# Local Health and Care Record Exemplars

**A summary**

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Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

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# 1  Introduction

Putting the right information in the hands of doctors, nurses and other care professionals at the right time will save lives. When we are at our most vulnerable, providing health and care professionals with access to our records allows them to understand our needs and make the best decisions with us, and for us. As well as delivering personalised services, we can use information to help us work together to deliver the best possible health and wellbeing outcomes for our communities and support people in living independently at home and in their communities.

In this day and age, depending on slower, less reliable and less secure methods of communication such as fax or post is absurd. Digital technologies can prevent avoidable delays in diagnosis, unnecessary repeat tests and reduce clinical uncertainty that can slow down the speed at which people are able to begin to receive the treatment and care they need. They can help better co-ordinate an individual's care from across multiple health and social care organisations, whilst supporting us in better connecting people with support that is available to them. This will help deliver our aim of truly integrated person-based care.

The aim of the Local Health and Care Record programme is to create an information sharing environment that helps our health and care services continually improve the treatments we use, ensures that care is tailored to the needs of each individual, and can empower people to look after themselves better and make informed choices about their own health and care.

The reality of today's health and care system is rather different from this ideal. Time and again individuals engaging with health and care services find that they have to repeat their histories to different care providers, sometimes even within the same organisation. Records are distributed across the various services[1] and are not available to all the professionals delivering their care.

Just as we recognise the benefits that upgrading technology can bring, we must also ensure our systems are robust and that personal health and care data is always fully protected and secure. Data from the NHS and care providers should only ever be shared safely, securely and lawfully, respecting an individual's choice of what is shared, and that we are open about how it is being used.

On 21 March 2018 NHS England and the Local Government Association, invited proposals from NHS and local government partner organisations to participate in a programme of local health and care record exemplars in England that will deliver the promise of improved care we know is possible.

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[1] https://youtu.be/HQJc4L1m854?t=22

The programme is designed to support local areas that are already adopting best practice (by following the ICO Data Sharing Code of Practice[2]) in the collection, protection and use of health and care data to go further, faster and encourage others to follow swiftly in their footsteps.

There is also opportunity to make better use of information from people's health and care records, to understand more about health and disease, improve public health for the population, develop new treatments, monitor safety, and plan and deliver health and social care services more effectively. The Local Health and Care Record Exemplars could in the future provide a platform to explore the potential for use of data – in an anonymised form – to support other functions such as population health management and research.

Through this programme we intend to build on existing local leadership, accelerate the compliant, secure and ethical sharing of information to improve patient care locally and help spread benefits more rapidly across England. Our aim is to do so by co-creating and co-designing the architectures and standards needed to enable information to be appropriately and safely accessed and used to enhance individual care to patients as their care is provided within different health and social care organisations. Through this programme, we will create a set of national standards that all local health and care record initiatives across England will be required to follow.

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[2] https://ico.org.uk/media/for-organisations/documents/1068/data_sharing_code_of_practice.pdf

# 2 Context

The *NHS Five Year Forward View* set out that the traditional divide between hospitals, primary care, community-based care and social care is increasingly a barrier to providing personalised and joined up services to people. On the subject of technology it emphasises that nationally we should focus on the systems that provide the 'electronic glue' that enable different parts of the health and care service to work more effectively together. Local NHS organisations and their partners should continue to decide on which systems they procure, provided they meet nationally specified standards.

The publication of Local Digital Roadmaps in 2016 across the NHS and Local Government has indicated high levels of ambition for making better use of information for health and care, and many local initiatives are already pioneering approaches to integrating health and care records across local organisations, including NHS and Local Government, through the establishment of local longitudinal records. These initiatives should have carefully thought through the purposes for which the information is being processed and the legal and ethical implications of that processing.

Critical to the success of these initiatives has been establishing trust with professionals and the public regarding the use of information. An important factor is the need to be transparent about who has the information, how it is to be used, and for what purpose.

The case for integrating health and care records is compelling. Current initiatives suggest that sharing information across organisations:

- improves people's experience by avoiding the need for them to provide the same information to different health and care professionals time and time again;

- improves health and care professionals understanding of an individual's condition, which enables an individual to be provided with a personalised treatment plan;

- improves safety by reducing the need for unnecessary repeated tests;

- improves safety and experience by making comprehensive and reliable allergy, medication, diagnosis and social circumstance information readily available across all health and care settings, for example in A&E or when an ambulance is called;

- prevents unnecessary admissions to hospital by giving health and care professionals more information about the individual when making their professional decisions;

- saves time by reducing the need to manually request information;

- saves money by avoiding duplicate tests or assessments;

- improves people's engagement in their own care and adherence with medications and care plans by providing individuals with access to shared records;

- supports safeguarding by sharing alerts across multiple care settings for both adults and children;

- supports more accurate understanding of local populations, allowing services to be designed more effectively around individuals' needs.

In addition, some local areas are already able to demonstrate how de-personalised information can be used to support population health management, public health and integrated commissioning, helping understand how people interact with services, and supporting a shift towards prevention and early intervention. Local areas are already using de-personalised health and care information to anticipate and reduce future demands on services through collaborative working between NHS, councils and other system partners.

Through this programme of Local Health and Care Record Exemplars, we intend to build on existing local leadership, accelerate the compliant, secure and ethical sharing of information to improve patient care locally and help spread benefits more rapidly across England. Our aim is to do so by co-creating and co-designing the architectures and standards needed to enable information to be appropriately and safely accessed and used to enhance individual care to patients as their care is provided within different health and social care organisations. We aim to create a set of national standards that all local health and care record initiatives across England will be required to follow.

In this way, we also aim to reduce duplication of effort, avoid waste and ensure we make the best use of the information that is collected at the point of care – for the benefit of both individuals and their wider communities. National oversight, including by the National Data Guardian, will ensure that the same strong, clear and transparent approaches and controls underpin all information collection and use. This will ensure individuals have confidence that their information is being used responsibly and are supported to make informed and meaningful choices about the use of their information – in partnership with their local health and care professionals.

Ultimately, we want to create a situation where people across the whole of England can have confidence that the health and care professionals that they interact with have near real-time access to the information that they need, regardless of where it was captured, to help them make the best decisions about their care.

## 2.1  Local Health and Care Records

Over the past few years, we have seen a range of local information sharing initiatives established, designed and delivered independently of each other. While these initiatives have led to successful sharing between local organisations, the lack of common standards between these initiatives means we are in danger of developing new information silos that are unable to support care when an individual moves between different localities, or when they are a member of a cohort of patients whose needs are best served at a wider geographical level (e.g. regional burns units or the national centre for a rare disease). Through common standards we want to ensure that information can flow in a secure and 'frictionless' manner and that, for example, blood test results are able to be interpreted in the same way in whichever care setting they are used.

Our proposed approach is informed by:

- an analysis of patient flows across local communities, with the goal of holding information close to where care is provided;

- an aim to collate information at a size and scale that helps build trustworthiness in the eyes of the public;

- having sufficient flexibility and agility to meet local service needs whilst delivering a sustainable service that represents good value for money.

These principles, as well as national and international experience, all point to an approach where information is aggregated at a population size of around two to five million – at a scale that is large enough for economy of scale, whilst being small enough for a conversation with the public about data sharing[3].

**Local Health and Care Record Exemplar** programmes will "raise the bar" in how the NHS, and its partners, share information safely and securely to help deliver better care for our populations. Each exemplar must adhere to a secure, robust and transparent information governance framework (including the national opt-out framework), demonstrate meaningful and ongoing engagement with the public (based on the principles of 'no surprises'), and be willing to work with the other exemplar sites and national bodies to co-create a set of standards that will become mandatory for all Local Health and Care Records.

Local Health and Care Record Exemplars will demonstrate how information can be shared safely and securely, and for what purposes, across venues of care within localities at scale. They will demonstrate practical approaches to continuous patient and professional engagement and show how appropriate and compliant information sharing directly improves the quality and efficiency of care while reducing health care

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[3] https://www.schattauer.de/index.php?id=5236&mid=24912&L=1

inequalities. They will also provide the blueprints for the extension of local health and care records into new localities.

The primary focus of Local Health and Care Record Exemplars will be on improving and coordinating individual care. Building on this, local communities will be able to utilise this information to support local health and care planning and management as well as to better understand the health and care needs of their local population.

Each Local Health and Care Record Exemplar will receive targeted investment to deliver truly integrated health and care services in their area. National capital funding of up to £7.5m will be made available for each of the localities for 2018/2019 and 2019/2020[4]. This funding will be released through milestone payments based on progress. It must be supported by matched local investment comprising of a combination of direct expenditure and release of clinical and other expert leaders to support the programme; all revenue is expected to be funded locally and must be included in local financial plans.

## 2.2 Foundations

Each Local Health and Care Record Exemplar will be expected to meet the following fundamental standards:

- **Information governance framework –** these standards will set out which organisations can legally access, use and share information, and for what purpose. Exemplars will be expected to:

  - Comply with the Data Security and Protection Toolkit;

  - Adopt privacy by design principles when setting up procedures and processes;

  - Complete Data Protection Impact Assessments;

  - Provide publically accessible Data Access Audit functionality.

  Confidential patient information will only be used for individual care purposes except in limited circumstances to comply with legal obligations (e.g. the notification of infectious diseases) or where there are explicit approvals in place (e.g. for use of research under the terms of an approval obtained under Section 251 of the NHS Act 2006[5] or people explicitly choosing to be part of trials).

  The framework will assist Exemplars to ensure that, for each purpose, consideration is undertaken and clarification is provided in demonstrating regard and application of:

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[4] This is a total of £7.5m to be spent over the two years, not each year.
[5] http://www.legislation.gov.uk/ukpga/2006/41/part/13/crossheading/patient-information

- Data protection principles particularly legal basis, transparency, and individual rights;

- Identification of the circumstances in which the common law duty of confidence will be set aside;

- Caldicott principles;

- Data security standards;

- Respect for Opt-out preferences;

- Assurance of "no surprises"

The framework will also assist Local Health and Care Record Exemplars in ensuring that they systematically address the issues associated with the use of de-personalised information such as:

- Ensuring that the use of de-personalised information is undertaken in line with the ICO Code of Practice and only occurs in organisations who can legitimately and appropriately undertake this activity;

- Access is only granted to those who have a legitimate and appropriate reason for doing so;

- Identification of when, where and how any linkage of the de-personalised information will legitimately and appropriately take place;

- Putting in place the mitigations required to minimise the risk of re-identification of information;

- Establishing the procedures which should be followed if re-identification occurs.

- **Opt-out preferences –** While the need to comply with information governance and security standards is clear, individuals will soon be given additional control over how identifiable information from health and care records is used for purposes other than individual care by expressing their preferences through the National Data Opt-out Programme. These preferences will be respected by the Exemplars.

- **Professional standards** enabling clinicians to exchange information safely and securely with each other with a common understanding of the meaning of that information and data quality considerations, adhering to the standards published by organisations such as the PRSB[6] and AoMRC[7] to provide standardised content.

- **Technical, data and interoperability standards** – Fundamental to the Local Health and Care Record Exemplars will be their ability to interoperate with each

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[6] Professional Records Standards Body
[7] Academy of Medical Royal Colleges

other using common standards for information and transmission. These standards will cover both the structure of the information, the methods by which it may be exchanged and elements including terminology, meta-data, classifications and record headings.

Local Health and Care Record solutions will provide an aggregated, normalised, de-duplicated record for access through apps based on interoperability standards such as SMART on FHIR[8], and will make that record available securely in real time to other third party solutions and other local health and care record solutions. Local health and care record solutions will include a time stamp for all changed information so that applications can request updates to information since their last update. Local health and care record solutions will hold the source system and user information for each information item update.

We will look to develop these standards in conjunction with the Local Health and Care Record Exemplars and the wider interoperability community such as INTEROPen[9] with the exemplars working through the practical implementation of these standards.

- **Data and Cyber Security standards –** Local Health and Care Record Exemplars must be capable of demonstrating the security of the information within their platform at rest and in transit. Compliance with the 10 Data Security Standards[10] will be baselined as part of the invitation to participate process. Exemplars will also be required to assure themselves of the security status of those systems wishing to connect in line with guidance to be developed in conjunction with NHS Digital and the National Cyber Security Centre (NCSC).

  In addition, Local Health and Care Record Exemplars will be expected to undertake independent on-site assessments and work with the programme, NHS Digital and NCSC to achieve an appropriate level of cyber security in line with industry best practice. A defined roadmap for each Local Health and Care Record Exemplar to achieve that level of cyber security must be in place by March 2019. Interim milestones will be set before then, including completing an interim assessment using the new Data Security & Protection Toolkit.

- **Use of national services**, such as the National Record Locator Service, to connect these Local Health and Care Record Exemplars with each other so that information is available at the point of care when an individual moves across geographical boundaries. We will co-develop and publish the standards to be exposed by these exemplars for use with the locator service.

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[8] SMART on FHIR is a set of open specifications to integrate apps with Electronic Health Records, portals, Health Information Exchanges, and other Health IT systems.

[9] www.interopen.org

[10] See page 22 of Review of Data Security, Consent and Opt-Outs, National Data Guardian for Health and Care

- **Use of common capabilities** – such as a "black-box" distributed de-identification component to ensure consistency and to avoid duplication of investment across Local Health and Care Record Exemplars. This may also include, for example, a data 'normalisation' service.

## 2.3  Blueprinting and Templating

In line with the Global Digital Exemplar approach, a key element of this programme will be the development of Blueprints to support the deployment in communities beyond the initial five Local Health and Care Record Exemplars. These blueprints will be developed in conjunction with the wider service so that those who are working on information sharing initiatives can contribute and benefit from the experience of these localities associated with the implementation of care record solutions, such as the governance arrangements, consideration of liability, and public and professional engagement.

At the same time work will also be undertaken with localities around the country to draw on existing examples of good practice and support collaboration across health and care. Working across Local Government and the NHS a 'learning from local' aspect to this work will draw upon experience from existing information sharing initiatives around the country to ensure there is sharing of learning both from the Local Health Record Exemplar programme as well as learning into the programme from other sharing initiatives across the country.

## 2.4  Use of information

Earlier work set out a vision of five uses for linked information. Local Health and Care Record Exemplars will support four of those five uses of information, with an immediate focus on the first two, namely:

- **Individual care (real-time sharing of personally identifiable information)** Health and care professionals will be able to access an individual's integrated care record, to support the delivery of care by having visibility of the care being delivered in other NHS and partner organisations, making use of clinical decision support systems, and to flag eligibility for preventative initiatives such being reviewed by a multidisciplinary team.

  Whether through the local health and care records solution or via a separate personal health record solution we expect individuals will be able to read, download and annotate their care record, update their personal details with appropriate quality controls and be able to support or link to a personal health record where users can upload data from wearables and apps.

- **Individual care (near real-time sharing of personally identifiable information)** to support care planning and co-ordination for individuals by optimising how they are directed through health and social care services along

their pathway of care, with the ability to support real time logic applied to populations and individuals to flag interventions.

- **Intelligence (near real-time information availability of de-personalised information)** to understand the needs of the population, monitor the effectiveness of health and care delivery, and support the operation of the health and care system.

- **Intelligence (longer term studies of de-personalised information)** to review health and care service provision, identifying relevant population cohorts to reduce health inequality and gaps in care, design new risk stratification approaches, and identify future population care needs and services.

The fifth identified potential use of linked data - for **Research** - within the NHS to support observational / real world evidence and interventional biomedical, clinical and applied health and care studies is for future consideration under the auspices of the Digital Innovation Hub programme and is not covered in the scope of the Local Health and Care Record programme.

Providing the Local Health and Care Record Exemplars with a national information governance framework provides the opportunity for developing consistent, systematic and transparent approaches to the use of information in health and care.

When using information for any of these purposes, consideration needs to be given to the principles and requirements of the information governance framework described in section 2.2, specifically the legal basis for processing data, professional standards and the need to engage and be transparent with the public.

## 2.5  Market Engagement

We expect the Local Health and Care Record Exemplars to provide innovative approaches to create normalised longitudinal records, moving on from simple integration layers and document exchange to an approach that can directly serve the purposes outlined in section 2.4 above.

We will support engagement between technology suppliers and the Local Health and Care Record Exemplars. With exemplar localities we will explore strategic plans and whether they intend to build on their existing vendor investments and relationships or to access new capabilities.

To support Local Health and Care Record Exemplars to access the advanced capabilities and infrastructure they require, NHS England is establishing the Health Systems Support Framework to stimulate interest and investment from industry and to accredit vendors' experience and expertise in delivering integrated care and population health management solutions. This framework will hold these suppliers to

account over their adoption of open standards and will support Local Health and Care Record Exemplars to source their specific requirements through model specifications and model contracts.

Each Local Health and Care Record Exemplar will also partner with one of the Commissioning Support Units (CSUs) to provide approved Data Services for Commissioners Regional Offices (DSCROs) services to build linked, identifiable information unless they already have a DSCRO arrangement in place with NHS Digital.

# 3 Future Developments

It is clear that information will become the life blood of the world class, innovative health systems of the future. By gathering and linking an individual's health and care information to improve their care, the NHS will also create a tremendous resource for the future and, because the NHS is the most integrated national health system in the world, that resource will be the envy of every other country.

How that resource is used in the future, beyond just bringing a patient's information together in one place to improve their care, is a debate that the NHS and its partners will need to have with the general public.

## 3.1 Research

One key area of potential is the use of this information to support research. The Salford Lung Study[11] used Salford's existing integrated electronic medical record infrastructure to conduct the world's first phase III digitally enhanced randomised controlled trial of patients with Chronic Obstructive Pulmonary Disease (COPD) and asthma. The use of linked patient records in this context allowed patients in the trial to be monitored during 'normal' clinical practice and enabled the evaluation of value and benefits of the medicine to be determined at a much earlier stage than is usual in drug development. The use of linked patient information as a basis of such trials will ultimately allow patients to access new medicines faster, and the health and care system to better understand their real value.

From 25th May 2018, the new Data Protection legislation comes into force (which includes the General Data Protection Regulation) to give more control and protections over their personal information in all sectors, including health. In addition, through the National Opt-out, individuals will be given the chance to say if they don't want their confidential patient information to be used for research or purposes other than their individual care. Where patients have expressed for their confidential patient information not to be shared beyond individual care, this will be respected by the Local Health and Care Record Exemplars.

Working within the legal framework and fully meeting the strict parameters for sharing information and the security standards set out by the National Data Guardian, the Local Health and Care Record Exemplars will provide data to the Digital Innovation Hubs, described in the White Paper "*Industrial Strategy: building a Britain fit for the future*"[12], to enable the use of information for research purposes.

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[11] http://thorax.bmj.com/content/early/2014/03/06/thoraxjnl-2014-205259
[12] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/664572/industrial-strategy-white-paper-print-ready-version.pdf

These Hubs will create secure and controlled environments for real-world clinical studies; for implementing novel clinical trial methodologies; and for analysing structured and unstructured multi-dimensional datasets (including imaging and 'omics data) using novel methods so that patients can benefit from scientific breakthroughs much faster. The programme for the Digital Innovation Hubs will be announced later in the year and Local Health and Care Record Exemplars will be expected to demonstrate interoperability between themselves and with the Hubs.

## 3.2  Personalised Medicine

One of the reasons that investing in creating integrated health and care records is so important is the extent which this will help people take advantage of the latest innovations in healthcare. A well-reported example is the progress that is being made in mapping the human genome and finding a way in which this can improve diagnosis and treatment.[13]

Britain is at the leading edge of these developments, at the start of the journey whereby bringing genomic information together with medical records will enable doctors to advise individuals of the risk of them developing a disease, their options to avoid it, to prescribe medication dosage exactly right for individuals, or target a treatment based on an individual's unique DNA make up.

Realising these opportunities will need local health and care record solutions alongside investments in genomic medicine.

## 3.3  Monitoring and Treatment

Over time, an individual who chooses to wear a health monitoring device, like a blood pressure monitor, or someone who manages their diabetes using a digital blood monitor, will be able to choose to put that information into their personal health record alongside information that they have chosen to download from their local health and care record system. Analysis of this information can then be used to alert an individual if they have a problem approaching before it becomes a crisis.

Again, realising these opportunities will need the integration of local health and care records together with the personal monitoring devices and the application of advanced algorithms to analyse the information.

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[13] https://www.england.nhs.uk/wp-content/uploads/2016/09/improving-outcomes-personalised-medicine.pdf

## 3.4 Care plans

An individual's health and care record is only half of the story of their health and care experience. The other half is their care plan, encapsulating their goals, interventions and ambitions. Over time, we expect to be able to run algorithms between the record and the plan to help people manage their health and their appointments.

These examples set out some of the opportunities that Local Health and Care Record solutions can offer. While individuals will have the option to decline to have their information used in this way, without the implementation of local health and care records then no one will have the opportunity.

# 4 Local Health and Care Record Exemplar programme requirements

## 4.1 Overview

Local Health and Care Record Exemplars will have already developed a strong commitment to shared governance across health and care organisations in the delivery and use of digital technologies. They will have implemented effective and transparent processes in the use of information and will understand the ways in which they must build and maintain the trust of their local populations in the use of data. They will be able to demonstrate and evidence compliance and good practice with the law and with ethical, professional and technical principles and standards in relation to information sharing.

## 4.2 Our expectations

By March 2020, we expect the Exemplars to have delivered all of the following objectives, and to have demonstrated significant progress towards them by March 2019:

- health and care professionals involved in a person's care have safe and secure access in near real-time to a comprehensive care record[14] and care plans that have been linked, deduplicated and normalised to standard coding terminologies, comprising the pertinent individual level information they need to inform their care decisions, when and where they need it, fed from local systems and with links to the other Local Health and Care Record Exemplars;

- that solutions are based on open standards and create a common longitudinal record for an individual regardless of the source systems contributing to that record;

- de-personalised information from the records are being used to support the delivery of population health management approaches;

- demonstrating the ways in which they have engaged and communicated to the public and evidence that those messages have been heard and understood and any feedback acted upon;

- citizens and carers are empowered to manage their own care through having access to their own health and care records[15];

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[14] The scope of the care record will comprise a core dataset common to all Exemplars with extensions to meet local priorities but using a set of standards that enable transferability to other localities in due course.

[15] We expect to see a significant proportion – the exact number to be agreed as part of the local trajectory plans – of the Exemplar's population to be able to access their integrated longitudinal record, not just their GP record or their local hospital record.

- that the Local Health and Care Record solutions will be sharing, interoperating and consolidating relevant records with the other Local Health and Care Record solutions.

We will agree a Memorandum of Understanding with each locality that specifies a series of metrics for progress against each of these objectives. Achievement of these metrics will be one of the keys to unlocking milestone payments.

Localities are expected to demonstrate the following characteristics:

- include, as a minimum, commitments from all the statutory NHS and local government organisations within the locality with strong evidence of engagement and inclusion of these organisations;

- include a number of voluntary and third sector care providers (e.g. hospices, home care providers and care homes), either from the outset or at a later date. This will provide an opportunity for improved connectivity with smaller organisations including the development of the Data Security and Protection Toolkit for small organisations and the introduction of the Health and Social Care Network;

- acknowledge compliance with the mandatory requirements as set out in Annex A;

- demonstrate how they intend to cover a total population of between two and nine million, if not immediately, then with an outline strategy of how they might reach that size of population over time in collaboration with neighbouring localities – including consideration of the impact of the nature of the localities in respect of their urban and rural populations;

- outline their proposed technical architecture stack including details of existing strategic technology partners, areas where new partnerships would be of significant value in driving their Local Health and Care Record Exemplars agenda forward;

- highlight the role to be played by any of the current Global Digital Exemplar sites

- highlight the role to be played by any of the Integrated Care System communities

- outline their links to Academic Health Science Networks, to NHS research organisations and to academic partners.

# Annex A: Mandatory requirements

There are several mandatory requirements that local health and care record exemplars must agree to, namely:

- There is one named lead statutory NHS organisation who will be accountable for the management of national funds for and on behalf of the locality partners.

- There is a clear governance arrangement which is integrated with any local STP/ICS development and transformation programmes and demonstrates engagement of statutory NHS and local government partners.

- That there is clear involvement of patients and public representatives in local governance arrangements and evidence of their active role in the co-design of local solutions.

- That the locality is prepared to work in line with the proposed management arrangements, namely;

    - To accept a member of the national Local Health and Care Records team as a member of their local project governance body

    - To commit a member of their local project governance body to participate as their project representative on the national co-ordinating group

    - To ensure a coherent and collaborative design approach, Local Health and Care Record Exemplars will be required to participate as part of a common design authority in the co-development of key standards and common services

    - To adopt, implement and adhere to the information governance framework being developed nationally and also the National Data Guardian data security standards

    - To adopt and implement the cyber security standard for Local Health and Care Record Exemplars as described in Section 2.2 above.

- That the locality is committed to the implementation of nationally agreed standards, integration with national services and use of common capabilities such as de-identification components.

- To utilise common procurement frameworks such as the forthcoming Health Systems Support Framework which will make specific provision for third parties with the type of technical integration and population health management capabilities needed and provide support to sites to access these capabilities.

- A commitment to undertaking local evaluation for publication, and to participate in a national evaluation process.

- A commitment to sharing the lessons learnt with both NHS and Local Government organisations and contribute to a national blueprint for other Local Health and Care Records programmes

- To demonstrate return on investment to evidence value for money for the taxpayer.

- That the locality is compliant with the NHS constitution.