

Sent by email

Ed Humpherson
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Dear Ed,

I am writing in response to the OSR's statement today on the outcome of the casework investigation into the claims on NHS England's website about the impact of the Federated Data Platform (FDP). We welcome your findings and note that NHS England will invite us to contribute to Imperial College's evaluation of the FDP.

As you are aware, the Health Foundation undertook analysis of the impact of the Optimised Patient Tracking and Intelligent Choices Application (OPTICA), one of the tools provided through the FDP, which supports NHS trusts with patient discharge planning. We shared this analysis with NHS England some time ago and understand it was submitted as evidence to your investigation.

Given that some of the data on which our analysis is based was shared in confidence, we have not published it. However, since then, similar information has entered the public domain due to freedom of information requests and public interest in the FDP has greatly increased. In addition to the review by the OSR, the Health and Social Care Committee held an evidence session last month and there has been ongoing media interest. I note the line in the statement that you will consider any new information and thought it would be helpful to formally share our analysis with you and to release it into the public domain.

As you will be aware, NHS England's website claims that trusts using OPTICA have significantly reduced delays in discharging patients. The website cites various different metrics to support these claims, including a reduction of [13.58%](#) in the average number of delay days for patients staying in hospital for more than seven days in trusts that have implemented OPTICA. It also cites South Tyneside and Sunderland NHS Foundation Trust as a [case study](#), claiming that adopting OPTICA has led to a 37% reduction in the average number of delay days per month for patients staying in hospital for more than 21 days.

Using publicly available data and details of participating trusts provided in confidence by NHS England, our analysis looked at trends in delayed discharges in trusts that are using OPTICA and compared them with those that have not adopted it. The main findings are:

- We found no meaningful difference in delayed discharge performance in trusts that have adopted OPTICA compared to those that have not. The levels of delay days in OPTICA and non-OPTICA trusts were very similar and there was no difference in the trend over time.
- We found no noticeable improvement in discharge performance among trusts using OPTICA. The gradual upward trend in performance observed in these trusts before they adopted the OPTICA tool continued at broadly the same rate after it was implemented.
- In contrast to the significant improvement cited in the case study, we found a marked deterioration in performance at South Tyneside and Sunderland NHS Foundation Trust after the adoption of OPTICA.

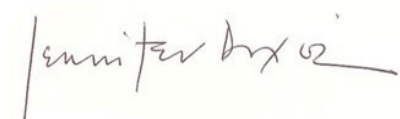
These findings contrast sharply with the claims about the benefits of the OPTICA tool cited on the NHS England website. This is not a criticism of OPTICA – it may well be a helpful tool that is valued by staff who use it and is delivering other benefits. However, we could find no evidence of measurable improvements in discharge performance among the trusts using it.

Although NHS England amended their website to include further methodological information and a causality disclaimer on the [methods webpage](#), the claims about improved discharge performance in trusts adopting OPTICA remain prominent and quotes supporting these claims from NHS England and Palantir have continued to appear in the media.

The transparent use of robust evidence is vital to promote good policy decisions, support effective local practice and maintain public trust. In this case, our view is that there is a significant risk that poorly evidenced claims undermine all three of these objectives.

I have copied this letter and the analysis to the Chair of the Health and Social Care Committee, Layla Moran MP, and to the Chief Executive of NHS England, Sir Jim Mackey, with whom I have raised these concerns directly.

Yours sincerely,



Dr Jennifer Dixon DBE
Chief Executive