

## Data Access Advisory Group

### Minutes of Meeting held 22<sup>nd</sup> March 2011

#### Present

Members: Dr Mark Davies (Chair), Clare Sanderson, Dr. Patrick Coyle, Paul Eveson

In attendance: Dawn Foster, Diane Pryce, Susan Milner, Kuldeep Sohal,  
Olivia Podesta-Atkin (Secretariat)

220311-a	<p><b>Welcome</b></p> <p>Dr Mark Davies welcomed everyone to the meeting.</p>
220311-b	<p><b>Minutes of the Previous Meeting</b></p> <p>The minutes of the previous meeting were ratified.</p>
220311-c	<p><b>Matters Arising</b></p> <p><u>Outstanding Applications</u></p> <p><b>HES 180111c - UNIVERSITY HOSPITAL BIRMINGHAM</b> This application was not approved at the January meeting by the committee. Further information was requested. Further information now received, after deadline for March meeting. Application will be submitted to April meeting.</p> <p><b>HES 180111d - BRIGHTON &amp; SUSSEX MEDICAL SCHOOL</b> The applicant has been in contact and have provided an update on the wording of their consent documentation. The applicant had previously confirmed that they are looking at obtaining re-consent from the cohort. They have now informed us that the amended wording will be discussed on the 7th April at the Brighton Research Ethics Committee. There may be some delay in this being approved (the Committee need to give the applicant a decision within 2 months or so of this date), and it is also possible that the Committee may object to them re-approaching patients. Assuming that the Committee approves the re-consent of patients, Brighton and Sussex Medical School will then go about contacting the living patients. This latter process will take a minimum of two months. The group confirmed that they are happy with the revised wording of the consent form.</p> <p><b>HES 180111f - UNIVERSITY OF CAMBRIDGE</b> This application was approved. The applicant has confirmed that they will be submitting an application for HES data. The applicant has approached the IC for possible linkage however they have advised that they will not be requesting an extract of HES data, as previously indicated, but will be receiving data from a PHO. The DAIS team are currently checking that appropriate approval is in</p>

place for this data to be provided by the PHO.

### **HES 160211-a - CORIN LIMITED – Application submitted to February meeting**

#### **Context**

This request relates to analysis performed by the National Joint Registry on the NJR-HES linked data set and published in the Annual Report in September 2010.

The sensitive field, Consultant code was requested in order to investigate the Cormet brand's results which had shown higher than expected revision rates.

#### **Outcome**

The Group approved the application subject to clarification on:

- a) The percentage of the revisions which would involve Corin implants?
- b) Confirmation that the revisions being investigated are for Corin brand implants only.

The customer has responded:

- 1) The NJR Cormet dataset sent to Corin by Northgate Services included 2036 cases of Cormet resurfacing. Of these, 128 cases have undergone revision surgery but the reasons for revision are only known for 56 of these cases. Therefore, information is required for the missing 72 cases only.

Northgate Services will be able to identify the 72 cases required (pseudonymised NJR codes).

- 2) The customer has confirmed that the revisions to be investigated are for the Cormet resurfacing replacement, a Corin brand implant only.

#### **Outcome from DAAG meeting, 22 March 2011:**

The Group confirmed that they were content with the response from the applicant. Application approved.

#### Decisions out of committee

The group were happy with the chair's decisions out of committee.

#### Review of appropriate wording for consent statements

Suggested wording: *I understand that information held and maintained by central UK NHS organisations may be used to help contact me or provide information about my health status.*

The Group suggested that we may want to change 'NHS organisations' to 'The Health & Social Care Information Centre' to future proof. It was also suggested that we may need to add a footnote to cover Scotland. Diane also advised that she has not received any feedback from ONS on the suggested wording. In the meantime, the Group agreed that the revised wording be used for HES requests.

	<p><b>Action: Diane to carryout further work on the wording of the consent statement and consult with ONS before bringing back to the committee.</b></p> <p><u>SLSP – Agreed Standard</u></p> <p>Dawn met with Alistair Donaldson to discuss having an agreed standard for applicants to sign up to rather than complete a SLSP. Dawn &amp; Alistair are due to meet again in May to discuss further.</p> <p><b>Action: Dawn Foster to invite Alistair Donaldson to attend the next DAAG meeting on 19<sup>th</sup> April.</b></p>
220311-d	<p>Hospital Episodes Statistics (HES)</p> <p>220311-a – Nottingham University Hospitals</p> <p>The application requests Consultant Code through Business Objects to enable the Trust to supply consultant level data in order to benchmark their consultant portfolios to support medical appraisal and revalidation for consultants.</p> <p>The applicant has submitted a System Level Security Policy (SLSP), to support their intention to download/transfer record level data to a networked PC. The DAIS team also note that the applicant has only requested access to Consultant Code for their own Trust. However, we believe that it is not possible to restrict access to a particular trust's Consultant Code data through Business Objects and users would therefore be able to view clear national Consultant Code data.</p> <p>There are 4 main questions the group would like to address:</p> <ol style="list-style-type: none"> <li>1) Understanding the motivation that took them down this route rather than a HES extract.</li> <li>2) Understanding what is meant by benchmarking – are they looking at their trust or all NHS trusts?</li> <li>3) Have they thought through the governance issues &amp; what they might find? Also what processes have been put in place for dealing with what they might find?</li> <li>4) Whether consultants have been appropriately notified that information that would identify them is being used in this way.</li> </ol> <p><b>Action: DAIS team to provide outcome to applicant.</b></p> <p>Mark Davies to contact Bruce Keogh at DH to discuss the implications of this.</p> <p>KS agreed to provide a draft email setting out the applicant's request (without any identifying information) for discussion with Professor Sir Bruce Keogh.</p> <p>220311 – b – Care Quality Commission</p> <p>This application is an update of previous requests from CQC for HES data for</p>

	<p>an update of data years.</p> <p>Previously the Care Quality Commission has received NIGB approval (via DMsG) to access a defined list of admitted patient and outpatient Sensitive HES data items, most recently in May 2010. The Care Quality Commission have provided a letter detailing the context of this request and requesting a renewal of their approval. Historically, The Care Quality Commission submitted such letters to DMsG out of courtesy in order to gain their approval and to keep them informed of their activity.</p> <p>The group confirmed that such requests from CQC do not need to be brought to the committee if it is an extension of information already approved. These can be approved by the chair out of committee.</p> <p><b>Action: DAIS team to advise CQC of the Group's decision.</b></p>
220311-e	<p>NHS Central Register – MRIS Applications</p> <p>(a) MR1226 – West Yorkshire Primary Percutaneous Coronary Intervention Outcome Study – Application Approved.</p>
220311-f	<p><u>Any other business:</u></p> <p>1. As of 1<sup>st</sup> April, MRIS will be using a new application form which will be more user friendly.</p> <p><b>Action: Diane to circulate to the group to review.</b></p>
	<p><u>Date of next meeting:</u></p> <p><b>19<sup>th</sup> April 2011 2-4pm the Snow Room, Leeds</b></p>