

GP Data for Planning and Research
Check and Challenge Group
Minutes of the meeting held 1st March 2023
Final – Approved for publication

Attendees

Name	Organisation	Name	Organisation
Eva Simmonds Chair	Programme Director, NHS England	Michael Chapman	NHS England
Mark Coley	British Medical Association	Paul Atkinson	Royal College of General Practitioners
Nicola Perrin	Association of Medical Research Charities	Inés Marrache Echaiz	Royal College of General Practitioners
Ben Goldacre	Nuffield Department for Primary Care Health Sciences	Ryan Avison	Office of the National Data Guardian (Delegate for Nicola Byrne)
NHS Digital Programme Team Representatives			

Actions & Decisions Recorded

Action ID	Description	Owner	Target Date
CAC-A012	Review the TRE readiness proposal based on member feedback and iterate as required. <ul style="list-style-type: none"> - TRE Readiness proposal presented to members and paper to be shared with members for review 	Programme Team	29/03/2023
CAC-A014	Ensure discussion on TRE governance, security, and access oversight is included on an upcoming Check & Challenge meeting agenda. <ul style="list-style-type: none"> - Action planned for completion during March Check & Challenge sessions 	Programme Team	29/03/2023
CAC-A020	Understand how Data Strategy team are addressing Goldacre recommendation on mapping system wide data flows <ul style="list-style-type: none"> - Action planned for completion during March Check & Challenge sessions 	Programme Team	29/03/2023
CAC-A021	Share Commitment Overview papers with members following meetings where they were discussed <ul style="list-style-type: none"> - TRE Commitment paper to be iterated based on discussion with members on 1st March and then shared for review 	Programme Team	15/03/2023
CAC-A022	Review Commitment Overview papers within their organisations and provide feedback to programme team within 4 weeks of paper issuance	Members	12/04/2023

	<ul style="list-style-type: none"> - Comms & Opt-out papers iterated and finalised based on member feedback - TRE paper to be issued by 15th March and action pushed out to reflect new 4-week timeline 		
CAC-A023	<p>Where appropriate, confirm approach for gaining formal approval for papers with key stakeholders named in ministerial letter</p> <ul style="list-style-type: none"> - Awaiting issuance of TRE paper to open discussions with key stakeholder groups 	Programme	15/03/2023
CAC-A025	<p>Provide further information on data sharing approach with respect to retrospective deletion across multiple NHS TREs and for data disseminations</p> <ul style="list-style-type: none"> - Information provided to members 	Programme Team	Complete
CAC-A026	<p>Understand process and comms associated with Type 1 aggregate numbers in Network Contract DES collection, and share with members</p> <ul style="list-style-type: none"> - Information shared with members 	Programme Team	Complete

Meeting Notes

Meeting Notes

Introductions and update on previous actions

- Chair welcomed members to the call and noted that planned external chair is unwell and therefore Programme Director will fill in for chair today
- Apologies noted from members due to prior commitments and/or annual leave
- No new conflicts of interests noted, or changes to existing declarations made
- New RCGP member welcomed to group replacing existing RCGP Policy representative

Ministerial Commitments progress overview approach

- Chair introduced agenda for the session
 - Session will focus on ministerial commitments concerning progress made against the Trusted Research Environment (TRE) and associated data access and security arrangements
 - Session will follow same format as 18th January session when progress against the opt-outs and comms commitments were discussed
 - This session will build on top of the TRE showcase held in November 2022 where the NHS TRE was demonstrated alongside the external solutions noted as best practice in the ministerial letter

- Following the session, the programme team will update the prepared TRE commitment progress paper and share with members for review
- Chair reiterated that the programme has not yet met all commitments and we are not using this session to gain approval to start data collection. As yet, there remains no confirmed timeline until further progress towards the commitments has been made and this will be discussed in this session
- This session is about noting our progress and confirming that the direction of travel is aligned with members' views

Trusted Research Environment Commitments progress overview

- Programme Manager gave members an overview of the key TRE commitments that the programme is looking to address, and then handed over to Michael Chapman as the NHS director responsible for the NHS Secure Data Environment (SDE) (NOTE: NHS has replaced the TRE terminology with SDE)
 - Aim is to provide members with some of the detail behind the design and implementation of the SDE to meet the commitments as well as the access and transparency processes being implemented
 - SDE is currently in private Beta stage, which means it is being actively used with existing datasets, as part of the process to test the platform
 - NHS users are being migrated to use the new environment where appropriate on existing non-GP datasets controlled by NHS England
 - The SDE has currently been through two rounds of penetration testing, has had independent threat modelling analysis completed, has active log monitoring for cyber security threats, and incorporates real-time monitoring capability on any user queries or data analysis
 - As part of the private Beta phase, the SDE has an incremental development roadmap for additional functionality to be added within 2023 based on best practice in the wider industry. This includes capabilities to store and share code within the SDE, a bring-your-own-data capability, and a code import/export function
 - There is also an artificial data pilot being run to allow users to build code against synthetic data and ask for it to be run against the live data without the need for data access
 - We are also working through the GDS assessment phases and this will include a review our data access proposals

- Questions invited from members on information provided so far. Key questions and discussion points were as follows:
 - How quickly will the ability to use synthetic data and send code in to be run be in place?
 - This is dependent on some of the previously mentioned functionality on the 2023 development roadmap and is expected late 2023. Our focus is currently on building a similar model to the ONS SRS approach, as we want to accelerate people using the SDE and reduce data disseminations as quickly as possible.
 - Will it use the same coding language as other platforms, to reduce the need for researchers to know lots of different languages in order to do analysis across platforms?
 - Due to the way the system is being designed at present, the language will be less important in the first instance, but we are aiming to work towards a similar model to OpenSAFELY
 - The initial approach has been designed to be easier for people already familiar with NHS datasets to increase the speed that we can transition them from their existing systems to the new SDE
 - As we continue to develop the SDE, we will continue to increase useability and the aim is to allow users to query the data with simple questions rather than coding in a query against certain indicators or data points
 - Members noted this initial approach may provide an easier on ramp for users, but the SDE team noted that training will still be provided to ensure users can get the most out of the new system
 - The focus is about meeting the current needs of users and then bringing them with us on the development journey. The model chosen is about maximising the pace at which we can get people using the SDE based on the best practice being used by other organisations, and then continuing to make incremental improvements from then onwards
- Discussion progressed to review the planned access processes and the implications from the NHS merger
 - Noted the commitment by ministers as part of the legislation for the merger that the same level of safeguards will apply within NHS England as they did within NHS Digital before the merger
 - There will be a layered set of safeguards and commitments to maximise data security. These include legal and legislative provisions, statutory guidelines, public NHS commitments, and the underpinning detailed policies and processes. All these elements will align with the existing GDPR ministerial commitments as well
 - Access will still be maintained through the Data Access Request Service (DARS) through the existing processes, and NHS England will continue to consult with key external advisory groups

- NHS England are legally required to take external, independent advice as part of these processes, and although the previous group (IGARD) has been stood down as an NHS Digital group, a new transitional group is already in place and working with the same members plus key additional attendees from NHS England to improve the pace at which discussions are held and advice is received and actioned. This group will be formalised as part of the statutory guidelines that are being drafted and a draft terms of reference is in place as part of the transitional group. Further details can be found here: [Interim Data Advisory Group](#)
- NHS England will also continue to maintain a commitment to transparency throughout all aspects of data requests including publishing Data Sharing Agreements (DSAs) and DARS requests and decisions including internal requests for data usage
- Questions invited from members on data access arrangements and answers provided by NHS England. Key questions and discussion points were as follows:
 - Has there been any internal objection for using the same processes to manage internal data requests as for external requests?
 - Currently there has been no pushback. Maintaining the same standards and controls is key, and any improvements in the service should benefit all users
 - Given the merger, could NHS England use their position as data controller to override controls?
 - As these processes will be written into statutory guidance following the merger, any exceptional process would require significant sign-off and would be very publicly visible and would include reporting to the Secretary of State for Health and Social Care. This was not the case when the data was within NHS Digital as the processes were not in statutory guidance at that time
 - There is also internal separation of responsibilities concerning data requests and data usages, therefore multiple escalation routes exist if any party tried to apply pressure to not use abide by the statutory guidelines and legal provisions
 - Given these two elements, the processes are now technically more robust as part of the merger than previously
 - How long will it be before the new independent advice committee is formalised?
 - The steps that need to be taken are that the statutory guidelines need to be confirmed, and then the formal group terms of reference confirmed, and finally all approved by the NHS England board
 - The timeline for this depends on the number of amendments made as part of the necessary review process for these key documents, and that is the key reason we have stood up the interim group to ensure independent advice and scrutiny remain during this process

- Is the NHS looking to take advantage of the improved protections that TRES/SDEs offer to streamline the access governance processes?
 - The initial approach is to match the previous processes as closely as possible, to build trust that data governance is not being eroded following the merger
 - Once that trust is established, future improvements could be planned and delivered, but this will be done publicly and openly and apply to all users
 - As mentioned previously, the focus right now is on stability and trust
- Have we thought about how this solution co-exists with other existing/planned data access and usage solutions and use cases?
 - Yes. It is essential that the SDE and GDPR is positioned as part of the wider system
- Will opt-outs have to be reviewed in line with this new technology?
 - Yes. There is a commitment in the data strategy to do this review and there are ongoing discussions about how it would be sequenced with the ongoing delivery work and how long the review would take
 - The group expressed that the policy review should be prioritised given the lack of understanding in how the current set of opt-outs apply, with members expressing their concern that this seems to continue to be delayed
 - Any review should also be accompanied by a consultation to ensure that all relevant inputs are taken into account when policy is being reviewed. This consultation should be broad and not just focus on the use of GP Data or any other individual programme or project, but on all potential opt-out routes to address all areas of confusion and complexity

AOB

- Programme Director thanked members for their time and input during the discussion
 - It was noted that due to time constraints members will be provided with the key planned AOB items via email
- Members were thanked for their time and the meeting was closed

POST-MEETING NOTE

- For visibility, the planned AOB items covered in the email to members were as follows:
 - Members were thanked for their contribution to the papers on the progress against the communications and opt-out commitments. All suggested amendments have been incorporated into the papers and confirmed with the members suggesting them. The papers will now be prepared for publication on

the NHS website alongside the meeting notes. This will be completed within March

- The completion report for the backlog commitment is now fully drafted and will be shared with members for review. The meeting on 15th March will provide an overview of this paper for live discussion and members are invited to share feedback via email. The aim is to finalise the paper for publication in March
- The TRE commitment paper will be updated based on the discussion in today's meeting and shared with members for review and feedback. The paper will be shared with members by 15th March and members will then be given 4 weeks to review and provide feedback before it is finalised for publication alongside the 2 other papers
- The meeting terms of reference will also be reviewed within March to reflect our current ways of working. We will consult with members of any suggested updates and once finalised, the NHS website will be updated to ensure the public information is as current as possible