Single patient record and information sharing

Lead department	Department for Health and Social Care
Summary of proposal	This proposal is to use primary legislation to provide powers for the Secretary of State to design, establish and operate a Single Patient Record.
Submission type	Impact Assessment – 12th November 2025
Legislation type	Primary legislation
Implementation date	2026/27
RPC reference	RPC-DHSC-25102-IA(1)
Date of issue	10 February 2026

RPC opinion

Rating	RPC opinion
Fit for purpose	The assessment outlines the problem under consideration, focused on the lack of joined up data held by healthcare providers, leading to a higher risk of errors and incidents. The IA uses examples of market failures to support its argument for intervention. The assessment considers various long-list options, progressing two to the shortlist. The SaMBA provided is sufficient. The assessment includes a monetised analysis and qualitative justification for the preferred way forward. The scorecard is satisfactory. The assessment includes a satisfactory M&E plan, with an indicative plan that considers evaluation questions and potential metrics used to assess the policy.

RPC summary

Category	Quality	RPC comments
Rationale	Green	The assessment outlines the problem under consideration, which is focused on the lack of joined up data held by healthcare providers, leading to a higher risk of errors and incidents. The IA uses examples of market failures to support its argument for intervention.
Identification of options (including SaMBA)	Green	The assessment considers various long-list options, progressing two (the recommended option and 'do nothing') to the shortlist. The assessment considers alternatives measures to regulation at the longlist stage. The SaMBA provided is sufficient.
Justification for preferred way forward	Green	The assessment uses a monetised analysis and qualitative discussion to justify the preferred way forward.
Regulatory Scorecard	**Satisfactory**	The scorecard provides a satisfactory summary of expected impacts of the preferred option, including an overall estimated NPV figure and a summary of impacts to business and households. The Department could do more to consider the impacts on the business environment.
Monitoring and evaluation	**Satisfactory**	The assessment includes a satisfactory M&E plan, with an indicative plan that considers evaluation topics and potential metrics used to assess the policy. The plan could be improved by considering external factors and unintended consequences.

Summary of proposal

Healthcare organisations in England have a unique series of datasets, across primary, secondary, and social care, but these are not fully utilised due to the incremental way IT infrastructure has been developed, partly due to the diversity of organisations delivering care, and partly because rules governing the use of data have not kept pace with technological improvements that now allow greater security.

The Department of Health and Social Care (DHSC) has therefore decided to improve data sharing through a single patient record to enable patients and health care professionals to access a comprehensive medical record throughout England. As a result, the Single Patient Record (SPR) was announced as a central element of the 10-Year Health Plan.

The Department proposes three options in this Impact Assessment (IA):

- **Option 1** – Do nothing (counterfactual)
- **Option 2** – Use existing legislative powers to compel sharing of patient data for a single patient record
- **Option 3** – Publish information standards to require systems meet certain standards and support interoperability
- **Option 4 (Preferred)** – Use new primary legislation to provide powers for the Secretary of State to design, establish, and operate a single patient record

Option 4 is the Department's preferred option at this stage.

Response to initial review

As originally submitted, the IA was not fit for purpose for the following reason:

1. The IA needed to provide a stronger justification for why long-listed options were not carried forward. The IA also needed to summarise the policy development work undertaken as part of the 10 Year Health Plan that was not included in the IA.

The Department has now:

1. Added much more detailed consideration of the long-list and alternatives, with a detail options appraisal process including Critical Success Factors (CSFs), along with a much stronger justification for the Department's shortlist.

Rationale

Problem under consideration

The Department's problem under consideration is that health providers only hold incomplete data on their patients, as individual health records are controlled by

multiple provider organisations rather than there being a single complete record. This can create risks of errors, duplication and patient safety incidents.

The assessment does well to provide evidence to demonstrate some of the existing issues, such as evidence from an independent review into NHS England. The Department also uses a survey conducted by Ipsos to illustrate its problem under consideration, showing that two thirds of patients have experienced a problem with NHS admin related to a lack of joined up data. The problem statement would be improved by going into more detail about how healthcare providers currently share data to help better illustrate issues.

Argument for intervention

The Department's case for intervention is based on the need to address a government coordination failure and to resolve market failures. The assessment gives an example of a market failure to support this case, with providers facing little incentive to implement necessary changes as the benefits will likely be felt in other healthcare settings. This discussion would benefit from considering specifically which elements of the current system are driving this lack of incentive to modernise. The IA does well to use examples from other jurisdictions such as Northern Ireland and Estonia to show how government regulations have improved healthcare interoperability. However, it should go into detail about what these government interventions were.

Objectives and theory of change

The Department has set out a single policy objective for the proposed intervention. This is to improve data sharing through single patient record. The Department should do more to separate its objective from the policy itself, instead focussing on the desired outcomes of their intervention. The IA does mitigate this by including a set of intended outcomes of the intervention and a theory of change diagram, which demonstrate the process by which the proposal could achieve high-level benefits such as enabling proactive care and improving staff efficiency. This exercise would be improved by specifically linking the objective to the SMART framework, showing how it is specific, measurable, achievable, realistic and time limited.

Identification of options (inc. SaMBA)

Identification of options

The assessment considers four potential interventions to form its longlist. These include a counterfactual 'do nothing' option, two non-regulatory alternatives, and an option to pursue primary legislation. These interventions have each been briefly summarised qualitatively and assessed against a set of Critical Success Factors (CSFs), with the Department using a scoring system to demonstrate how they have performed against each.

The IA sets out that options were initially developed as part of the 10 Year Health Plan, starting with an independent review of the NHS in England. The section on the identification of the longlist could be improved by providing more details on the

process of developing this longlist of options, such as including evidence from engagement with industry stakeholders or any other evidence that has informed the Department reaching these proposed options. The assessment does well to present the longlisted options in a clear and concise manner.

The assessment uses CSFs to summarise and assess the longlisted options. This CSF based assessment usefully demonstrates the Department's rationale for discounting or advancing longlisted options. The assessment has discounted two of the proposed longlist interventions, with the remaining two progressing to the shortlist. These are Option 4, which would use legislation to establish a single patient record, and the 'do nothing' baseline option. The assessment should have provided a stronger justification for this limited shortlist.

Consideration of alternatives to regulation

The IA has considered two alternatives to regulation in the longlisted options. The first of these options is to use existing powers to compel the sharing of patient data to create a single patient record. The other alternative involves publishing information standards to support interoperability. The IA uses its CSF assessment to show that these options are less effective than the preferred Option 4. However, the assessment should do more to justify discounting Option 2 at the longlist stage and therefore pursuing regulatory change, instead of considering this option as part of the shortlist.

SaMBA

The IA includes an adequate SaMBA. The Department has identified a set of private businesses such as private hospitals, care homes and dentists that will be affected by the proposals, with 74% of these businesses estimated to be small or micro sized. The IA includes an indicative estimate of the potential impacts on small and micro businesses, with each expected to incur a cost of £22,000. The SaMBA would be improved by discussing the scale of these costs relative to larger businesses.

The Department has justified not exempting small and micro businesses on the basis that it would not be possible to achieve a single patient record without integrating all constituent parts of the health and care system. This justification is sufficient. The Department briefly discusses potential mitigations such as issuing guidance notes, but could cover this in more detail.

Justification for preferred way forward

Appraisal of the shortlisted options

The IA includes an assessment of the two shortlisted options, setting out qualitatively the advantages and disadvantages of each approach. The Department selects Option 4 as its preferred way forward and uses a theory of change to help further illustrate how it meets a set of intended outcomes and impacts.

The assessment discusses how Option 4 is expected to achieve the objectives of providing clarity, enforceability and longevity more effectively than Option 1. This is

because legislating to create a single patient record could create a more robust basis to ensure compliance with the new record. Option 4 also would create new powers to support enforcement, which would also improve compliance. The IA would be improved by expanding the discussion justifying the Department’s conclusion that Option 4 is preferred to Option 1, instead of relying on the assessment against objectives which mostly considers the options in isolation.

The IA includes a monetised analysis of the preferred Option 4 against the baseline Option 1. The estimated NPV is £76.8m (2026/27 prices, 2026/27 pv year) over a 10-year appraisal period. This is based on cost savings from increased patient efficiencies that are expected to outweigh the costs to businesses of implementing the single patient record. The Department should make the positive impact of their cost benefit analysis clearer in their consideration of the shortlisted options.

Selection of the preferred option

Overall, the qualitative discussion of the proposed options and monetised analysis used to justify the preferred approach is sufficient at this stage. The appraisal demonstrates how legislating to introduce a single patient record would have a positive societal impact relative to the baseline scenario. However, the discussion of the shortlisted options should be expanded and should have included a more comparative approach. The Department has done well to use a fully monetised cost benefit analysis to demonstrate the positive impact of the Department’s preferred option.

Regulatory Scorecard

Part A

The scorecard has been used to provide an indication of the impact of the preferred options, with a positive impact expected on overall welfare. This is based on a reduction in reporting costs for patient safety incidents, reduced duplicate tests and time savings for patients. These outweigh the costs to businesses of implementing the single patient record. This has been based on a monetised estimation of the relevant costs and benefits. The Net Present Value (NPV) has been estimated at £76.8m (2026/27 prices, 2026/27 pv year), based on the aforementioned costs and benefits.

The Department expects an uncertain impact on businesses, with an estimated Equivalent Annual Net Direct Cost to Business (EANDCB) of £1.8m (2026/27 prices, 2026/27 pv base), over a 10-year appraisal period. This is based on the familiarisation and administration costs incurred by businesses establishing the single patient record. The Department has done well to recognise the impact on administration costs, in line with Government priorities. The Department should do more to justify an uncertain outlook despite the anticipated costs. The IA includes a brief assessment of household impacts, with a positive expected impact. The key impact on households identified by the Department is reduced medication errors and improved patient engagement. This section of the scorecard should be expanded to consider patient benefits in more detail.

Part B

The assessment considers the potential impact on the business environment for the proposed intervention, describing how the new requirements may work against the ease of doing business in the UK. The IA should expand on this point, considering the possibility that these requirements act as new barriers to entry. The IA could also consider the innovation impacts in more detail, with the potential for firms to develop new solutions to achieve a single patient record.

The scorecard also includes a summary of the international considerations of the policy, with a minor potential negative impact as a result of increased business requirements, reducing the likelihood of overseas businesses entering the UK market. The IA could expand on this point. The assessment briefly summarises the environmental impact, with minimal impacts expected.

Monitoring and evaluation

The assessment includes a satisfactory plan for monitoring and evaluation, providing a commitment to review the policy at the secondary legislation stage. The decision to conduct a PIR has also been deferred until the secondary legislation stage, at which point the specific review requirement will be clearer. This approach is sufficient. The Department has usefully included a set of possible next steps to conduct a robust assessment, which includes a set of outcomes to monitor, data that would be used to assess these outcomes and some potential sources. The plan would be improved by setting out how it plans to assess whether the policy has caused any possible unintended consequences, as well as the effect external factors might have on the success of the intervention.

Regulatory Policy Committee

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