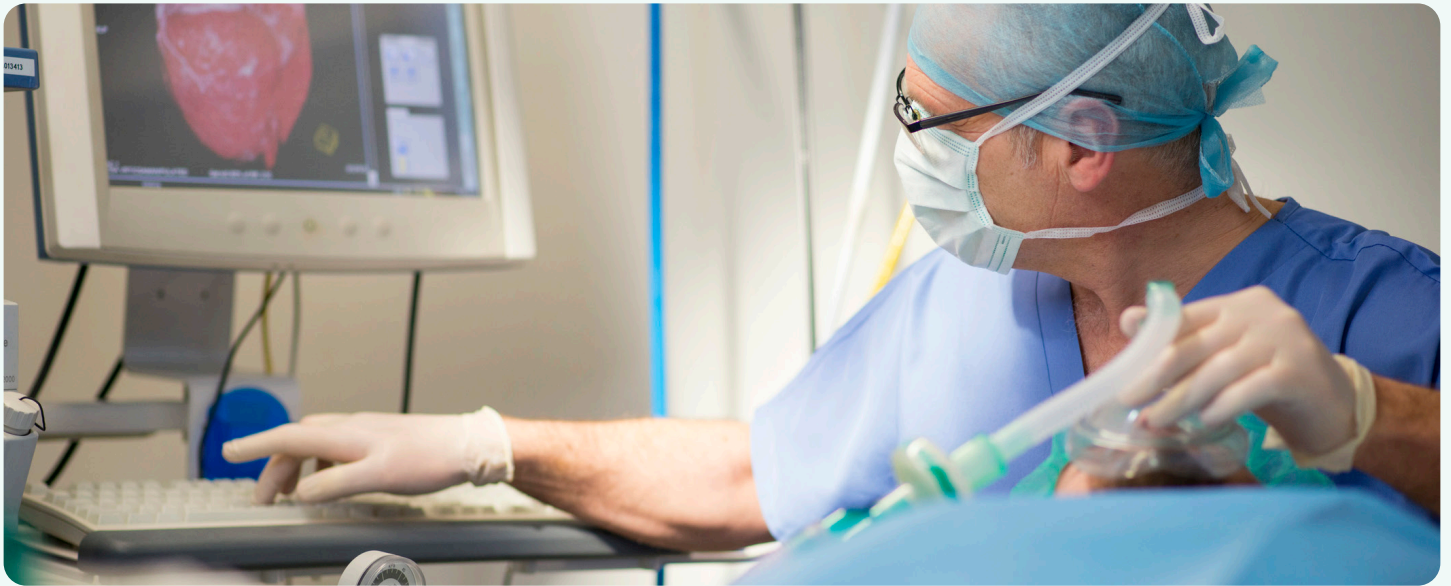


Bridging the Gap Between Legacy Data and Clinical Quality

Migrating and archiving properly structured legacy data is the key to successful digital transformation.



DON'T LET
YOUR NEW EPR
FORGET YOUR
PATIENTS' PAST



Introduction

The NHS faces a defining moment for its long-term data management strategy. If digital leaders feel they've heard similar warnings before, this one comes with a fresh sense of urgency – and an unprecedented opportunity for a change in data migration strategy. The scale of the challenges ahead were signalled in NHS England's 2025 *What Good Looks Like* framework:

"ICBs [should] build digital and data expertise and accountability into their leadership and governance arrangements, and ensure delivery of the system-wide digital and data strategy."

In this context, data dependency runs like an artery through the digital transformation goals in the UK government's 10 Year Plan for the NHS. None of the key shifts outlined in the plan, which range from hospital to community care, from treatment to prevention, and from analogue to digital infrastructure, can happen without access to its blood supply: data, both active and legacy.

Indeed, the NHS Confederation describes data as the 'backbone' of the shift to a preventative neighbourhood health model. "By linking data together, the NHS can unlock powerful insights to support more proactive, personalised and equitable healthcare," it says.

The role that AI can play in enabling non-structured data and enriching those insights will be central to the success of this transition to strategic commissioning clusters, ultimately focused on population needs rather than provider management. Working with a specialist partner such as RLDatix Galen, which can call on expertise gathered from more than a decade's experience of large-scale healthcare data migration, will help to strengthen the business case for a fully integrated migration and archival programme.

Every Trust has its own infrastructure of EPRs, systems and applications, and a diverse mix of analogue and digital legacy data held in multiple repositories. The scale of complexity that will be involved in migrating and archiving that data as ICBs merge in clusters is daunting, not least because clinical access will need to be maintained throughout and smooth transition to a single EPR assured, but it is also a golden opportunity for a root-and-branch rethink of migration strategy, with the potential to transform NHS data architecture and address long-standing interoperability issues that frustrate hospital operations and delay patient care.

With the help of a specialist migration partner, ICBs and hubs can unlock the value of unstructured data that has been trapped in legacy systems for years, accelerate digital transformation, manage risk and compliance, protect patient safety and continuity of care, and lay the foundations for more personalised and proactive care.

This will require treating data migration and archiving as a single, clinically-led programme rather than a system-first IT project, and avoiding the trap of replacing a legacy EPR with a legacy archive that keeps data value locked away.

Four Pillars For Successfully Managing Legacy Data

These key pillars should support any large-scale healthcare data migration and archiving programme, each bringing its own challenges:

1. Maintenance of clinical access and continuity of care

3. Cost reduction without compromising regulatory compliance

2. Archiving of non-structured data for research population health and longitudinal analysis

4. Data retention and access for medico-legal requirements



Clinical Access: The Case For Integrated Migration and Archiving

Ensuring uninterrupted clinical access to patient data during an EPR migration is the most critical factor for clinicians, and the greatest source of tension in many projects. Not surprisingly, the default position for clinicians is to want all historical data to be migrated, safeguarding them from loss of detail or medico-legal exposure.

But wholesale migration is neither financially nor technically feasible. Add to this the technical complexity of archiving often unstructured data from multiple legacy systems, and it is hardly surprising that mounting costs and tightening deadlines drive archiving to the perimeter of the project, with the only option being to keep legacy systems running indefinitely.

The EPR migration path has also often been fraught with long-standing clinician frustrations about fragmented records. The Health Foundation's 2025 analysis ***Tech to save time*** noted that while **EPRs have the potential to deliver time savings, fragmented data prevents staff from using them effectively**. Migration should be an opportunity to resolve those frustrations rather than embedding them further in clinicians' experience.

An integrated migration/archival approach that embeds clinical leadership and reimagines the 'archive' as a clinical historical record access system from the outset can help to resolve these tensions. As Galen's experience has demonstrated, customers can achieve post-project migration quality improvements of up to 99.5% by implementing integrated migration and archival frameworks. But this level of success is highly dependent on the involvement of clinical decision makers in defining the data that must remain fully accessible.

Such a dual-track framework distinguishes between data needed for clinical functionality and data needed for reference. Senior champions, particularly CDOs, CDIOs, CCIOs and digital transformation leaders, should advocate for a strategy that migrates active data while providing seamless access to historical data via a clinical archive. This builds clinician trust, reduces legacy system costs, manages risk and streamlines project duration.

Repositioning archiving as a clinical safety project rather than an IT task is essential. When archiving is treated as an afterthought, data becomes stranded in IT silos, creating clinical risks as information becomes inaccessible and continuity of care is compromised. If archiving is reframed as clinical historical record access, clinicians can shape requirements before migration begins, reducing risk during and after go-live.





Research, Population Health and Analysis

AI can only accelerate the value of data if it is structured and unified. But the sticking point with so many NHS migration programmes is that so much data gets converted into flat documents, making it unfit for AI-enabled analytics and undermining the long-term health strategies and proactive care ambitions of the 10 Year Plan. Raw lakes of non-structured data or document dumps cannot support AI-driven decision support or conversational interfaces.

However, a structured and unified archival approach can preserve data in a standardised format, supporting the shift to neighbourhood care, preventative care models and resource planning with AI-driven insights.

At the same time, a structured archive can become an AI-ready knowledge base, enabling tools that provide clinicians with holistic access to patient history and proactive insights. With the help of a specialist migration partner, Trusts can move away from inadequate legacy archiving methods and towards this future-ready model.



Cost Reduction and Regulatory Necessity

Patient data must be retained for regulatory reasons. The stopgap solution during migration is often to maintain legacy EPRs solely as data repositories. Caught in this vicious circle, NHS organisations remain locked into costly legacy EPR contracts simply because they must retain historical data.

In turn, vendors may exploit this dependency through slow data extraction, additional fees and technical barriers that delay migration. Quite simply, clinically inactive systems inflate operational costs and divert funds from transformation.

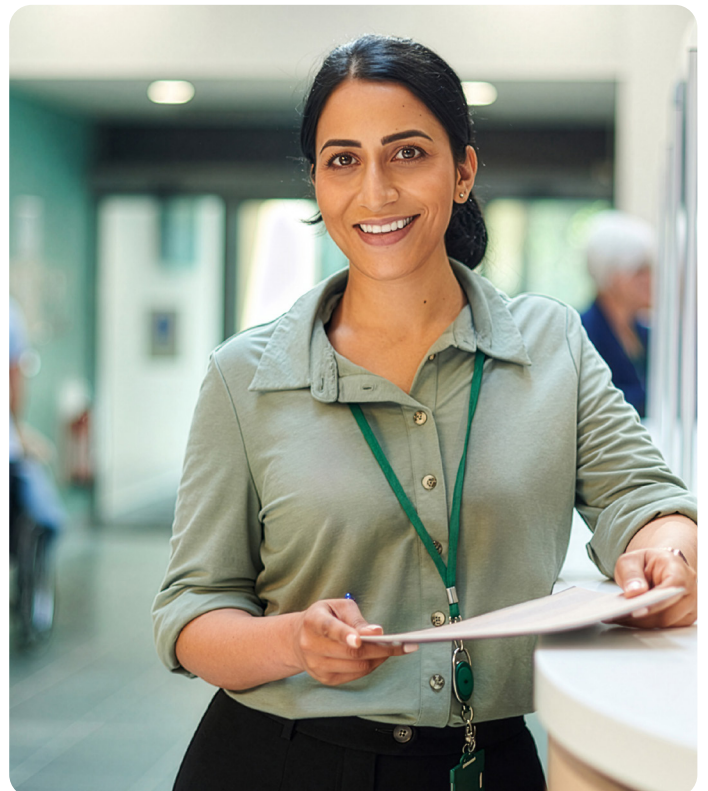
Treating deduplication and data cleaning as part of the migration process would enable Trusts to retire legacy systems safely. And a planned system retirement model that includes data archival allows Trusts to decommission legacy platforms safely, reducing the majority of legacy system costs without compromising regulatory compliance. Early engagement with a specialist migration partner helps mitigate risk, reduce overall expense and accelerate access to extractable data.

Medico-Legal and Subject Access

Recent high-profile cases have exposed the vulnerability of Trusts to medico-legal risk, exacerbated by fragmented data archival and delayed migration. Legacy data is essential for subject access requests, litigation and GDPR compliance, but storing it in data lakes or raw repositories makes retrieval slow and error-prone.

Without a viable retrieval method, Trusts struggle to meet statutory deadlines, risking penalties, legal liability and long-term reputational damage.

A migration partner experienced in creating structured, clinically-oriented archives, often from dozens or hundreds of systems, can enable rapid, compliant record retrieval and automated redaction workflows.





Managing the Risk of Legacy Migration

Caution, inertia and migration plans that lack integrated archival strategies make organisations less likely to embrace new approaches. The risk is clear: the innovation promised by the 10 Year Plan stalls.

Combined, the four pillars above not only reveal how legacy data lock-in could prevent ICBs from adopting emerging clinical platforms or benefiting from AI-driven EPRs, but also the scale of the opportunity to build a fresh, unified approach to data migration.

Change must begin with procurement. Typically, the EPR is selected first, putting the migration project on the back foot and allowing legacy complexity to drive delays, rising costs and unplanned clinical demands. Many projects have failed or fallen short due to rushed decisions, poor-quality migration, under-resourced technical teams and overstretched Trust capacity.

Engaging a migration and archival partner in parallel with the EPR vendor rather than afterwards will help to remove these obstacles and ensure a smoother, safer, clinically-driven migration.

How a Data Migration Partner Can Mitigate Risk, Cut Delay and Reduce Cost

A migration specialist brings deep expertise in reducing legacy EPR costs without compromising legal retention obligations. An experienced partner understands that legacy systems cannot simply be switched off; instead, it builds pathways for safe retirement that deliver long-term maintenance savings.

By treating migration and archival as integrated clinical safety projects, a partner enables a shift from an IT-first to a clinical-first strategy. Clinical leadership is engaged from the outset, ensuring continuity of care throughout the transition and reducing patient safety risks during and after go-live.

Galen's experience highlights universal data issues, all with the potential to affect accuracy, scheduling and patient safety during migration:



Data stored at encounter level, which isolates details to the specific visit, rather than at patient level in a longitudinal record.



Minimal codification, which would standardise free text into structured data.



Heavy use of free text, including unstructured narrative information.



The resources required for deduplication and normalisation.





Eliminating legacy data storage issues throughout a unified migration programme is central to a nine-year data consolidation contract which will result in one of the world's most ambitious EPR transformations.

The New South Wales Single Digital Patient Record (SDPR) project involves the end-to-end extraction, cleansing and mapping of billions of data points in multiple formats, from hundreds of clinical and non-clinical legacy systems across more than 1000 facilities. When complete, the data will be consolidated into a single EPIC EPR, and an accessible and intelligent clinical archive, supporting care delivery for more than 8 million residents across the Australian state.

The data estate is vast, being drawn from 228 public hospitals, more than 600 community health centres, 60 pathology laboratories and over 150 pathology collection centres across 17 local health districts and speciality health networks.

Throughout the migration and archival digital transition, clinicians will retain access to relevant patient information in their workflow as legacy systems are modernised and retired, ensuring that continuity of care and patient safety are maintained.

The contract was awarded after an extensive procurement process, involving around 150 NSW Health representatives, including CDOs and CIOs, directors and frontline staff: a comprehensive range, which meant that every clinical and technical interest was addressed and served throughout the decision-making. In many ways, this was a textbook approach at the very start of a long transitional journey.

New South Wales Single Digital Patient Record, Australia

Billions of data points from hundreds of legacy systems consolidated into a single Epic EPR and intelligent clinical archive, while maintaining continuity of care during transition:

228 hospitals

600+ community health centres

60 pathology labs

150+ collection centres

8 million residents

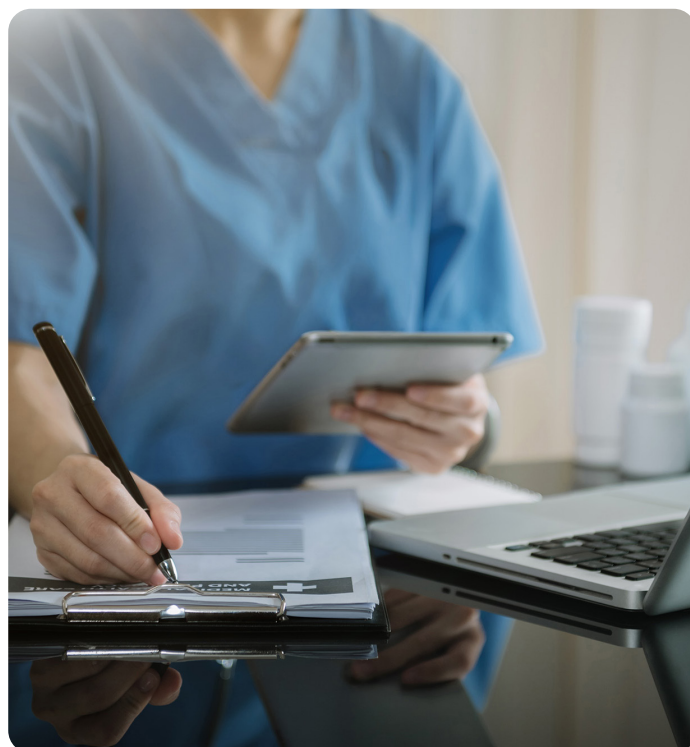
A specialist partner can help ICBs avoid the ‘migrate everything’ trap by providing a structured methodology for deciding what to migrate and what to archive. This accelerates migration, reduces cost and minimises burden on clinical and IT teams, while ensuring uninterrupted access to clinically and legally relevant information.

A suitable partner will also be fully conversant with GDPR, subject access and legal disclosure requirements. Archives can be designed to support these obligations with automated redaction and compliant workflows.

Galen’s platform preserves historical data in structured, analytics-ready formats rather than static documents, supporting the long-term priorities of the 10 Year Plan and enabling safe, anonymised data sharing with research partners.

Behind the scenes, Galen uses AI to improve migration quality and clinical access in safe, non-hallucinatory ways. AI helps shorten migration timelines, apply clinical relevance to historical records, accelerate mapping and standardisation, and future-proof data for AI-enabled EPRs.

With more than a decade of experience consolidating multiple legacy systems into coherent historical records, Galen is well positioned to support ICB clusters facing complex, multi-system estates. Its vision for dual migration and archiving supports both longitudinal patient views and ICB-wide interoperability.



Additional Case Studies

Citizens Memorial Hospital, Missouri

Ten years of clinical data, including 500,000 patient IDs, two million visits, 862,000 radiology results and 170,000 pathology results, were migrated on schedule, with significant reductions in cycle times.

Memorial Sloan Kettering Cancer Center, New York

Migration to Epic involved 1.8 million patient records, 24 complex data types from six systems, and consolidation of 35 million results and 27 million clinical notes. All gap files were delivered within a four-hour downtime window, with 100% provider mapping.

Conclusion

Legacy data is one of the most significant blockers to EPR migration in healthcare, and one of the greatest opportunities for transformation. Data, both legacy and live, is the fuel that can drive the radical changes required by the 10 Year Plan, but only if it is placed at the heart of migration strategy.

The answer is to treat data migration and clinical historical record access as a single, integrated programme that improves patient safety, reduces

risk, builds data consistency, eliminates duplication, protects clinicians and delivers cost and efficiency savings, all while maintaining regulatory compliance.

A well-designed migration and archival strategy, developed with a specialist partner, becomes a game changer. It enables transition while supporting continuous care, removes expensive legacy system retention and the escalating costs of delayed projects, and supports post-project, long-term transformation.

A best-practice strategy should be built around six priorities:

- 1.** Treat migration and archival as mutually dependent aspects of one clinical safety programme.
- 2.** Consider engaging an experienced migration partner alongside selecting the new EPR.
- 3.** With clinician input, migrate only data required for clinical functionality and archive the rest after cleaning and deduplication.
- 4.** Preserve structured data in digital formats to unlock value for AI, research and population health.
- 5.** Build medico-legal and GDPR retrieval into the migration design to avoid fines and reputational damage.
- 6.** Use legacy system retirement proactively to reduce cost and accelerate innovation.

**Historical patient data is not a burden.
It is a strategic asset.**

With a coherent approach to migration and archive, ICBs can meet the challenges for change set by government and unlock unprecedented transformation across the NHS.

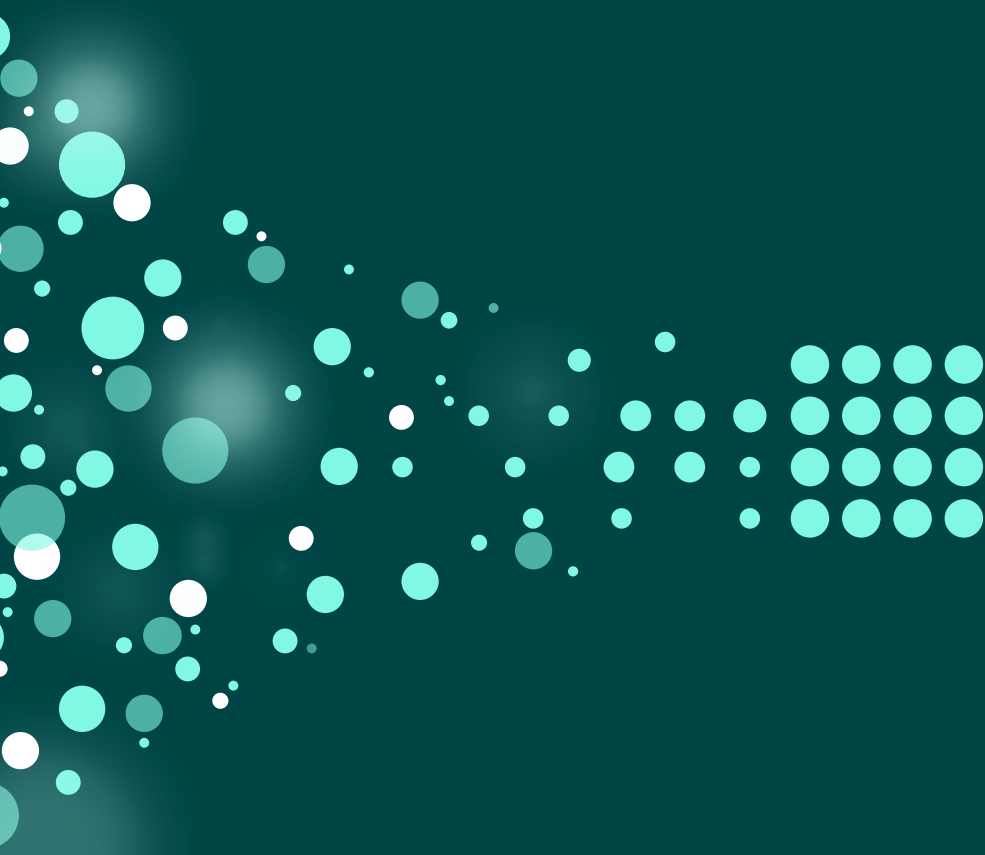
About RLDatix:

RLDatix support some of the world's most ambitious digital healthcare and EPR programmes to help reduce costs, minimise risk, improve productivity, and release valuable clinical time.

Across 1,500+ successful projects, we've archived 10 billion documents and images, and migrated hundreds of millions of patient records from legacy applications into dozens of EPRs.

Talk to us about how our Best in KLAS migration and intelligent clinical archive can underpin your EPR programme, without clinical compromise.

Visit rldatix.com to find out more.



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