Profession Advisory Group (PAG) – Meeting Minutes

Tuesday, 13th October 2026

09:00 – 11:00

(Remote meeting via videoconference)

PAG MEMBERS IN ATTENDANCE:	
Role:	
GP Representative from the British Medical Association (BMA)	
GP Representative from the Royal College of General Practitioners (RCGP)	
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	**Role / Area:**
Narissa Leyland	PAG Chair
Karen Myers (KM)	PAG Secretariat, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
Terry Service (TS)	Deputy PAG Chair (in attendance 1 to 4.1 (part), 4.3 to 7.1)
Vicki Williams (VW)	PAG Secretariat, Privacy, Transparency and Trust (PTT), Technology, Digital and Data

1	**Welcome and Introductions:** The PAG Chair welcomed attendees to the meeting.	
2	**Review of previous PAG minutes:** The minutes of the PAG meeting on the 8th October 2026 were reviewed and, after minor amendments, were agreed as an accurate record of the meeting.	
3	**Declaration of interests:** There were no declarations of interest.	
4. EXTERNAL DATA DISSEMINATION REQUESTS:		
4.1	**NIC Number:** NIC-812491-W0Y5T-v0 **Applicant Organisation:** NHS England **OpenSAFELY Ref:** AOS-2026-1039	

	Application Title: Descriptive evaluation of Structured Medication Review delivery in general practice in England, using routinely recorded SNOMED CT–coded data from TPP practices **Outcome Points:** the Group supported the application which was in line with the NHS OpenSAFELY Data Analytics Service Pilot Directions 2025 See Appendix A	
4.2	**NIC Number:** NIC-812773-W6V8W-v0 **Applicant Organisation:** University of Cambridge **OpenSAFELY Ref:** AOS-2026-1054 **Application Title:** Development and trajectories of long-term conditions after diabetes diagnosis: inequalities, predictors, and opportunities for intervention **Outcome Points:** the Group supported the application which was in line with the NHS OpenSAFELY Data Analytics Service Pilot Directions 2025 See Appendix B	
4.3	**NIC Number:** NIC-812774-X6R3R-v0 **Applicant Organisation:** University College London (UCL) **OpenSAFELY Ref:** AOS-2026-1055 **Application Title:** Drivers and consequences of sociodemographic and health system inequalities in diagnostic test use for suspected cancer **Outcome Points:** the Group supported the application which was in line with the NHS OpenSAFELY Data Analytics Service Pilot Directions 2025 See Appendix C	
4.4	**NIC Number:** NIC-808021-X3K8V-v0 **Applicant Organisation:** University of Oxford **OpenSAFELY Ref:** AOS-2026-1065 **Application Title:** Trends and Variation **Previously discussed:** 18th August 2026, 14th July 2026, 23rd June 2026 and 9th June 2026. **Outcome Points:** the Group noted that this application was still under evaluation as not all the necessary information was available to make a full assessment. PAG has developed new guidance '*Profession Advice – ensuring validity of organisational level data from general practice v1.0*' in relation to the management of practice level data identifiability, which is further supported by GP Profession led DATAPAST giving confidence of reflective outputs. **ACTION:** The PAG Representatives agreed to meet with the applicant prior to the next meeting of PAG.	PAG
5. WIDER PROFESSIONAL INSIGHT		

5.1	**Profession Advice** It was noted that one PAG 'profession advice' document was now finalised for onward dissemination: • *Profession Advice – coding model design in OpenSAFELY V1.0 final* **ACTION for PAG Secretariat:** to finalise the 'profession advice' document, circulate and publish, where appropriate, on the PAG Webpage. It was agreed that now finalised, the profession advice documents would be reviewed on a 6 monthly cycle. **ACTION for PAG Secretariat:** to add to the PAG internal forward plan to review the finalised document in April 2027. **ACTION for PAG Secretariat** to include the National Data Opt-out (NDOO) profession advice paper to the 20th October 2026 agenda.	Sec Sec Sec
5.2 **a)** **b)**	**PAG Ways of Working** **PAG Forms appended to ratified minutes** It was agreed that the PAG Secretariat would review all OpenSAFELY applications submitted for review by the PAG and ensure that PAG feedback forms where PAG had previously stated the application was 'under evaluation' and would return to a future meeting, had been appended to future minutes. **ACTION FOR PAG SECRETARIAT:** to review PAG minutes and provide an update at a future meeting of PAG **Succession Planning** Following discussion at the PAG on the 29th September 2026, it was agreed that the PAG Secretariat would provide a one page 'onboarding / new starter' process to support a future succession planning discussion item at PAG. **ACTION for PAG Secretariat:** to add 'succession planning' to a future AGD agenda **ACTION for PAG Secretariat**: to provide a one-page onboarding / new starter process for review.	Sec Sec Sec

6. CONFIDENTIAL ADVICE / BRIEFING SESSION

There were no items discussed

7. Any Other Business

There were no items discussed

Meeting Closure

As there was no further business raised, the PAG Chair thanked attendees for their time and closed the meeting.

Appendix A

Profession Advisory Group (PAG)

Feedback Form – OpenSAFELY

Meeting Details		
PAG advice sought by NHSE:	05/10/2026	
Date of PAG advice:	13/10/2026	
Application Details		
NIC Reference:	DARS-NIC-812491-W0Y5T-v0 OpenSAFELY Ref: AOS-2026-1039	
Application version Number:	V0	
Applicant Organisation:	NHS England	
Application Title:	Descriptive evaluation of Structured Medication Review delivery in general practice in England, using routinely recorded SNOMED CT–coded data from TPP practices	
Attendees		
Representing Organisation	**Name**	**Role**
British Medical Association (BMA)		BMA Representative
Royal College of General Practitioners (RCGP)		RCGP Representative
Declarations of Interest		
The RCGP Representative is a clinical advisor to PRIMIS at the University of Nottingham, and responsible for the maintenance of the coding models in PINCER, the pharmacist-led information technology intervention for medication errors model. The BMA Representative has no interests to declare.		
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
Supported We consider that this study is also going to add value by documenting the use of OpenSAFELY in relation to other types of extraction.
Supporting statement:

Strategic positioning

This study demonstrates strong alignment with the Quintuple Aims for Health & Care Improvement and is strategically notable because it evaluates the use of OpenSAFELY as an alternative platform for national GP analytics, in line with the encouragement of the Joint GP IT Committee regarding the benefits of analysing GP data at scale whilst in situ rather than through traditional extraction-based architectures.

Population health and care: Strong alignment.

The study evaluates delivery of SMRs which are a clinically significant, evidence-based intervention for improving population health. The work aims to support development of nationally consistent population health intelligence through OpenSAFELY, and demonstrate its potential.

Patient experience: Strong alignment.

SMRs are intended to improve medication safety, reduce avoidable harm and support safer prescribing for vulnerable populations. Medication-related harms are deeply impactful for patients, and patient-facing efforts to identify risk and reduce it are meaningful in the relationship of patients to the health service.

Staff experience: Strong alignment.

Medication review is a core professional activity in general practice. The study supports understanding of delivery to priority patient groups and has the potential to contribute to more sustainable national analytics processes. In addition, the wider objective of evaluating OpenSAFELY as an alternative to extraction-based GP analytics aligns with reducing duplication and supporting more consistent use of GP data. If OpenSAFELY is demonstrated as being an effective way of collecting and managing these data, it develops the use-case for expansion of the scope of the service beyond the current pilot.

Effective use of resource: Very strong alignment.

A primary purpose of the work is to evaluate whether OpenSAFELY can support routine national reporting traditionally delivered through GPES. This aligns closely with more efficient use of national analytical resources, reuse of established coding definitions, reduction of duplicated technical effort and delivery of nationally consistent outputs from a single governed methodology.

Advancing health equity: Good alignment.

The project explicitly proposes extending existing national reporting through analysis by age and socioeconomic deprivation. This will provide new visibility of variation in delivery of Structured Medication Reviews and support understanding of inequalities in access to medication safety interventions.

Comments on GP Data

This work will be based on a fundamental principle of 'closed loop' cyclical quality improvement within the NHS. Priorities determined by commissioners can be operationalised by creating precisely specified, computable requirements which form the basis of contracted work. In so doing, the creation of high-quality data is incentivised, and providers respond by engaging in producing those data, and developing systems for doing so. Those data are then extracted, and improvements in care can be demonstrated objectively.

This process is observed in various models including the GP Quality & Outcomes Framework which was highly significant in demonstrating that the process could be effective and implementing change, and many OpenSAFELY studies are now benefiting from the investment in data quality and care, because of the rich data which were collected.

While GPES provides an effective platform for the extraction of GP data, technical constraints and the need for medical confidentiality introduce constraints on how far the data intelligence can be taken. In exploring this cohort in OpenSAFELY, the rich contextual data surrounding that care can be examined, providing opportunities to inform the evaluation of the service on an unprecedented level, which would not be possible within traditional data extraction models.

This study will demonstrate some of the strategic strengths of the platform, and how digitally mature, evidence-based data models can be operationalised for planning contracted services with high levels of effectiveness.

General Comments

In the process of this study, the coding model and business rules for the national model for structured medication rules will be available, which will be a bonus asset for other OpenSAFELY users. Metadata recorded against the artifacts created will be important to enable the appropriate re-use by others.

We note that the PINCER model on which several of the SMR indicators were based is maintained separately by PRIMIS, and so the specification used in the study is no longer fully aligned.

Appendix B

Profession Advisory Group (PAG)

Feedback Form – OpenSAFELY

Meeting Details		
PAG advice sought by NHSE:	05/10/2026	
Date of PAG advice:	13/10/2026	
Application Details		
NIC Reference:	DARS-NIC-812773-W6V8W-v0 OpenSAFELY Ref: AOS-2026-1054	
Application version Number:	V0	
Applicant Organisation:	University of Cambridge	
Application Title:	Development and trajectories of long-term conditions after diabetes diagnosis: inequalities, predictors, and opportunities for intervention.	
Attendees		
Representing Organisation	**Name**	**Role**
British Medical Association (BMA)		BMA Representative
Royal College of General Practitioners (RCGP)		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
Supported
Supporting statement:

Strategic alignment

This study demonstrates good alignment with four of the Quintuple Aims for Health & Care Improvement.

Population health and care: Very strong alignment.

Diabetes is a major contributor to ill health, disability and healthcare utilisation. The study seeks to quantify the development of multiple long-term conditions following diabetes diagnosis and identify opportunities for earlier intervention and prevention. The population affected is very large, and the findings may have broad relevance across NHS diabetes care.

Patient experience: Good alignment.

The study focuses on conditions that are important to people living with diabetes, including the commonly studied complications, as well as the life-affecting complex multi-morbidity that is associated with the condition.

Effective use of resource: Strong alignment.

The study aims to identify patterns of risk, treatment effects and healthcare utilisation associated with future long-term conditions. Findings may support more effective targeting of preventive interventions and earlier management of patients at highest risk of developing costly complications.

Advancing health equity: Strong alignment.

A major objective of the project is to examine variation by age, sex, ethnicity, deprivation and geography, building on previous work identifying inequalities in diabetes outcomes. Understanding differential risks and trajectories across population groups is central to the proposed analyses.

Staff experience: Not within scope.

The study focuses on disease trajectories, complications and outcomes following diabetes diagnosis. Any benefits to healthcare professionals would arise indirectly through improved understanding of risk and disease progression rather than through evaluation of the experience of staff delivering care.

GP data in this study

The authors indicate the use of a digitally mature data definition of diabetes for the purposes of the study, with publicly available methodology. This is an excellent approach for producing the analysis, but PAG encourages the authors to consider a comparative analysis within the study – the GP Quality & Outcomes Framework (QOF) definitions of diabetes are calibrated to have a high positive predictive value, at the expense of having a lower sensitivity (the item-of service payments are balanced between population health and cost-effectiveness). If the authors were to create a sub-analysis of the difference between the model of diabetes used, and the coding model used in the QOF, it might be possible to make policy recommendations as to the scope of the service. Examples of potential questions could include

- Are the right patients being identified by QOF?
- Are there unique codes which are not currently included in the QOF which could sensibly be introduced into the code definitions?
- How is the QOF affecting health equity – are there disproportionate harms to patients who are not included in QOF?

This sort of additional information is normally not in reach for the terminology teams who maintain those code lists, and so these insights might be extremely valuable in progressing the maturity of the QOF reference sets.

General Comments

This study has the potential to demonstrate how powerful the GP record can be in observing patterns over time at population scale.

PAG notes that the area of study has been enabled by two decades worth of funded data quality improvement cycles through the QOF, which creates a rich environment of information for research, and celebrates the wealth of data which have been collectively created on which the study is based.

Appendix C

Profession Advisory Group (PAG)

Feedback Form – OpenSAFELY

Meeting Details		
PAG advice sought by NHSE:	05/10/2026	
Date of PAG advice:	13/10/2026	
Application Details		
NIC Reference:	DARS-NIC-812774-X6R3R-v0 OpenSAFELY Ref: AOS-2026-1055	
Application version Number:	V0	
Applicant Organisation:	UCL	
Application Title:	Drivers and consequences of sociodemographic and health system inequalities in diagnostic test use for suspected cancer	
Attendees		
Representing Organisation	**Name**	**Role**
British Medical Association (BMA)		BMA Representative
Royal College of General Practitioners (RCGP)		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
Supported
Supporting statement:

Strategic alignment

This study demonstrates good alignment with the Quintuple Aims for Health & Care Improvement, covering four of the aims.

Population health and care: Strong alignment.

Earlier diagnosis of cancer remains a major NHS priority. The study seeks to understand how diagnostic testing and urgent suspected cancer referrals varies.

Patient experience: Good alignment.

Diagnostic delays and access to testing are highly relevant to patients, particularly where repeat consultations, delayed investigation or emergency diagnosis may occur.

Effective use of resource: Strong alignment.

A central purpose of the study is to examine how diagnostic resources are used across different settings and populations, and whether organisational variation affects outcomes. Findings may inform allocation of diagnostic capacity, support planning of diagnostic services and identify areas where investment or service redesign may be beneficial.

Advancing health equity: Very strong alignment.

This is a defining feature of the study. The project explicitly seeks to identify sociodemographic and health-system inequalities in access to diagnostic testing and referral, including variation by ethnicity, deprivation and geography. Understanding and reducing unwarranted variation in access to cancer diagnostics is a core objective of the work.

Staff experience: Not within scope.

The study focuses on referral patterns, diagnostic testing, organisational variation and cancer outcomes.

Comments on GP Data

PAG is concerned that the authors must approach this study with a realistic expectation of the data quality in GP records.

The RCGP has previously published documentation on how to consider data quality in GP records, and the work uses the CARAT model; it is not currently published in the public domain. The work informed the Information Management & Technology (IM&T) DES, Information Quality DES and Data Quality DES as well as the current Good Practice Guidelines for GP Electronic Patient Records.

The issue for this study is “Completeness”.

There are many influences on what is recorded in GP records in this domain, and PAG wishes to highlight significant concerns as to the completeness of the records for “2ww referrals from general practice”. Where records are found, they can be considered as accurate, relevant, accessible, and where found, they are likely to have been timely.

Factors reducing completeness

1 – lack of an operating national information standard for the recording of these events, absence of a contractual requirement, and the influence of regional commissioning

Although the SNOMED CT codes for <<199251000000107 | Fast track cancer referral (procedure) | are widely used, but their use is not a contracted mandate.

Although there is national guidance on cancer referral thresholds, each region is subject to local agreement as to the precise thresholds, and nuanced pathways. These pathways are often highly idiosyncractic, and may rely on the use of independent sector providers for a proportion of Urgent Suspected Cancer (USC referrals). There is less standardisation of referral mechanisms in those sectors, they may not be within the eReferral Service, and may not deliver their documents within the established electronic document transfer processes of NHS hospital trusts. The combined effect is that in some areas, competent referrals may be being made, but not in ways that are captured in these data.

PAG also notes that practices on ICB boundaries may have the choice of providers across multiple ICB estates, and their data may be particularly interesting. Depending on arrangements, practices may find that they have the ability to tailor a referral to an individual, or, conversely their ability to refer may be constrained by policy decisions which stream their referrals down particular pathways or to particular providers.

2 – missed interoperability opportunities

Further, order-communications systems for direct-to-test imaging via larger NHS hospital trusts are technically constrained by their programming – a GP for example may order imaging (X-ray, CT, MRI, Ultrasound) with a priority given of “2WW” but the structured data are not returned into the GP clinical system using a SNOMED-CT concept.

This also applies to the requesting of relevant pathology specimens, for example when a QFIT test is ordered for bowel cancer, or an FBC blood test for lung cancer. These tests are part of the referral pathway which are ‘lost’ and reflective of care provided for patients who may be suspected of cancer.

3 – incomplete digital transformation

The commissioning of digital transformation in the ordering of tests in general practice is determined at a regional level i.e. CCGs/ICBs, and not all areas of the country have undertaken this work.

Many areas have digitally incomplete ordering, for example using Microsoft Word documents to record an imaging request, which is then sent to a provider (or sent with the patient to a walk-in service) for an X-ray, CT, MRI or ultrasound. Other areas may use PDF forms, or even the completion of online referral forms created by the provider.

This means that a generic referral form may be created, and the urgency recorded within the form, but not within the filename, or any 'document code' which is saved to the record when the referral is made.

The combined effect is that a GP appropriately makes a referral, but the first available recorded event accessed by OpenSAFELY may be the result of the test. This could be incorrectly inferred as having been initiated by the hospital, and not general practice.

Effect on the validity of conclusions

The combination of these factors means that PAG is keen to see detailed commentary on data quality and how it affects the conclusions that are reached, particularly if the comparative analysis seeks to comment at practice level. Policy recommendations should be constrained proportionately by the level of certainty of the data.

In general terms, the pathways and order-communications technologies will both be commissioned at ICB level, and so these patterns may be more obvious when comparing ICB to ICB. PAG therefore encourages the key comparison to be done at ICB level, in case there are specific local variations which are best explained that way.

Overall, there is a risk that the study may be measuring digital maturity in national coding and the observability of pathways in GP data, more than it is measuring true clinical diagnostic behaviour in GP surgeries.

In other words, variation in the recording of referral activity should not automatically be interpreted as variation in clinical behaviour.

Attribution of observed variation at any individual GP practice level may be very challenging because a substantial proportion of the pathway is determined by infrastructure and commissioning arrangements outside practice control and care must be taken to ensure that these limited data are not misunderstood.

Given the national importance of earlier cancer diagnosis, there is a risk that observed variation could be interpreted as evidence of differences in clinical quality when it may instead reflect variation in data capture.

Data quality in policy

One possibility is that the study will expose significant variation in the observed data. PAG would be in support of policy recommendations that focussed on data quality per se in this sector, such as the mandatory use of SNOMED-CT concepts to capture urgent cancer referral codes in order-communications solutions, and

considering what other opportunities there are to improve the completeness of the codification of 2ww referrals in GP systems, such as recommendations to commissioners of cancer pathways to ensure that standardisation is introduced into all contracted provider frameworks (not just core NHS providers) to promote the generation of highly complete data in data that are suitable for future study. The GP record is a natural home for such data.

The Joint GP IT Committee continues to advocate for a national data quality improvement programme under which such work could be coordinated.

Application of the National Data Opt Out

PAG understands from NHS England that the authors have indicated that they do not require the NDOO to be applied to this work.