

Additional responses to Q/A as there was not enough time for all to be discussed by the panel.

What will happen to the questions asked here? Will they be taken into consideration and addressed in the documents/guidance mentioned?

We greatly appreciate the perspectives and questions raised. This will be fed back into the ongoing Secure Data Environment policy development work.

How can interested parties follow up on this presentation?

Those interested can email SDE.policy@dhsc.gov.uk

Yesterday at Sci/Tech committee in Parliament Tim Ferriss said that TREs are for researchers but not planning. If it's DHSC's view that TREs can't support planning, why should researchers believe they can support research?

A Secure Data Environment (SDE) is the overarching term for a data access [platform](#). A Trusted Research Environment is one type of SDE designed to meet the needs of researchers. But there are other types of SDE that fulfil different requirements, such as NHS analysts accessing data for planning and population health management purposes.

The intention of the Secure Data Environment policy programme is to create a holistic framework for accessing NHS data, whether for research, planning or public health management. Our principles, technical capabilities specification and accreditation framework will apply to all Secure Data Environments providing access to NHS data, to ensure consistency and reduce unnecessary duplication.

How do we keep up with providing researcher and innovators with the appropriate technological platforms and computing power to support their work and at scale now that data access is the preferred route?

The Secure Data Environment programme will evolve over time as technology improves and is more widely adopted. The technical specification and accreditation framework will evolve in parallel to support this.

Where does the Scottish national/local Safe Haven federation come into this? There are already established TREs doing this already, so how will this be incorporated/recognised into this 'national' (which I'm assuming means UK-wide) proposal?

The presentation by NHS England's transformation directorate (NHSTD) concerns proposals specific to the NHS in England as healthcare is a devolved matter. However we will be engaging across the UK to share best practices and align our approaches where appropriate and beneficial.

The UK HDR Alliance work on TREs involves data custodians from all four UK nations. During COVID a federated analysis system has operated across all four.

What are the rough timelines to get to these products/outputs?

The approximate timelines are shown in the slides of the presentation

What will be the underlying data architecture standards be for TRE's? Will it be built on a data persistence standard such as openEHR? Like the one used in the 100 Genome project?

As presented, we are developing a “technical capability specification”, which will define the technical capabilities required of SDEs, including factors such as security, functionality, access and data management.

Are you expecting existing SDE/TRE's using NHS Data to become accredited first?

As presented, accreditation requirements, process and roadmap will be contained in products of the ongoing policy development work, informed by wide stakeholder engagement.

Doesn't this proposal clash with the DARE UK model of federation? How are the two programmes working together?

This work is complementary to the work coordinated by DARE UK. This work is focussed on healthcare and health research, while DARE UK is focussed not just in health but sensitive data in general. There is ongoing communication and coordination of activities across DARE UK, HDR UK and NHSTD, this event being one such example.

Have you considered the levelling up agenda in your choice of locations to fund ? Seems very SE heavy and notable absences eg national innovation centre for data.

The funding for regional Trusted Research Environment discovery work in 2021/22 was awarded as a result of a competitive process, open to bidders from across England. The successful bidders represent diverse populations, and had specific plans to deliver public engagement as well conducting technical and governance design work. This discovery work is accelerating future delivery programmes, as well as the developing Secure Data Environment policy approach. This will bring benefits to all, especially those less digitally enabled. From 2022/23 onwards, the programme's approach to Trusted Research Environments will work towards full coverage of England, incorporating key considerations on Levelling up in the delivery approach.

Co-designing policy with patients/public in May-July seems very speedy. How will this co-design process take place from recruitment through to number of contact points and opportunities for patient/public input and influence?

We are committed to working with patients and the public to co-design this policy. Work to develop the process of engagement and dialogue with stakeholders is in progress, and more details will be released in due course.