

Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 12th March 2026

09:00 – 15:55

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	Role:
Noela Almeida (NA)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore))
Dave Cronin (DC)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman))
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser)
Dr. Jon Fistein (JF)	AGD independent member (Chair)
Kirsty Irvine (KI)	AGD independent member (Lay Adviser) (not in attendance for items 1 to 4)
Dr. Jonathan Osborn (JO)	NHS England member (Caldicott Guardian Team Representative) (not in attendance for items 5.5 to 9.2)
Miranda Winram (MW)	AGD independent member (Lay Adviser)
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	Role / Area:
Garry Coleman (GC)	NHS England SIRO Representative
Ayse Depsen (AD)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: items 5.2 and 5.3)
Suzanne Hartley (SH)	Data Applications Service (DAS) - Senior Manager, Data Access and Partnerships, Transformation Directorate (Observer: item 5.1)
Madeline Laughton (ML)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.5)
Jorge Marin (JM)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.4)
David Morris (DM)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.4)

Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
Jodie Taylor-Brown (JTB)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 7.1)
Vicki Williams (VW)	AGD Secretariat Manager, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS <u>NOT</u> IN ATTENDANCE:	
Name:	Role / Area:
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Mr Christopher Barben (CB)	AGD independent member (Specialist Clinician Adviser)
Michael Chapman (MC)	NHS England member (Data and Analytics Representative)
Dr. Robert French (RF)	AGD independent member (Specialist Academic / Statistician Adviser)
Prof. Jo Knight (JK)	AGD independent member (Specialist Academic / Researcher Adviser)
Dr. Mark McCartney (MM)	AGD independent member (Specialist GP / Clinician Adviser)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)
Jenny Westaway (JW)	AGD independent member (Lay Adviser)

1	<p>Welcome and Introductions:</p> <p>The AGD Chair welcomed attendees to the meeting.</p> <p>AGD noted that only two AGD NHS England members were in attendance for items 5.5 to 9.2. Noting that the AGD Terms of Reference state that “<i>The quorum for meetings of the Group or a Sub-Group is five members, including at least three independent members, one of whom may be the Chair, Deputy Chair or Acting Chair and two of the three NHSE Members...</i>”, the Group agreed that, as there were two AGD NHS England members present, the meeting was still quorate for all agenda items and agreed to proceed on that basis.</p>
2	<p>Review of previous AGD minutes:</p> <p>The minutes of the AGD meeting on the 5th March 2026 were reviewed and, after minor amendments, were agreed as an accurate record of the meeting.</p>
3	<p>Declaration of interests:</p>

Dave Cronin noted a professional link to NIC-680176-M2P2Y the ‘Health Data Research UK Clinical Cohorts (UK CliC) Trusted Research Environment’ (Health Data Research UK) due to his NHS England role as Applications Service Owner in Data Access and Partnerships; it was agreed that the items would be discussed / reviewed as per usual process and that this was not a conflict of interests.

Dr. Jon Fistein noted a professional link to the University of Oxford but noted no specific connections with the application (NIC-796483-W5L5N and NIC-796485-J3L4P), and it was agreed that this was not a conflict of interest.

Claire Delaney-Pope noted a professional link to King’s College London (NIC-796485-J3L4P) as part of her role at South London and Maudsley NHS Foundation Trust. It was agreed this did not preclude Claire from taking part in the discussion on this application.

4 BRIEFING PAPER(S) / DIRECTIONS:

There were no items discussed

5 EXTERNAL DATA DISSEMINATION REQUESTS:

5.1 Reference Number: NIC-680176-M2P2Y

Applicant: Health Data Research UK (HDR UK)

Data Controllers: HDR UK and Swansea University

Application Title: “Health Data Research UK Clinical Cohorts (UK CliC) Trusted Research Environment”

Observers: Suzanne Hartley

Previous Reviews: The relevant supporting documents were previously presented / discussed at the AGD meetings on the 29th January 2026 and the 27th February 2025 and the 10th October 2024.

Application: This was a new application.

NHS England were seeking advice on the following points, including general advice on any other aspect of the application:

1. Does the Purpose statement provide sufficient controls to ensure, with its inclusion in the Data Sharing Agreement (DSA), there are clear, auditable requirements for the data to be used in line with the model and processes set out in this application and supporting documents.
2. Are AGD supportive of the use of the proposal to use the Data Access Agreement (DAA) for non-personal data version where data accessed in the Trusted Research Environment (TRE) will be anonymised and the DAA personal data version where contributing cohorts are then accessing their own data but linked to national (including NHS England) data.
3. Does AGD support the intention for NHS England to approve this access request and issue a DSA to HDR UK and Swansea University.

Should an application be approved by NHS England, further details would be made available within the [Data Uses Register](#).

The Group had been provided with a curated set of documentation and would be providing observations based on these documents.

Outcome of discussion: AGD were supportive of the application **if** the following substantive comments were addressed, and wished to draw to the attention of the SIRO the following substantive comments:

In response to point 1:

5.1.1 AGD discussed whether the purpose statement, provided sufficient controls to ensure there are clear, auditable requirements for the data, to be used in line with the model and processes set out in this application and supporting documents. The Group noted the responsibility of and reliance on the ‘*SAIL Information Governance Review Panel’ (IGRP), including, providing reassurance to NHS England that data is being used appropriately and in line with expectations and contractual requirements set out in the DSA. The Group suggested that:

5.1.1.1 NHS England satisfies itself that SAIL IGRP has robust Terms of Reference that reflects NHS England’s expectations / requirements. Specifically, it was pointed out that the IGRP assessment criteria did not require that there should be a ‘transparent assessment of how commercial interests are proportionately balanced with the benefits to the health and social care system and the interests of the data subjects’, as per the [NHS England DARS Standard for Commercial Purpose](#). For clarity, the more general IGRP assessment criteria of ‘a reasonable possibility of contributing to an enhancement in patient and other public services’ would not require the enhancement to be health related or to transparently balance commercial interests, both of which are essential criteria for the use of NHS England data; and

5.1.1.2 has sufficient expertise to understand the requirements of the DSA; and

5.1.1.3 can operationally demonstrate that they are meeting the responsibilities of the DSA, for example, conducting their own audits and collect evidence to satisfy NHS England that the terms of the DSA are being met, including, but not limited to:

5.1.1.3.1 commercial applications are in line with [NHS England DARS Standard for Commercial Purpose](#);

5.1.1.3.2 any use of the data is connected with health and care, in line with [NHS England DARS Standard for Expected Measurable Benefits](#)

5.1.1.3.3 consent reviews are in line with NHS England internal consent reviews; and

5.1.1.3.4 the consent form is updated to include examples of where consent may not be compatible.

5.1.1.4 SAIL IGRP are clear on the decision-making process, including whether data is ‘personal’ or not; and is in line with NHS England’s expectations and the law;

5.1.1.5 NHS England work closely with SAIL IGRP as they establish themselves, to ensure that mutual expectations are aligned; including guidance to SAIL IGRP on NHS England’s expectations of commercial applicants, noting the potential release of data to commercial partners, in line with [NHS England DARS Standard for Commercial Purpose](#);

5.1.1.6 consideration was given to creating a ‘community of practice’ in respect of this type of group / committee to create a co-development model, particularly in the early stage of development; and

5.1.1.7 there is clear transparency on the role and responsibility of SAIL IGRP.

**Secure Anonymised Information Linkage’ (SAIL) Databank*

In response to point 2:

5.1.2 AGD discussed the proposal to use the DAA for non-personal data version where data accessed in the TRE will be anonymised, and the DAA personal data version where contributing cohorts are then accessing their own data but linked to national (including NHS England) data. The Group suggested that:

5.1.2.1 It was not clear what non-personal data referred to. NHS England / applicant were clear on the definitions of terms, to ensure that data was not mis-categorised and therefore potentially used unlawfully;

5.1.2.2 NHS England / applicant were clear that any data would be outside of UK General Data Protection Regulation (UK GDPR) / the Common Law duty of Confidentiality; and

5.1.2.3 the internal form / application was updated to ensure that any terminology was used clearly and consistently throughout.

In response to point 3:

5.1.3 AGD advised that they were supportive NHS England approving this access request, and issuing a DSA to HDR UK and Swansea University, subject to the comments made as part of this review being adequately addressed.

In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:

5.1.4 AGD noted that commercial partners may be eligible to request data access, and suggested that:

5.1.4.1 NHS England consider how any commercial use of the data was transparent;

5.1.4.2 Consideration was given by SAIL to improve transparency and trust by requiring their applicants to engage (where possible) with their original consented cohorts to inform them of any commercial use of the data; and

5.1.4.3 the internal form / application was updated to be clear on the potential commercial benefits, in line with [NHS England DARS Standard for Commercial Purpose](#).

5.1.5 AGD noted that the territory of use was “UK” which they were supportive of; and noted that they had not considered any international based access. The Group suggested that the UK based access should be tested before any consideration was given to expanding this wider.

5.1.6 AGD suggested that the Medicines dispensed in Primary Care (NHSBSA data) special condition was reviewed and updated, to remove any restrictive wording that is no longer

	<p>relevant, since the current wording did not appear to be in line with the recently updated Directions.</p> <p>5.1.7 AGD noted and commended the volume of work undertaken by NHS England’s Data Access Request Service (DARS) and the applicant on the work undertaken on this complex and novel application; and the responses / actions following previous AGD advice. In addition, AGD noted and thanked NHS England’s DARS for the helpful supporting information provided, that supported the review of the application.</p> <p>5.1.8 Given the points raised by the Group, the NHS England SIRO representative noted this application could not progress via delegated authority until such time as the NHS England SIRO Representative had reviewed the updated application.</p> <p>5.1.9 AGD noted that there was a commercial aspect to the application.</p>	
<p>5.2</p>	<p>Reference Number: NIC-796483-W5L5N</p> <p>Applicant and Data Controller: University of Oxford</p> <p>Application Title: “Trends and variation in vitamin D testing and prescribing”</p> <p>Observer: Ayse Depsen</p> <p>Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the General Practice Extraction Service (GPES) Data for Pandemic Planning and Research (GDPPR) – Profession Advisory Group (PAG) meeting on the 3rd March 2026.</p> <p>Application: This was a new application.</p> <p>NHS England were seeking advice on the following points, including general advice on any other aspect of the application:</p> <ol style="list-style-type: none"> 1. Does AGD support the proposed use of OpenSAFELY for the specified purpose. <p>NHS England were seeking general advice on the application.</p> <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>Outcome of discussion: AGD were supportive of the application on the presumption that NHS England would address the wider substantive issues (outlined in 5.2.7) prior to acting on the advice provided.</p> <p>AGD noted that ‘Profession Advisory Group’ (PAG) had reviewed the application as per process (please see Appendix A).</p> <p>In response to point 1:</p> <p>5.2.1 AGD noted that the applicant was planning on publishing the data in an aggregated form via GitHub; and suggested that NHS England discuss this further with the applicant, to establish the potential use of this data. The Group noted that this might help to reassure GPs and other stakeholders, that this is in line with their / their patients’ expectations.</p> <p>5.2.2 AGD suggested that the applicant provide further details of the analysis being undertaken on the “<i>GP characteristics</i>” referred to in the internal form / application, noting that this was currently unclear.</p>	

	<p>5.2.3 AGD suggested that in respect of the cohort, the internal form / application was updated to:</p> <ul style="list-style-type: none"> 5.2.3.1 include the inclusion criteria for the participants whose data is being analysed; 5.2.3.2 to be clear that participants are being selected from the OpenSafely cohort; and 5.2.3.3 align with the information shared with the University of Oxford Ethics Committee (provided as a supporting document). <p>5.2.4 AGD noted that no patient and public involvement and engagement (PPIE) had been undertaken as yet, and that the study team hoped to do this during the study. The Group suggested that:</p> <ul style="list-style-type: none"> 5.2.4.1 some PPIE was undertaken before the study begins; 5.2.4.2 NHS England satisfies itself that any PPIE was undertaken to an acceptable standard; 5.2.4.3 there was wider ongoing PPIE throughout the lifecycle of the work. The HRA guidance on Public Involvement is a useful guide; and 5.2.4.4 any transparency to patients and the public was actively undertaken as soon as possible, i.e. before the study begins. <p>5.2.5 Given the points raised by the Group, the NHS England SIRO representative noted this application could not progress via delegated authority until such time as the NHS England SIRO Representative had reviewed the updated application.</p> <p>5.2.6 No AGD member noted a commercial aspect to the application.</p> <p>In addition, AGD made the following observations separate to the application:</p> <p>5.2.7 AGD noted that whilst reviewing this application, the transparency materials relating to OpenSafely should be updated with:</p> <ul style="list-style-type: none"> 5.2.7.1 clarity on the population of GP patients including: <ul style="list-style-type: none"> 5.2.7.1.1 whether this includes the currently registered population; or 5.2.7.1.2 all-time registered population; and 5.2.7.1.3 does this include those who have moved to other territories; and / or 5.2.7.1.4 does this include those who have moved GPs. 	
<p>5.3</p>	<p>Reference Number: NIC-796485-J3L4P</p> <p>Applicant and Data Controller: University of Oxford</p> <p>Application Title: “A profile of migrants’ health using OpenSAFELY”</p> <p>Observer: Ayse Depsen</p> <p>Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the General Practice Extraction Service (GPES) Data for Pandemic</p>	

Planning and Research (GDPPR) – Profession Advisory Group (PAG) meeting on the 3rd March 2026.

Application: This was a new application.

NHS England were seeking advice on the following points, including general advice on any other aspect of the application:

1. Does AGD support the proposed use of OpenSAFELY for the specified purpose.

NHS England were seeking general advice on the application.

Should an application be approved by NHS England, further details would be made available within the [Data Uses Register](#).

Outcome of discussion: AGD were **not** supportive of the application **at this time** due to the limited information / documentation provided, and wished to draw to the attention of the SIRO the following significant comments, and suggested that the application be brought back to a future meeting

AGD noted that ‘Profession Advisory Group’ (PAG) had reviewed the application as per process (please see **Appendix B**).

In response to point 1:

5.3.1 AGD noted that notwithstanding the recent research into the use of GP data to establish migrant status, the Group suggested that the applicant provide a clear justification as to why they believe that the proposed route to the data for this study is the correct one, noting that OpenSafely is based on GP data, and will not include other datasets that may be required to undertake this work, for example, mental health data.

5.3.2 AGD discussed the purpose of the study, and wished for reassurance that the research approach was robust in differentiating between different categories of migrants. The Group advised that further clarity was provided as to who will be included in the study; and noting the reference to ‘place of birth’ the Group advised that this would not be a proxy for ethnicity.

5.3.3 In addition, the Group noted that the reference to “*ethnicity*” was used quite broadly within the internal form / application; and suggested that the applicant clarify whether there will also be any sub-population analyses, based on different ethnicity types.

5.3.4 AGD noted that the applicant would be undertaking some work with GPs to define some exclusion criteria; and suggested this is undertaken before OpenSafely are approached for access to the data.

5.3.5 AGD noted in the internal form / application that one of the objectives was to “*create and test reliable migrant groups...*”; and suggested that further / clearer information was provided on this, noting that it was currently unclear.

5.3.6 AGD noted the results of the study would “*...feed into inequalities work within NHS England’s Health Inequalities Team...*”; and suggested that this was explored further:

- 5.3.6.1** To clarify whether NHS England were involved with commissioning this work; and

	<p>5.3.6.2 Whether NHS England were considered a joint Data Controller, in line with NHS England DARS Standard for Data Controllers</p> <p>5.3.7 AGD suggested that, for a study of this type, the applicant clearly states how they will work to mitigate any misuse of the outputs of the analysis by other parties, for example, healthcare use by different ethnicities, notwithstanding the fact that the outputs aggregated.</p> <p>5.3.8 No AGD member noted a commercial aspect to the application.</p> <p>In addition, AGD made the following observations separate to the application:</p> <p>5.3.8 AGD noted that whilst reviewing this application, the transparency materials relating to OpenSafely should be updated with:</p> <p>5.3.8.1 clarity on the population of GP patients including:</p> <ul style="list-style-type: none"> 5.3.8.1.1 whether this includes the currently registered population; or 5.3.8.1.2 all-time registered population; and 5.3.8.1.3 does this include those who have moved to other territories; and / or 5.3.8.1.4 does this include those who have moved GPs. 	
<p>5.4</p>	<p>Reference Number: NIC-711005-G2D5P</p> <p>Applicant: University Hospitals of Leicester NHS Trust</p> <p>Data Controller: University of Leicester</p> <p>Application Title: “A Multifactorial Intervention to Improve Cardiovascular Outcomes in Adults with Type 2 Diabetes and Current or Previous Foot Ulcers - randomised controlled trial (MiFoot RCT)”</p> <p>Observers: David Morris and Jorge Marin</p> <p>Application: This was a new application.</p> <p>NHS England were seeking advice on the following points, including general advice on any other aspect of the application:</p> <ol style="list-style-type: none"> 1. The validity of consent, and; 2. Any actions the applicant can take to improve consent to meet the common law duty of confidentiality. <p>NHS England were seeking general advice on the application.</p> <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>Outcome of discussion: AGD were supportive of the application on the presumption that the SIRO would not approve this application until such time as issues relating to data controllership and transparency had been resolved to the SIRO’s satisfaction, and wished to draw to the attention of the SIRO the following substantive comments:</p> <p>5.4.1 AGD queried the role of the University Hospitals of Leicester NHS Trust and the University of Leicester; and suggested that:</p> <ul style="list-style-type: none"> 5.4.1.1 NHS England explore this further with the applicant, to clarify that the University of Leicester they were not determining the purpose and means of 	

processing and were therefore not carrying out any data controllership activities in line with the [NHS England DARS Standard for Data Controllers](#); and

5.4.1.2 that the internal form / application was updated as may be required to reflect the correct / factual information.

5.4.2 AGD noted that the internal form / application contained inconsistencies in respect of the local data linkage, and suggested that this was reviewed and updated as may be required to reflect the correct / factual information.

In response to points 1 and 2:

5.4.3 AGD noted and thanked NHS England for the internal consent review provided as a supporting document; and advised that they were supportive of the conclusion of the review, that the consent was not incompatible; however, noted that the consent materials did not contain sufficient information on the proposed data flows, in particular the flow of identifiers to NHS England, and suggested that the applicant:

5.4.3.1 undertakes some work to develop / improve the consent materials for both existing **and** new members of the cohort;

5.4.3.2 undertake some work to develop / improve the transparency materials;

5.4.3.3 engage with the patient and public involvement and engagement (PPIE) group to support this work;

5.4.3.4 satisfy itself and NHS England that participants would not be surprised by the flow of identifiers and this is in line with their expectations;

5.4.3.5 Determine whether further ethical review is required for any updates to consent materials; and

5.4.3.6 provide relevant evidence to NHS England.

5.4.4 AGD also suggested that in respect of transparency:

5.4.4.1 the applicant explains to NHS England how they will make existing members of the cohort aware of the linkage to NHS England records;

5.4.4.2 the transparency materials were updated to be more explicit with regards to how participants can withdraw from the study, which should contain at least two methods of contact for participants (post, telephone and / or e-mail);

5.4.4.3 any contradictory statements were reviewed and amended / removed in respect of GP data not being accessed beyond the 24 months;

5.4.4.4 the reference to “1998 Data Protection Act” was removed and updated with relevant data protection legislation;

5.4.4.5 the cohort were contacted directly with any updated transparency materials (noting the low number involved); and

5.4.4.6 the updated transparency materials were uploaded on to the study website.

5.4.5 AGD suggested that following circulation of any updated transparency materials, the applicant should allow sufficient time for any participants to opt-out; and that this should be considered by NHS England prior to any data flowing.

	<p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>5.4.6 AGD noted in section 3.6 of the internal form / application the statement that “<i>The data subjects are defined as: Individuals who have consented to take part in this study</i>”; and suggested that this was updated to be clear that it is those that consented to point 14 in the consent form, agreeing for long-term access to NHS records (including medical and GP records) for up to 10 years following the completion of the study.</p> <p>5.4.7 No AGD member noted a commercial aspect to the application.</p>	
<p>5.5</p>	<p>Reference Number: NIC-787003-B1G4C</p> <p>Applicant: University of Bristol</p> <p>Data Controller(s): University of Bristol and North Bristol NHS Trust</p> <p>Application Title: “Radiofrequency denervation for chronic and moderate to severe low back pain (RADICAL)”</p> <p>Observer: Madeline Laughton</p> <p>Application: This was a new application.</p> <p>NHS England were seeking general advice on the application.</p> <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>Outcome of discussion: AGD were supportive of the application and wished to draw to the attention of the SIRO the following comments:</p> <p>5.5.1 AGD noted and thanked NHS England for the internal consent review provided as a supporting document; and advised that they were supportive of the conclusion of the review, that there is an appropriate legal basis in consent.</p> <p>5.5.2 AGD suggested that the applicant update their privacy notice / transparency materials to be clear on the end date of any follow-up / retention period, so that this is clear and transparent to participants / the public.</p> <p>5.5.3 AGD noted that there was restricted funding for this project, and suggested that the applicant continue to review the work undertaken, to ensure that there was still a residual public benefit to the research regardless of the end date.</p> <p>5.5.4 No AGD member noted a commercial aspect to the application.</p>	
<p>6 INTERNAL DATA DISSEMINATION REQUESTS:</p>		
<p><i>There were no items discussed</i></p>		
<p>7. CONFIDENTIAL ADVICE / BRIEFING SESSION</p>		
<p>7.1</p>	<p><i>Confidential advice session</i></p>	
<p>8 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL</p>		

There were no items discussed

9 OVERSIGHT AND ASSURANCE

9.1 Oversight and Assurance Process

The [Statutory Guidance](#) states that the data advisory group (AGD) should be able to provide NHS England with advice on: “*Precedents for internal and external access, including advising in accordance with an agreed audit framework whether processes for the use of precedents are operating appropriately, to provide ongoing assurance of access processes*”.

In advance of the meeting, the AGD independent members were provided with **1)** eight applications (selected by the AGD Secretariat); **2)** internal application assessment forms for each of the eight applications; and **3)** an oversight and assurance template to complete for each of the applications that each individual member had been asked to review.

Following review of the applications by the AGD independent members **out of committee**, the completed oversight and assurance templates were sent to the AGD Secretariat prior to the meeting.

It was noted that only **high-level points** would be discussed in meeting (and noted in the minutes); however, the full suite of comments and feedback from AGD independent members on the oversight and assurance templates would be collated by the AGD Secretariat and shared with the NHS England SIRO representative and relevant NHS England colleagues as may be appropriate.

Please see **appendix C** for high-level points raised in-meeting on the eight applications.

9.2 Oversight and Assurance Conclusion / Review

AGD noted that the last oversight and assurance for workstream 2 review had taken place on the 12th February 2026.

The Group noted that whilst the majority of applications clearly communicated how the previous IGARD / AGD comments had been addressed, a few applications fell into the following categories **1)** previous AGD comments had not been adequately addressed; **2)** it was unclear if / how previous AGD comments had been addressed; **3)** the response to the previous AGD comments could have been clearer; and **4)** which senior NHS England manager had approved the application and on what date.

The Group provided some feedback for future reviews including, but not limited to **1)** the preparation time of 10 minutes per application was sufficient if it was clear how AGD comments had been addressed; **2)** reviewing fewer applications per independent member was more effective; and **3)** two independent members per review was sufficient.

The Group noted that some of the points highlighted above may be in part due to ongoing issues, which they and the AGD Secretariat had only become aware of on the day, in the NHS England Customer Relationship Management (CRM) system, in that the documentation was not always visible. AGD and the NHS England SIRO Representative suggested work to rectify this issue be prioritised as a matter of urgency, since the lack of visibility of documents did not just affect the small number of applications picked each month for oversight and assurance, but more importantly impacted on all other applications where a clear document audit trail of the decision making, may not be visible to NHS England staff.

Noting that no oversight and assurance would be undertaken for April for both workstreams 1 and 2, due to the Easter period, it was agreed that in the short term, where the SDA / escalation forms /

	<p>ACRs could not be located in folders when preparing an agenda, the AGD Secretariat liaise direct with Dave Cronin and his Team, who would source the most up to date documentation for the agenda pack.</p> <p>The NHS England AGD Data & Analytics Representative welcomed the oversight and assurance undertaken to date, and notwithstanding the issues with CRM, thanked AGD for the good quality feedback being provided.</p> <p>The NHS England SIRO Representative noted that it was important for NHS England Data Access Request Service (DARS) to clearly articulate how the AGD advice had been considered across all points, and that a clear document trail was required to enable an audit of the decision made.</p> <p>The NHS England SIRO Representative noted that there was still room for improvement and thanked AGD and NHS England colleagues for the work undertaken to date.</p>
<p>10 AGD OPERATIONS</p>	
<p>10.1</p>	<p>AGD ways of working</p> <p>The AGD Chair noted that a discussion would be held at the AGD plenary meeting on the 19th March 2026 on AGD new ways of working.</p>
<p>10.2</p>	<p>AGD Stakeholder Engagement</p> <p><i>There were no items discussed</i></p>
<p>10.3</p>	<p>AGD Project Work</p> <p><i>There were no items discussed</i></p>
<p>11 Any Other Business</p>	
<p>11.1</p>	<p>Ethnicity Dataset (Presenter: Garry Coleman)</p> <p>The NHS England SIRO Representative advised the Group, that following the discussion at the AGD meeting on the 5th March 2026 on ethnicity data (item 5.4), further discussions were ongoing within NHS England in respect of this, and that a further update would be provided in due course.</p> <p>The Group noted and thanked the NHS England SIRO Representative for the update.</p>
<p>Meeting Closure</p> <p>As there was no further business raised, the Chair thanked attendees for their time and closed the meeting.</p>	

Profession Advisory Group (PAG) Feedback Form - OpenSAFELY Pilot

(Out of Committee)

Meeting Details	
PAG advice sought by NHSE (via email) out of committee on:	18/2/2026
Date of PAG advice:	3/3/2026

Application Details		
NIC Reference:	DARS-NIC-796483 OpenSAFELY Ref: 9cca	Application version Number: V0
Applicant Organisation:	Bennett Institute of Applied Science, University of Oxford	
Application Title:	Trends and variation in vitamin D testing and prescribing	

Attendees		
Representing Organisation	Name	Role
British Medical Association (BMA)	Mark Coley	BMA Representative
Royal College of General Practitioners (RCGP)	Tom Nichols	RCGP Representative

Declarations of Interest
There are no declarations of interest

Advice Required

OpenSAFELY Application

The OpenSAFELY Data Analytics Service Pilot Direction 2025 states:

The purpose of accessing the data is to establish a secure analytics service using the OpenSAFELY platform, for users approved by or on behalf of NHS England, to run queries on GP and NHS England pseudonymised patient data.

1a. Does this application meet the requirements of the OpenSAFELY Direction?

Yes

1b. Is this request in line with the following purposes as specified in the OpenSAFELY Requirement Specification?

[NHS OpenSAFELY Data Analytics Service Pilot Directions 2025 - NHS England Digital](#)

- Clinical audit
- Service evaluation
- Health surveillance
- Research
- Evaluation of the service
- Health & social care policy, planning & commissioning & public health

1c. Advice from the Profession

PAG supports this application, particularly in respect of the commitment to transparency with research outputs planned to be made available for public viewing once the study is complete.

PAG wishes to draw the analysts' attention to restrictions on Vitamin D testing which will affect parts of the country. Some local hospitals which operate the pathology testing services for general practice will not test Vitamin D unless a strong clinical case is made following a discussion with a duty biochemist. If a given area (which might align with a subset of an ICB) has lower testing rates than elsewhere this may be a sign of a local policy rather than a difference in clinical approach. The same is true of regional shared care prescribing rules, which heavily influence whether a patient is treated or advised to buy over-the-counter Vitamin D, as well as the choice of strengths and brand.

Also, many patients on calcium and/or Vitamin D will have evidence of osteoporosis or osteopenia (following DEXA scans and suitable FRAX scoring) or there may have been evidence of a prior fragility fracture. These patients may receive treatment without Vitamin D ever having been tested. PAG hopes the study will consider these factors too.

This study has the potential to be highly strategic and aligns to the IHI Quintuple Aims, as it may expose the problems associated with conflicting national and local guidance, and the difficulty associated with this public health issue which may benefit from a more coherent national approach.

Specifically, evidence which promotes appropriate Vitamin D management in the population has significant potential to improve health, patient experience may improve with more consistent advice across national, local, hospital and primary care settings. Staff experience in general practice is of frustration through inconsistent local influences and managing patient expectations as well as the delivery of public health interventions such as Vitamin D replacement without a service model. There may be efficiencies in national budget management with more standardisation. Finally, we are glad to see that the study is looking at demographics, as Vitamin D deficiency and its associated complications disproportionately affect certain demographic groups which already experience health inequality. Exposing those factors may enable advances in health equity.

Profession Advisory Group (PAG) Feedback Form - OpenSAFELY Pilot

(Out of Committee)

Meeting Details	
PAG advice sought by NHSE (via email) out of committee on:	18/12/2026
Date of PAG advice:	3/3/2026

Application Details		
NIC Reference:	DARS-NIC-796485 OpenSAFELY Ref: e39c	Application version Number: V0
Applicant Organisation:	Bennett Institute of Applied Science, University of Oxford	
Application Title:	A profile of migrants' health using OpenSAFELY	

Attendees		
Representing Organisation	Name	Role
British Medical Association (BMA)	Mark Coley	BMA Representative
Royal College of General Practitioners (RCGP)	Tom Nichols	RCGP Representative

Declarations of Interest
There are no declarations of interest

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<p>1a. Does this application meet the requirements of the OpenSAFELY Direction?</p>
<p>Yes</p>
<p>1b. Is this request in line with the following purposes as specified in the OpenSAFELY Requirement Specification? NHS OpenSAFELY Data Analytics Service Pilot Directions 2025 - NHS England Digital</p>
<p> <input type="checkbox"/> Clinical audit <input type="checkbox"/> Service evaluation <input type="checkbox"/> Health surveillance <input checked="" type="checkbox"/> Research <input type="checkbox"/> Evaluation of the service <input type="checkbox"/> Health & social care policy, planning & commissioning & public health </p>
<p>1c. Advice from the Profession</p>
<p>PAG supports this research study and welcomes the plan to communicate the research outputs via blogs and the OpenSAFELY website (for the benefit of the public), alongside journal submission.</p> <p>Exploration of data quality issues:</p> <p>PAG wishes to make the researchers aware that GPs may not routinely code any need for translation services during consultations. Double appointment slots are usually booked when it is known a translator is required via (uncoded) patient-specific and system-specific pop-up alerts depending on practice procedures. The patient's first language and requirement for an interpreter may be stored in the information model of the patient record, and not in the main SNOMED code history, and so consideration should be given to whether those data are or are not available in OpenSAFELY, and conclusions about data quality should be documented, mindful of whether those are or are not included. The free text of consultations would reference use of a translator but this information would be unavailable to OpenSAFELY. The researchers may wish to give thought to whether additional SNOMED codes which recognise migrants might be beneficial to reducing health inequalities.</p> <p>PAG wishes to make the authors aware that NHS England are actively reviewing whether or not ethnicity coding should become part of the core NHS Patient Demographic Service dataset, and be stored on the national NHS spine. The challenge of recording ethnicity in health records is well documented, and opinion remains divided in the informatic community as to whether it should use a</p>

terminological approach i.e. SNOMED, or an information model approach that is more flexible. This study therefore has the opportunity to actively consider primary care data quality and expose some of these issues. The authors may wish to consider coding against the CARAT principles i.e. Completeness, Accuracy, Relevance, Accessibility and Timeliness, and look for measure such as conflicted ethnicity coding within the same record, whether broader, less precise codes were used or highly precise coding, and the relevance of the coding e.g. if the patient has a disease where ethnicity or migrant origin has particular meaning, were the patients more or less likely to have correct coding.

PAG also wishes to draw attention to gaps within the ethnicity data recorded within general practice systems. During the pandemic, NHS England created an ethnicity dataset that was an amalgamation of the GDPPR (GPES Data for Pandemic Planning and Research) dataset and other hospital datasets to attempt to address this. An understanding of how this resource was created may be helpful.

Strategic positioning

The alignment of this work to the IHI Quintuple Aims for Health Care Systems is good in many regards, but could be further aligned with some considerations:

Population health – already strong focus

Patient experience – please be aware that NHS England is scoping whether or not a citizen asserted ethnicity should be implemented, using the NHS App. This work could help inform those policies and programmes, by considering the impact on the patient of the complexity of ethnicity coding and how it affects people to be asked repeatedly what their ethnicity is, particularly within the NHS where it reveals the lack of coordination in the systems

Workforce experience – the lack of an ethnicity standard implemented across systems causes staff to grapple with re-recording ethnicity because of a lack of good information, and this is often at the expense of clinical time. Exposing this issue may help inform the need for proper policy and standardisation across clinical systems. We offer an additional risk to consider – the ‘inaccuracies in GP records’ should not give rise to “GP Bashing” - it is a consequence of the absence of a coherent information model in the NHS, combined with the absence of a data quality improvement programme. The authors may wish to observe these to reduce this risk.

Cost economics – in writeup, the observation of the impact in the system of the lack of coherency leading to repeated and conflicted ethnicity recording may be amenable to some quantification, to expose the inefficiencies associated

Advancing health equity – this study is strongly focussed on the aim

Appendix C

Oversight and Assurance Review – 12th March 2026

Ref:	NIC Number:	Organisation:	Areas to consider:
260312a	NIC-788663-G4F2D	Office for National Statistics (ONS)	<p>The application had last been seen by AGD on the 23rd October 2025 when the Group had been supportive IF the substantive comments had been addressed</p> <p>Feedback on the application:</p> <ul style="list-style-type: none"> Notwithstanding the technical issues with CRM, the Group noted that it was not clear how the points raised by AGD would be picked up at renewals, extension or amendment. <p>Feedback on the process:</p> <ul style="list-style-type: none"> Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative to ensure that all relevant documentation, for example the SDA / escalation form, are easily findable in the document holder(s) on CRM.
260312b	NIC-787193-Y8W6D	University of York	<p>The application had last been seen by AGD on the 30th October 2025 when the Group had been supportive IF the substantive comments had been addressed</p> <p>Feedback on the application:</p> <ul style="list-style-type: none"> No issues were raised on the application <p>Feedback on the process:</p>

			<ul style="list-style-type: none"> No issues were raised on the process.
260312c	NIC-381078-Y9C5K	Health Data Research UK	<p>The application had last been seen by AGD on the 6th November 2025 when the Group had not been asked for support on the application, but were making observations on the final two projects as part of the review.</p> <p>Feedback on the application:</p> <ul style="list-style-type: none"> Notwithstanding the technical issues with CRM, the Group noted that it was not clear how the points raised by AGD would be picked up at renewals, extension or amendment. <p>Feedback on the process:</p> <ul style="list-style-type: none"> Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative to ensure that all relevant documentation, for example the SDA / escalation form, are easily findable in the document holder(s) on CRM.
260312d	NIC-795268-S1T4D	The Lampard Inquiry	<p>The application had last been seen by AGD on the 6th November 2025 when the Group had been supportive with comments.</p> <p>Feedback on the application:</p> <ul style="list-style-type: none"> Notwithstanding the technical issues with CRM, the Group noted that that points around the legal personality had been clearly misunderstood. <p>Feedback on the process:</p>

			<ul style="list-style-type: none"> • Process point: Action for AGD Chair to ensure that the narrative in the AGD minutes is clear and actionable
260312e	NIC-766571-T4Z2L	University of Leeds	<p>The application had last been seen by AGD on the 13th November 2025 when the Group had been supportive with comments</p> <p>Feedback on the application:</p> <ul style="list-style-type: none"> • Notwithstanding the technical issues with CRM, the Group noted that point 5.5.2 had not been adequately addressed in that the first half of the sentence had been answered, but not the second part of the sentence. <p>Feedback on the process:</p> <ul style="list-style-type: none"> • No issues raised on the process.
260312f	NIC-44356-Y8N6R	Royal College of Obstetricians and Gynaecologists	<p>The application had last been seen by AGD on the 13th November 2025 when the Group had been supportive with comments</p> <p>Feedback on the application:</p> <ul style="list-style-type: none"> • Notwithstanding the technical issues with CRM, the Group noted that it was not clear how the points raised by AGD would be picked up at renewals, extension or amendment. <p>Feedback on the process:</p> <ul style="list-style-type: none"> • Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative to ensure that all relevant documentation, for

			example the SDA / escalation form, are easily findable in the document holder(s) on CRM.
260312g	NIC-791694-D2J8T	Cristal Health Ltd t/a Akrivia Health	<p>The application had last been seen by AGD on the 20th November 2025 when the Group not been providing comment on the wider application as requested by NHSE, and were limited to specific advice points</p> <p>Feedback on the application:</p> <ul style="list-style-type: none"> • No issues raised on application. <p>Feedback on the process:</p> <ul style="list-style-type: none"> • Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative it would be helpful to the Group for them to see on the documentation (SDA / escalation form) which NHSE senior manager had signed off the application and the date approved.
260312h	NIC-698157-B0L5B	Certara UK	<p>The application had last been seen by AGD on the 27th November 2025 when the Group had been supportive IF the substantive comments had been addressed</p> <p>Feedback on the application:</p> <ul style="list-style-type: none"> • No issues raised on the application. <p>Feedback on the process:</p> <ul style="list-style-type: none"> • No issues raised on the process.