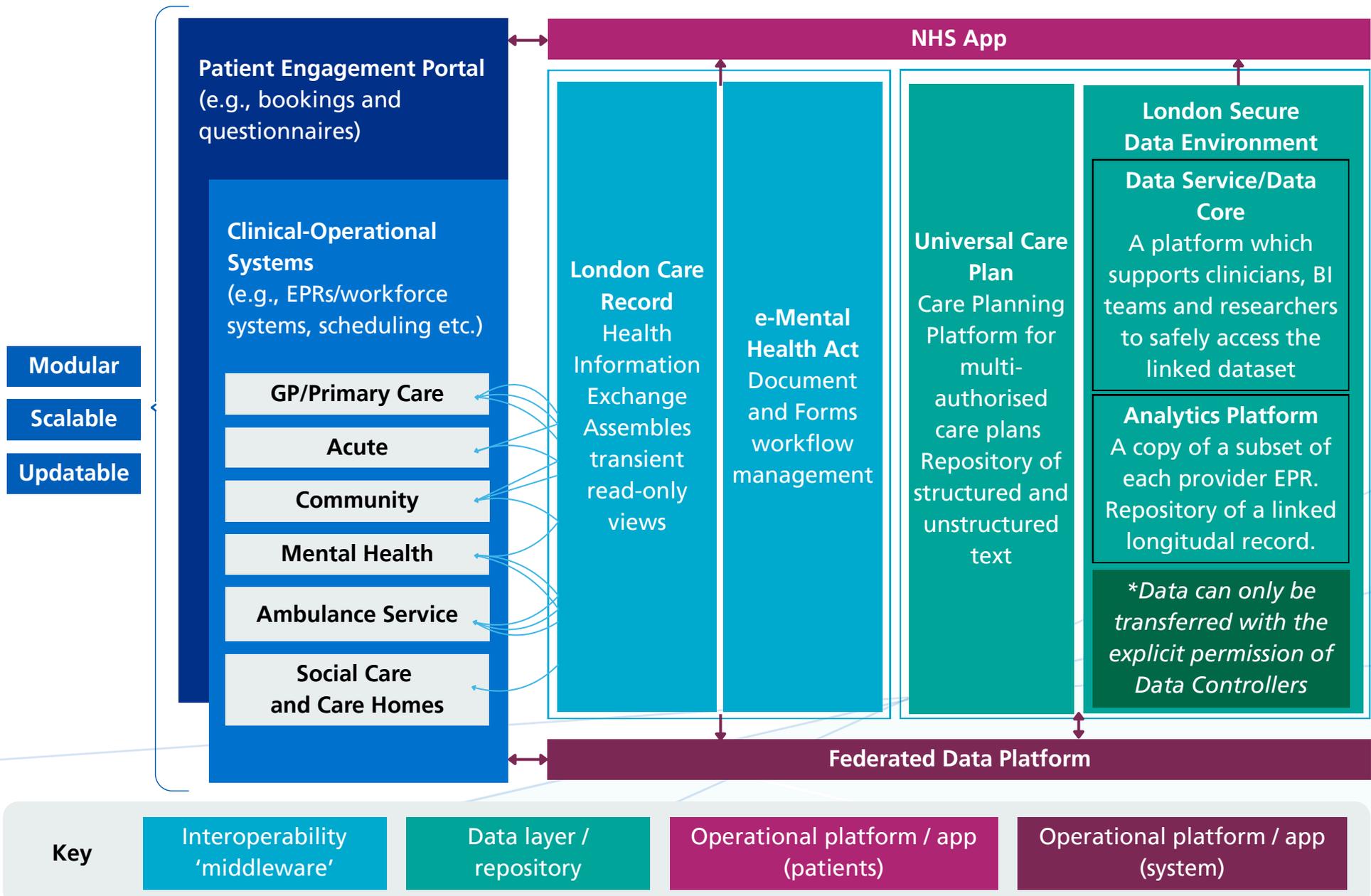
Appendix 1: background and context

Background

Published in September 2022, the [OneLondon Health Data Strategy](#) was an ambitious plan for the five London ICBs, in collaboration with the NHS England London Region, the GLA and other key stakeholders to take the first steps in using data at scale to deliver London's health vision (healthiest global city, best place to receive healthcare in the world).

It was written after extensive consultation with the public, academia and other key stakeholders, and its core ambitions were to:

- join up Londoners' data to improve direct care, strategic planning, and research and development

- prototype effective data integration – facilitating increased interoperability

- attract investment in a London Secure Data Environment (SDE) - facilitating a new paradigm for research, with analysts coming to the data instead of sending data to the analyst

- demonstrate trustworthiness, engender and maintain public trust and engagement – by continuing to involve the public in shaping data policy and assessing data access requests

- establish robust governance by setting up collaboration agreements and decision-making structures that are mandated to act, and which provide effective oversight

Requirement to refresh the strategy

Since the OneLondon Health Data Strategy was first developed, several significant changes have occurred:

- The core objectives of the earlier strategy have largely been met: prototype data warehouse and analytics tools have been developed and demonstrated – e.g. WSIC and ICB Analytics 'Sandpits' – and work has progressed to establish a pan-London SDE, which has large-scale sign-up from GP practices

- The FDP was commissioned nationally in November 2023 (for seven years) with the aim of meeting a set of initial national use cases. Planning guidance has stated an FDP first approach must be adopted. Across the country, systems are adopting FDP for uses where the platform adds capability that is not already available locally and/or where it would not degrade existing capabilities. *"All systems adhere to the 'Federated Data Platform (FDP) First' policy, connecting their own digital and data infrastructure to the FDP. NHS England will support adoption of the FDP to 85% of all secondary care trusts by March 2026"* [Planning guidance 25/26]

- The NHS app has continued to develop and the national team has requested an NHS App first approach to patient communication. *"all providers proactively offer NHS App-first communications to patients (with due regard to digital inclusion), by default through the NHS Notify service"* [Planning guidance 25/26]; The Government's 10 Year Plan went further in setting out the future role of the NHS App

- A substantially altered NHS operating environment with declining financial, productivity and operational position challenges registered across London and the country

- Ongoing structural changes affecting NHS England and ICBs were announced, requiring an aggregate 50% reduction in ICB and NHSE running costs [Model ICB Blueprint]. There is also a London-wide Transition Group looking at how data, analytics and digital could be improved through pan-London solutions

- The Government has set out its mandate for three shifts, which were detailed in its 10 Year Health Plan for England published in July 2025: Analogue to digital / Sickness to prevention / Hospital to community

- Despite the above shifts, out-of-hospital data remains poor in London, particularly in mental health, community and social care, with no clear strategy currently outlined to improve this. This needs to be a significant area of focus collectively across London

Appendix 2: London Technology 'Stack'

Figure 1 illustrates the interoperable parts of the OneLondon Technology Stack. These are the core components that should be considered by transformation programmes when exploring the use of digital and data to improve care delivery.

Summary explanation:

At the individual care provider level, the region is supporting consolidation of Electronic Patient Records (EPRs) across provider collaboratives. For primary care, EMIS/TPP are the main vendors; for acute care, there is an increasing mix of Oracle and Epic.

The London Care Record (LCR) is an important 'middleware' that connects information at the point of care for clinicians. It can draw on data in other EPRs, and also in the SDE, using standard Fast Healthcare Interoperability Resources (FHIR) messaging. The LCR also offers an in-context link to the Universal Care Plan (UCP).

The UCP is a shared care plan repository that should interact with LCR for clinical access, NHS App for patient access, and (potentially) SDE as a source of relevant data (e.g. specific pathology data that a patient/care team might want to have available).

The SDE is, essentially, a data warehouse for the system and acts as:

- a source of stored data (like disease registries) to be surfaced in structured ways into other apps (whether LCR, UCP, or directly into an EPR viewer)
- a source of calculated/derived data (like a segmentation designation and/or risk score), to be surfaced as above

The FDP can then also be a source of data into the SDE, and also subscribe to some (probably aggregate) data out for management purposes, such as PHM planning. Any patient-level data would only flow with the explicit direction of the data controller.

A key strength of this approach is that it is not a single monolithic system. Instead, it is modular, scalable, and updateable, allowing continuous optimisation over time. Taken together, these elements provide the core building blocks of a single patient record and a pragmatic way of delivering this 10 Year Plan commitment.