

# PRSB Advisory Board

## February 2026





**Welcome** - Professor Reecha Sofat, Chair, PRSB



**Chair/CEO updates** - Oliver Lake, CEO and Professor Reecha Sofat, Chair, PRSB

- Forward work programme
- Accelerators (including Automating for Better Care)
- HDRS



**Child safeguarding information sharing and Diabetes Device Data Sharing**

Sarah Jackson, Associate Director for Standards Development and Support, PRSB



**Call for Evidence – National Commission into the Regulation of AI in Healthcare**

Oliver Lake, CEO, PRSB + Commission representative TBC



**NHS England update**

Mike Presence, NHS England



Professional  
Record  
Standards  
Body

# Work programme and Standards Partnership Scheme update

Oliver Lake, CEO, PRSB

Better records  
for better care

## Live projects 2026

### **NHS Health Check eligibility Criteria (DHSC)**

Creating a comprehensive list of SNOMED CT concepts relevant to NHS Health Checks, identifying conditions that render individuals ineligible. To provide a resource listing the SNOMED CT concepts which are to be used for the NHS Health Check.

### **Diabetes (NHS England) - + later in agenda**

Establish and promote data standards for Hybrid Closed Loop (HCL) systems, Continuous Glucose Monitors (CGM), and insulin pumps, including collaboration with manufacturers, NHS England, and standards organisations to ensure interoperability and conformance. Project also covers piloting device data use, reviewing diabetes-related codes, and engaging clinicians and industry partners to support the effective use and sharing of diabetes device data at population and organisational levels.

## Projects we are currently in discussion about:

- **Automating for Better Care** – accelerator for Connected Medication Management (ready for launch Feb 26)
- Assurance and support to an NHS Trust for implementation of **Ambient Voice Technology (Mar 26 start)**
- **Surfacing Genomic data** for professionals and patients
- Finalisation and implementation for the **Epilepsy Standard**
- **Child Safeguarding** – development of standards following discovery report in 2025
- **Health Apps** - DTAC / Label2Enable / ISO/IEC 82304-2 criteria for Digital Technology Assessment
- Further accelerators – ideas and business case development
- Proposals around data to improve research

# STANDARDS PARTNERSHIP SCHEME UPDATE

The PRSB Standards Partnership Scheme is an increasingly vibrant **community** of system suppliers which supports and encourages the widespread adoption of data standards thereby improving consistency of data across all services.

- Support with implementation for system suppliers and provider organisations
  - Conformance assessment
  - Events e.g. webinars, panel discussions
  - Thought leadership articles, blogs and podcasts
  - Marketing opportunities – social media, conferences
- 63 (up 1) supplier partners and beginning to grow again – hoping to welcome 5 further new partners this month.
  - One DSCR supplier supporting ~180K people living in residential care have an About Me record and a Personalised Care & Support Plan – extrapolate for all suppliers across dom. care, supported living – significant achievement, national opportunity.
  - Considering an approach to implementation where components can be implemented to complement product roadmaps. Seems to be welcomed by suppliers. Workshops being planned to explore this further and inform the change. Need to understand the benefits in context of the wider system not just for suppliers.
  - January panel discussion “Standards in Clinical AI: Aligning Innovation with Patient Safety” attended by 70 delegates – a mix of supplier partners, member organisation and provider organisations – explored the ideas and nuances of how PRSB information standards might apply to AI & patient safety
    - Structured v unstructured data, clinical decision support and regulatory landscape.



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# **Child safeguarding information sharing discovery project**

**Sarah Jackson, PRSB**

- The 2022 Independent Review into Children’s Social Care highlighted significant challenges, including the absence of an agreed set of information to be shared across health partners to support statutory safeguarding duties.
- It was recommended that a national information standard be developed to enable consistent coding and sharing of safeguarding information.
- Commissioned by the Department of Health and Social Care (DHSC), PRSB explored current information recording and sharing practices across healthcare settings to identify what information standards (or specifications) are needed.
- Information standards are expected to support the NHS 10-Year Plan and wider government priorities including the Opportunity Mission and the Keeping Children Safe Pillar Board, as well as reforms led by the Department for Education (DfE) through the Multi-Agency Information Sharing (MAIS) Programme.

- The work explored the recording and sharing of information between health services (e.g. GP, ambulance, maternity, ED), including the independent sector, and aimed to understand unmet information needs.
- It focused on children aged 0 – 18, pre-birth planning, transition to adult services and to understand what findings also apply to adult safeguarding.

## Mixed methods:

- Pragmatic evidence review.
- Semi-structured interviews with 78 stakeholders covering a wide range of health and care professional roles to explore current processes, data flows, access to records and barriers to effective information sharing.
- Two well-attended multi-disciplinary online meetings to validate the findings.
- Additional insights were gathered at national and regional stakeholder meetings.

1

Improve information sharing across geographical and organisational boundaries

3

Enable faster, better informed, higher quality safeguarding assessments using fewer people

5

Make it easier for clinicians to apply clinical judgement when recording information

7

Improve the recording of active relationships between the child and professionals and services

2

Improve access to relevant, proportionate, accurate and timely safeguarding information

4

Improve feedback from safeguarding referrals

6

Provide clear guidance on coding, flagging and alerting in records

8

Improve the recording of relationships within and outside the child's household and linking records



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# Diabetes device data sharing

Sarah Jackson, PRSB

- Commissioned by NHS England and developed by PRSB with input from over 500 consultation participants
- Current release v1.0 (published January 2023 on [our website](#))
- Published in April 2023 as [an ISN](#) under section 250 of the Health and Social Care Act 2012
- Endorsed by organisations and professional bodies including:
  - Association of British Clinical Diabetologists
  - Diabetes UK
  - Royal Colleges (Emergency Medicine, General Practitioners, Nursing, Ophthalmologists (confirmed support), Psychiatrists)
  - Royal Pharmaceutical Society
  - UK Kidney Association
  - College of Podiatry
- Next release date: 2026 as part of the next phase of work focused on patient-generated data from devices for diabetes management



Glucose monitoring metrics



Insulin dosing metrics



Medicines and devices



NICE 9 care processes



Diabetes assessments



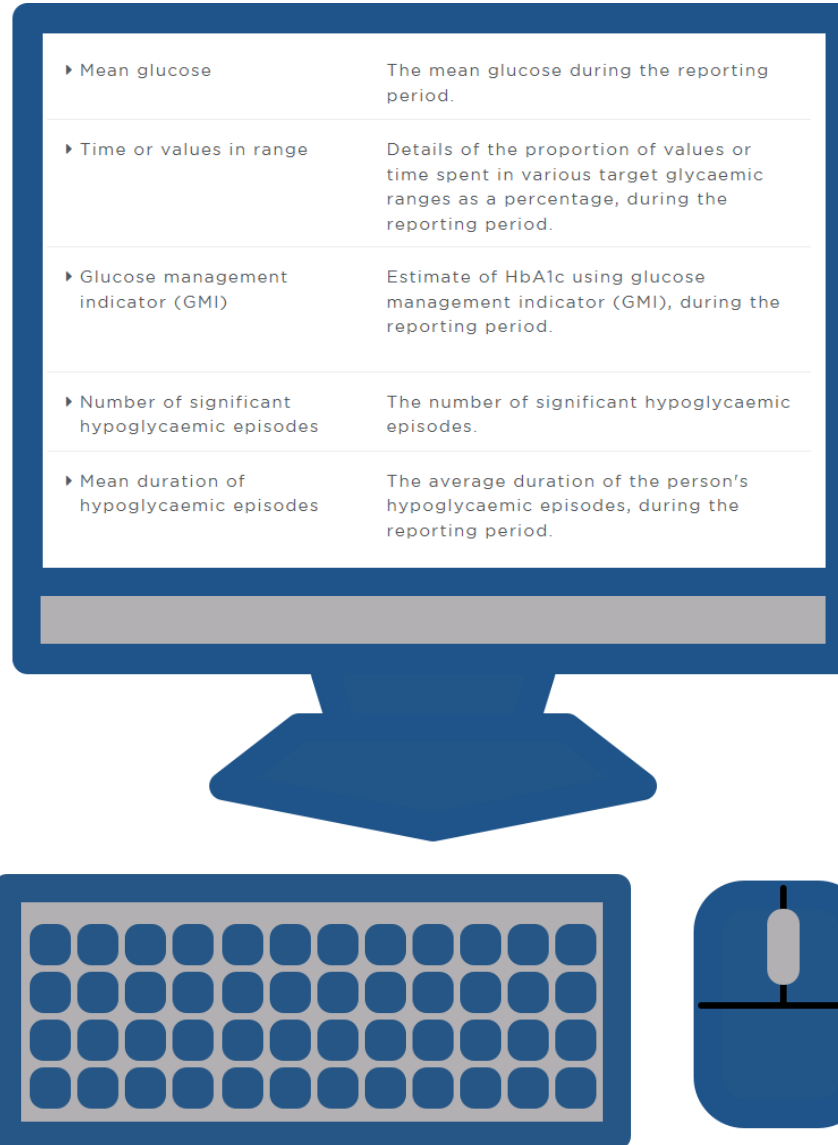
Diabetes care plans



Diabetic eye screening



Structured education



SNOMED CT



dm+d



NHS Data Dictionary

- There has been a huge investment and rise in the use of technology to improve the lives of people with diabetes (PWD).
- These devices help people to monitor and manage their glucose levels, leading to improved glycaemia, increased satisfaction, reduced fear of hypoglycaemia, improved quality of life and reduced admissions with diabetes emergencies.
- Much of the potential of patient-generated health data from diabetes management devices remains untapped.
- Health professionals cannot easily or quickly access the data between or during clinic sessions either for direct clinical care or in support of patient-initiated follow-up to ensure that those that have poorer glycaemic control are prioritised for review.
- Currently, data may be presented to the clinician on a smartphone by the PWD or by the clinician logging into a proprietary system.
- If these data were integrated with electronic health records, it would provide better information to improve Time in Range and glycaemic control and provide fully personalised treatment.
- There is a rapidly growing number of devices on the market and therefore many proprietary systems for viewing the information, and there are no internationally agreed interop standards to enable this data to be shared consistently.
- There are examples of work internationally that are looking to address this, and this project will look to collaborate with them.

- To build on the work already done making the diabetes information record standard more visible to local areas, get people to use it and demonstrate the outcomes/benefits.
- To make it easy for clinicians to use the patient-generated data from diabetes management devices through:
  - Exploring how we make it easy for clinicians to use the data safely and efficiently, providing better information to enhance Time in Range and glycaemic control and provide fully personalised treatment to people with diabetes
  - Explore how we get the data in a way that it can be used for directing limited resources and service/pathway redesign
- To work closely with clinicians, the Association of British HealthTech Industries, industry partners, Diabetes UK and international standards initiatives (such as the HL7 FHIR Accelerator Device Interoperability Programme) to develop solutions so that the clinicians can more easily use the data from HCL (CGMs and insulin pumps) for clinical care.

- **Acceptable data use policy** – co-develop with industry partners, Information Governance, procurement and clinicians a set of consensus documents to support the rapid adoption and use of device data in the care of individuals and populations of people with T1 diabetes.
- **Data use guidelines for clinicians** – advice for clinicians on the use of the data from diabetes management devices.
- **Device data sharing** – update the Diabetes Information Record Standard in line with the new International consensus documents for summary metrics. Working with NHS England Interoperability team, HL7 UK and the UK FHIR community agree the approach for interop specifications for sharing diabetes management device data.
- **Piloting and promotion** – identify areas already using data from diabetes management devices and develop resources to share the learning. Explore opportunities with industry partners and local areas to pilot using data from devices. Promote the use of the standards.



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National Commission  
into the Regulation of  
AI in Healthcare

# Call for evidence – National Commission into the Regulation of AI in Healthcare

- Launched on 26 September 2025, the National Commission into the Regulation of AI in Healthcare brings together global AI leaders, clinicians and regulators to advise on AI regulation in healthcare
- The National Commission aims to support development of a new regulatory framework for AI in healthcare and will make recommendations to the MHRA in 2026
- Chaired by Prof. Alastair Denniston and Deputy Chaired by Prof. Henrietta Hughes, the National Commission is also supported by specialist working groups with domain expertise
- As part of a comprehensive research and engagement programme, a Call for Evidence is currently inviting input from across the UK and internationally – contributions welcomed from individuals and organisations up to 2 February 2026



National Commission  
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AI in Healthcare

- *Is the UK's framework for regulating AI in healthcare adequate?*
- *Where is the current regulatory framework lacking (e.g. Safety & performance standards, data privacy & governance, transparency, clinical evidence requirements, post market surveillance)?*
- *How does the current framework impact innovation?*
- *How could the framework be improved?*
- *How should post market surveillance be improved?*
- *Views on the legal framework for establishing liability for use of AI tools*
- *How could suppliers, providers, professionals & patients share responsibility for safe and responsible use of AI?*
- *Where should liability sit in the event of an adverse patient outcome?*
- *Anything else to consider?*



National Commission  
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## Data quality must come first

- Mandate **compliance with recognised health information standards** for AI
- ‘Accelerator’ to convene industry and professional bodies - consensus on **care processes appropriate for AI**, clinical safety ‘guard rails’
- Information **standards must evolve in tandem with AI** for safety, accuracy & interoperability
- **Transparent, explainable AI systems** to ensure users understand how decisions are made and can challenge or override them when necessary
- **Validation and post-market surveillance** to monitor AI performance, safety, and real-world impact with feedback to improve information standards

- Promote interoperability by **prioritising standards that enable seamless data sharing**
- **Ongoing professional education** – covering limitations, risks, and opportunities
- Encourage **independent professional, patient and public involvement** in the design, evaluation, and governance of AI systems, ensuring that solutions reflect diverse needs and preferences
- Establish **clear accountability and liability frameworks** for the deployment and oversight of AI, delineating responsibilities among clinicians, developers, and regulators

*We support development of a regulatory framework that ensures safety and efficacy of AI applications but does not stifle innovation and aligns with the nature of AI to improve/ learn*

# Thank you for attending

## Next meeting: 29 April 2026, 1 – 2.30pm

