

Data Access Advisory Group

Minutes of meeting held 14 October 2014

Members: Sean Kirwan, Dawn Foster, Eve Sariyannidou, John Craven, Patrick Coyle

In attendance: Garry Coleman, Stuart Richardson, Frances Hancox, Susan Milner, Terry Hill, Netta Hollings (application 3.1 only)

Apologies: Alan Hassey

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| 1 | <p>Review of previous minutes and actions</p> <p>It was noted that Alan Hassey had sent his apologies, and Sean Kirwan chaired the meeting.</p> <p>The minutes of the 9 October 2014 meeting were reviewed. A point of accuracy was raised later in the meeting regarding a reference in the minutes to the group application: Risk Stratification Extension and it was agreed that this would be corrected. Other than this the minutes were agreed as an accurate record.</p> <p>Action updates were provided and recorded in the applications tracker.</p> |
| 2 | <p>Out of committee applications</p> <p>It was noted that Alan Hassey had confirmed out of committee that paperwork had been finalised for the Public Health England applications for the Sexual and Reproductive Health Activity Dataset (SRHAD), which had been considered by DAAG on 30 July 2014 (ref: 300714-e2), and for National Child Measurement Programme (NCMP) data, which had been considered by DAAG on 16 September 2014 (ref: NIC-291616-M5L4J).</p> |
| 3 3.1 | <p>Data applications</p> <p><u>Care Quality Commission (CQC) (IAO: Garry Coleman and Netta Hollings) NIC-292297-K3G0K</u></p> <p>Netta Hollings joined the meeting for this application.</p> <p>This application was for Hospital Episode Statistics (HES) data, HES-ONS data, Mental Health Minimum Dataset data (MHMDS) and the MHMDS bridging file to allow data linkage. It was noted that the application form had stated in error that data would be retained until 31 March 2015 when the applicable retention date would in fact be 28 February 2015, and it was agreed that this should be corrected. A query was raised regarding the data retention date for MHMDS data, which was listed as 1 January 2015, and whether this should also be changed to 28 February 2015 in order to align the two data sharing agreements.</p> <p>It was explained that this data was required for CQC to fulfil its statutory functions, and that the legal basis for disclosure was the Health and Social Care Act 2008. A query was raised regarding this legal basis, as it was thought that the relevant Act empowered CQC to require data from NHS bodies and it was noted that the HSCIC was not itself an NHS organisation. It was agreed that clarification should be sought regarding this.</p> <p>The Group noted that the CQC code of practice stated that they would only use identifying data when it was necessary to do so, and a query was raised around a statement in the application form that the work required 'does not require named data'. It was agreed that</p> |

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| | <p>CQC should be asked to clarify the specific uses to which the data would be put and what the outputs of this work would be, and to justify whether identifying data was required for this or whether pseudonymised data would suffice. It was also suggested that CQC should provide further details regarding how they ensured the general public were made aware of this use of data.</p> <p>Outcome: Unable to recommend for approval</p> |
| 3.2 | <p><u>National Institute for Health Research (IAO: Garry Coleman) NIC- 222811-M9Z8G</u></p> <p>This application was for pseudonymised, non-sensitive HES data which the applicant would use to create a heat map of disease prevalence and consider geographical locations for clinical trials. Clinical Research Network staff would then be able to access this heat map through a tool, and it was confirmed that the tool would only contain anonymised data. It was noted that 2012-13 and 2013-14 data had been requested.</p> <p>A query was raised regarding whether the National Institute for Health Research was considered an NHS body, as it was noted that the DPA registration details for the University of Leeds had been provided. It was confirmed that the University of Leeds would act as data controller but that the work had been commissioned by the Department of Health.</p> <p>A further query was raised around the use of the Health and Social Care Act 2012 as the legal basis for this disclosure and whether further detail should be included with applications about which section of the Act was thought to be applicable. It was agreed that this would be discussed in more detail at the upcoming DAAG training day.</p> <p>Outcome: Recommendation to approve</p> |
| 3.3 | <p><u>CHKS Limited: PbR National Benchmarker (IAO: Stuart Richardson) NIC-281120-P8S3P</u></p> <p>This application was for CHKS, acting on behalf of Monitor, to receive aggregated Secondary Uses Service (SUS) Payment by Results (PbR) data. It was explained that this application along with the following application (CHKS SUS PbR Random Sampling) would support the PbR Assurance Framework, which had previously been carried out by the Audit Commission and was now within the remit of Monitor. This application for aggregated data would enable the creation of a new version of a national benchmarking tool, PbR National Benchmarker. It was confirmed that although CHKS were a commercial company, they would be acting as a subcontractor to Monitor and the data provided would only be made available to NHS users or those acting on behalf of NHS users.</p> <p>It was noted that the aggregated data could potentially include some small numbers, and that due to this the data would not be allowed to enter the public domain.</p> <p>The Group discussed data controller responsibilities for this application and it was agreed that DPA registration details for both CHKS and Monitor should be provided, as Monitor had contracted the work to CHKS.</p> <p>The legal basis for this request was queried, as it had been stated in the application form that the legal basis was the Health and Social Care Act 2012 but no further details were provided. It was agreed that the application should be updated to specify which section of the Act was thought to be applicable.</p> <p>There was a discussion around the proposal to include small numbers in the requested aggregated data, and whether this could potentially lead to individuals being re-identified from the data provided. It was agreed that the applicant should be asked to provide justification for</p> |

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| | <p>why small numbers should not be suppressed in the data requested. It was also suggested that the application form should be updated to make it clear that aggregated data with small numbers was requested.</p> <p>Outcome: Unable to recommend for approval</p> |
| 3.4 | <p><u>CHKS Limited: SUS PbR Random Sampling (IAO: Stuart Richardson) NIC-281120-P8S3P</u></p> <p>This application was for pseudonymised SUS data to enable the audit of patient records for clinical coding accuracy. It was explained that the pseudonymised identifiers provided to CHKS would then be used to enable hospital trusts to identify which case notes should be audited. Clinical coding experts would then carry out the audit and this would inform national reports on coding errors.</p> <p>The Group noted that it would be helpful if more information could be provided about the process for auditors to carry out a clinical coding audit on patient records, as there was some uncertainty around the controls that would be in place if the auditor was not someone employed by the relevant Trust.</p> <p>As for the previous application, it was agreed that DPA registration details for both CHKS and Monitor should be provided and that further clarification should be sought around the applicable section of the Health and Social Care Act 2012.</p> <p>Outcome: Unable to recommend for approval</p> |
| 3.5 | <p><u>NHS Dorset Clinical Commissioning Group (CCG) (IAO: Stuart Richardson) NIC-279772-Y3H0X</u></p> <p>This application was for weakly pseudonymised SUS data using NHS number, which would be provided through the secure file transfer protocol. It was noted that the legal basis for this would be the HRA CAG section 251 approval for the transfer of data from the HSCIC to commissioning organisation stage one Accredited Safe Havens for commissioning purposes.</p> <p>A query was raised regarding the description of the purpose for which this data would be used, and it was confirmed that the purpose description had been taken from the relevant HRA CAG section 251 approval.</p> <p>Outcome: Recommendation to approve</p> |
| 3.6 | <p><u>Group application: Risk Stratification Extension (IAO: Stuart Richardson)</u></p> <p>This group application was for the extension of existing data sharing agreements for the provision of data for risk stratification purposes to East Riding of Yorkshire CCG, North Lincolnshire CCG, North of England CSU, Midlands and Lancashire CSU, Central Southern Commissioning Support Unit and Camden Clinical Commissioning Group. The application had previously been considered at the 9 October 2014 DAAG meeting, and the Group had requested clearer details for the relevant licensee and storing and processing addresses for each applicant organisation, rather than listing these as 'various'. It was confirmed that the application had been updated to provide these details.</p> <p>The IG Toolkit scores of the applicant organisations were discussed, and it was noted that where scores were below the expected standard an agreed action plan was in place for improvement.</p> |

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| | <p>The Group emphasised the need to ensure that group applications such as this were recorded clearly in the meeting minutes, to be sure that all applicant organisations were listed.</p> <p>Outcome: Recommendation to approve</p> |
| 4 | <p>Any other business</p> <p>The Group were informed that work was underway to simplify the process of preparing applications for consideration by DAAG, and that one IAO would trial bringing applications to DAAG without the preliminary checks by the Data Access and Information Sharing team first taking place.</p> <p>It was also noted that a draft agenda for the DAAG training day would be brought to the following meeting for discussion.</p> |