Profession Advisory Group (PAG) – Meeting Minutes

Tuesday, 4th August 2026

09:00 – 11:05

(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:**
Liz Gaffney (LG)	Assistant Director of Data Access & Partnerships: Head of Data Operations, Data and Analytics, Technology, Digital and Data (**Presenter**: item 5.1)
Narissa Leyland (NL)	PAG Chair
Karen Myers (KM)	PAG Secretariat, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
Vicki Williams (VW)	PAG Secretariat, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
PAG MEMBERS NOT IN ATTENDANCE:	
Role	
GP Representative from the Royal College of General Practitioners (RCGP)	

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 28th July 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-810124-Z6C2T-v0 **Applicant Organisation:** NHSE, Data & Analytics **OpenSAFELY Ref:** AOS-2026-1089 **Application Title: Title:** "Population and Wellbeing Dataset (PWD) validation via OS" **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-810125-Y5V5N-v0 **Applicant Organisation:** NHSE, Medical Directorate **OpenSAFELY Ref:** AOS-2026-1013 **Application Title: Title:** "Providing infection management and sepsis prevention benchmarking information for local areas" **Outcome Points:** the Group supported the application which was in line with the NHS OpenSAFELY Data Analytics Service Pilot Directions 2025. See Appendix B	
5. WIDER PROFESSIONAL INSIGHT		
5.1	**Title:** Secure Data Environment (SDE) **Presenter:** Liz Gaffney The SDE is a secure data and research analysis platform, giving approved researchers with approved projects secure access to NHS pseudonymised data, minimised to the relevant patient information provided for research projects, following the Five Safes Framework to ensure data is accessed and used in a secure and responsible way. All approved data flows are published on the NHSE Data Uses Register. **Outcome of discussion:** Liz presented the SDE process giving a background to the SDE service; an outline of the SDE Service Teams; the SDE Service User journey; the datasets available via the SDE; the data resources and summary statistics available; the tools available in the SDE; an outline of the user centred approach to the development; the current SDE service capabilities; upcoming feature releases; the principles associated with the SDE verse extract service; the mandatory use of the SDE; data minimisation; the dataset onboarding timeline into 2027; the datasets in planning; the scope of the NHSE SDE, and; what is outside the scope of the NHSE SDE. There was a brief discussion about the Regional SDE's and how they operated under the same principles of the National SDE. PAG welcomed the briefing and the approach outlined, thanking Liz for the comprehensive briefing to the Group.	

	PAG advised that they would welcome any further updates, as may be appropriate, at a future PAG meeting.	
6. CONFIDENTIAL ADVICE / BRIEFING SESSION		
There were no items discussed		
7. Any Other Business		
7.1	**PAG Process** Noting the substantive discussion at PAG on the 22nd September 2026 with regard to the PAG Terms of Reference and Ways of Working, it was agreed to also include a discussion on the OpenSAFELY Project Application Form to ensure that the form works for both internal and external applicants.	Sec
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:	27/07/2026
Date of PAG advice:	04/08/2026

Application Details			
NIC Reference:	DARS-NIC-810124-Z6C2T-v0 OpenSAFELY Ref: AOS-2026-1089	**Application version Number:**	V0
Applicant Organisation:	NHSE, Data & Analytics		
Application Title:	Population and Wellbeing Dataset (PWD) validation via OS		

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

PAG is supportive of this study which approaches three of the quintuple aims for health care improvement, in foundational work:

Population health - by providing understanding of our health data as accessible in different systems of collection, to allow their more accurate interpretation, and exploring how data in one setting are propagated into another

Effective use of system resources - by supporting good understanding of existing datasets which has the potential to inform effective use of those data

Advancing health equity – by exposing subgroup analysis to assess the impact of factors which are known to be associated with inequalities.

The authors face interoperability challenges in the use of mapping tables as the models in ICD10 to translate the PWD datasets into an interpretable model for primary care data. Many of these issues are set out in detail by the Bennett Institute **https://www.bennett.ox.ac.uk/blog/2026/04/icd-10-to-snomed-ct-mapping-tool/** and consideration should be given as to what level of maturity is required in the primary care extraction definitions in order to ensure that the measurement is as like for like as possible. The publication of the relevant code lists on OpenCodeLists, and the associated methodology has the potential for the outputs to be both made available for other researchers.

Appendix B

Profession Advisory Group (PAG) Feedback Form - OpenSAFELY

Meeting Details	
PAG advice sought by NHSE:	27/07/2026
Date of PAG advice:	04/08/2026

Application Details			
NIC Reference:	DARS-NIC-810125-Y5V5N-v0 OpenSAFELY Ref: AOS-2026-1013	**Application version Number:**	V0
Applicant Organisation:	NHSE, Medical Directorate		
Application Title:	Providing infection management and sepsis prevention benchmarking information for local areas		

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.
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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
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☐ Evaluation of the service
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1c. Advice from the Profession

Sepsis and its early identification and treatment in primary care and antimicrobial stewardship are important health issues.

The authors will face a series of challenges in gathering the data to support the paper.

GP Supplier Systems have technical mechanisms to coordinate the issue of an antibiotic prescription with a "Problem". In reality, doing so is 'effortful' and therefore this will not happen unless the prescriber identifies and prioritises clinical time in doing so. For many simple infections this may be the case e.g. a single consultation, with a single problem-orientated record, in which there is a clear infection-related code, and the presence of the prescription can be reasonably inferred from the coordination that is created when saving those data together.

In general practice however, the caseload is heavily biased towards symptom patterns and probabilistic reasoning, and records may reflect that – the "Problem" for example, may be recorded as cough, and the rationale for prescription e.g. lower respiratory tract infection may never be recorded within the 'wrappers' for that consultation. In complex consultations, where multiple problems are being addressed such as a home visit, chronic disease management entries may be the clinically important findings for direct care, and the presence of an infection which warrants antibiotic prescribing may never give rise to a meaningfully associated Problem, and interpretation of the indication for antimicrobial prescribing may be impossible, or worse, could be misinterpreted. The authors are therefore advised to expect significant data quality issues when attempting to infer the reason for prescribing from pseudonymised primary care records, and document these issues in writeup.

In contrast to the application, PAG identifies the role of general practice in antimicrobial stewardship as a core curriculum topic for undergraduate, postgraduate and continuing professional education. The authors may wish to review the curriculum of the Membership examination for the Royal College of General Practitioners, to understand the positioning and requirements in this regard for the qualification of GPs in the UK.

PAG has a more optimistic view in terms of the resources available to support general practice in its training and ongoing professional development, and encourage a broader review of the available literature. We feel for example that the existing NICE guidelines cover a wide range of common infections, advising on their diagnosis and management,

and GPs commonly access resources beyond such as SIGN and European guidelines, when navigating these infections.

The authors may wish to be aware of the TARGET (Treat Antibiotics Responsibly, Guidance, Education and Tools) toolkit, which is jointly developed and maintained by the RCGP and UKHSA, which provides structured guidance in this space, as well as patient information resources, and which now forms part of NHS England's Pharmacy First implementation.

GPs benefit from additional decision support in the selection of antibiotic, based on regionally developed patterns of bacterial sensitivity. Traditionally, these reports have been created by regional microbiology laboratories and tailor the drug to the prevalent sensitivity patterns, being updated periodically to capture best practice in antibiotic drift. These resources are now typically available online for GPs, one example being available here https://www.kentandmedwayformulary.nhs.uk/km-icb-guidelines/kmicb-antimicrobial-guidelines/kmicb-primary-care-antimicrobial-prescribing-guidelines/.

Further, ICBs have a contractual role in software support for antimicrobial stewardship, and often work with the regional prescribing advisors to identify priorities for the region in terms of specific drug treatments, and in addition to having quality improvement programmes which use data driven approaches to developing understanding, have educational and CPD events linked with the guidance, and at times incentive schemes which prioritise the prospective recording of antimicrobial prescribing indication, followed by audit to demonstrate change.

ICBs often commission prescribing decision support software which detects the preparation of a prescription, offering real-time links to the guidance for clinicians to double check the current formulary, and evidence based guidelines, and offers alternative treatment pathways, for example the use of Acetic Acid in Otitis Externa for milder cases, etc, or recommended treatment durations (e.g. 5 days for doxycycline even though the boxes generally contain treatment for a full week).

PAG considered the description of the dashboarding intent, and does not support these data being incorporated down to the planned PCN / Practice level intended at this stage. We feel that the expected data quality will undermine meaningful interpretation of these patterns and have some concerns that variation may be incorrectly attributed to the provision of poor-quality care. While benchmarking can be valuable in documenting true data, the complex relationship between the data, the prescribing intentions at the point of issue, and the requirements for effective change management are considerable, and best implemented as part of a strategic approach, rather than a data publication.

We note that EMIS data are not currently available in OpenSAFELY.

PAG observes a paradigm shift in patient pathways to admission in sepsis. The arrival of the pandemic and the 'total triage' approach which shifted initial assessment into the triage space, followed by the contractual shift towards online consultations has resulted in a paradigm shift in which the number of patients who first access our care in a face-to-face primary care consultation with sepsis has been altered. Online consultation information now captures far more of the initial concerns and reported symptoms of patients, at a much earlier stage, but as these data are captured almost entirely as free text characters, and not structured data, they will be 'invisible' to OpenSAFELY. This will have a substantial effect on whether it is possible to meaningfully access the clinical thought

processes and judgement calls in early management of cases which develop into sepsis. For the purposes of direct care, an encounter will not reproduce that narrative, but instead respond to the information, and so any analysis of these encounters will take place without context.

The study focus is on:

Population health – by supporting best practice in antimicrobial stewardship, and recognition of sepsis

Effective use of system resources - although not the primary focus and not targeted at the financial cost of care, there are system level costs associated with the conditions which may be improved if knowledge leads to quality improvement.

Advancing health equity – explicit sub analysis for a wide range of factors which can be associated with inequality is considered and planned.

Patient experience, staff experience are not directly in scope for this work.

In summary, PAG agrees with the clinical topic as an important focus for research, and knowledge in this area will contribute to the ongoing focus of the profession in its role in antimicrobial stewardship.

We encourage the authors to expect significant data quality issues, and note the opportunity arising to identify the factors which are associated. In documenting the findings, we would support the identification of a national strategic need which is not yet being fulfilled – for the precise indication for issues of antimicrobials within primary care records to be recorded, in order to enable better information for direct care, planning and research. This policy need could form part of a national data quality improvement programme, or a more focused intervention such as a Requirement on the GP IT Roadmap for system improvements to facilitate time-efficient recording of such data, advancing on existing technical capabilities which may benefit from being made as close to effortless as possible.

PAG anticipates that the Joint GP IT Committee would be in support of such an approach.