

Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 23rd April 2026

09:00 – 15:10

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	Role:
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Mr Christopher Barben (CB)	AGD independent member (Specialist Clinician Adviser)
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser)
Dr. Jon Fistein (JF)	AGD independent member (Chair)
Dr. Jonathan Osborn (JO)	NHS England member (Caldicott Guardian Team Representative)
Ellie Ward (EW)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore))
Kimberley Watson (KW)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman))
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	Role / Area:
Garry Coleman (GC)	NHS England SIRO Representative (not in attendance for part of items 4.1 and 5.3, and items 9.1 to 9.3)
Dave Cronin (DC)	Applications Service Owner, Data Access and Partnerships, Transformation Directorate (Presenter: item 4.1)
Dan Goodwin (DG)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.5)
Joe Lawson (JL)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.3)
Tiaro Micah (TM)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.1)
Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Technology, Digital and Data

Azeez Oladipupo (AO)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.4)
James Watts (JW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.2)
Vicki Williams (VW)	AGD Secretariat Manager, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS <u>NOT</u> IN ATTENDANCE:	
Name:	Role / Area:
Michael Chapman (MC)	NHS England member (Data and Analytics Representative)
Dr. Robert French (RF)	AGD independent member (Specialist Academic / Statistician Adviser)
Prof. Jo Knight (JK)	AGD independent member (Specialist Academic / Researcher Adviser)
Dr. Mark McCartney (MM)	AGD independent member (Specialist GP / Clinician Adviser)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)
Jenny Westaway (JW)	AGD independent member (Lay Adviser)
Miranda Winram (MW)	AGD independent member (Lay Adviser)

1	<p>Welcome and Introductions:</p> <p>The AGD Chair welcomed attendees to the meeting.</p> <p>AGD noted that, due to an urgent work commitment, there would not be an NHS England SIRO Representative or delegate in attendance for parts of item 4.1 and 5.3, and items 9.1 to 9.3. Noting that the AGD Terms of Reference (ToR) state that: “...a representative of the SIRO must also be in attendance for any meetings of the Group or a Sub-Group...”, the Group were advised that the NHS England SIRO Representative had confirmed contentment for these items to be discussed in their absence.</p>
2	<p>Review of previous AGD minutes:</p> <p>The minutes of the AGD meeting on the 16th April 2026 were reviewed and, after amendments, were agreed as an accurate record of the meeting.</p>
3	<p>Declaration of interests:</p> <p>Dr Jon Fistein noted a professional link to the University of Cambridge but noted no specific connections with the application (NIC-792991-W4Z6B), or staff involved, and it was agreed that this was not a conflict of interest.</p>

Dr. Jonathan Osborn noted a previous professional and personal link to the Chief Investigator of NIC-703376-K7X3P (University of Exeter). It was agreed this did not preclude Dr. Osborn from taking part in the discussion about this application.

4 BRIEFING PAPER(S) / PRECEDENTS:

4.1 **Title:** OpenSAFELY Precedent proposal

Presenters: Dave Cronin

The purpose of the briefing paper is to outline the criteria for a proposed Precedent to allow NHS England to approve requests to use the OpenSAFELY service without requiring further SIRO authorisation or AGD review, where the specified qualifying criteria are met and where the exclusion criteria do not apply.

NHS England were seeking advice on the following points:

1. AGD advice / support for the proposal to implement the Precedent as described.

Outcome of discussion: AGD welcomed the briefing paper and made the following observations / comments:

In response to point 1 above:

4.1.1 AGD noted the content of the briefing paper and advised that they were broadly supportive of the proposal for an OpenSAFELY Precedent.

4.1.2 The NHS England SIRO Representative requested that NHS England's Data Access Request Service (DARS) ensure that the draft OpenSAFELY Precedent is submitted for sign-off prior to any applications being reviewed against the Precedent.

4.1.3 NHS England proposed that the draft OpenSAFELY Precedent is initially tested against six applications, and submitted to AGD in two phases; with phase one consisting of the review of three applications, with feedback presented to NHS England and how this had been addressed; and then phase two consisting of the review of three further applications, with review of feedback presented to NHS England and how this had been addressed. Following conclusion of phase one and / or phase two a further discussion would take place to discuss next steps.

4.1.4 AGD suggested that NHS England also ensure that the appropriate documentation is provided with the OpenSAFELY Precedent to ensure that any oversight and assurance reviews undertaken by the Group work effectively.

AGD provided the following observations / comments, separate to the briefing paper:

4.1.5 AGD noted that the application of Opt-outs for OpenSAFELY projects had been discussed on a number of occasions, including, but not limited to, the 18th and 25th September 2025; and therefore,

4.1.5.1 reiterated previous advice that this was reviewed and updated in line with NHS England's National Data Opt-out [policy](#) and other relevant documentation; and

4.1.5.2 requested that an update was provided to the Group on this point.

4.1.6 AGD noted that the data controllership for OpenSAFELY had been discussed previously, including, but not limited to, on the 25th September 2025; and whether UK General Data Protection Regulation (UK GDPR) requirements have been captured, noting

	<p>that whilst an applicant was not receiving or processing personal data, they may be a data controller. The Group asked that an update was provided to the Group on this point.</p> <p>4.1.7 AGD thanked NHS England for the information provided, and looked forward to receiving the first three applications, as discussed.</p>	
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5 EXTERNAL DATA DISSEMINATION REQUESTS:

<p>5.1</p>	<p>Reference Number: NIC-771419-L4K6L</p> <p>Applicant and Data Controller: NHS Resolution</p> <p>Application Title: “Maternity risk factors evaluation”</p> <p>Observer: Tiaro Micah</p> <p>Application: This was a new application.</p> <p>NHS England were seeking advice on the following points:</p> <ol style="list-style-type: none"> 1. Noting that NHS Resolution plan to link NHS England data to their claims data at NHS Trust level using NHS Trust ODS codes; AGD advice is sought on the residual risk of reidentification and whether additional mitigations or conditions are required? 2. Whether AGD consider the categorisation of this work as ‘research’ is accurate, and if so whether it has correctly addressed the requirements of research? 3. Whether the demographics data being requested is sufficiently detailed and justified within the application, in particular noting the data minimisation that is being applied? <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>Outcome of discussion: AGD advised that significant concerns had been identified within those points and that further consideration should be given before the access (dissemination / release) of data proceeds.</p> <p>In response to point 1:</p> <p>5.1.1 AGD discussed whether there was a residual risk of reidentification, and noted that the documents provided were inconsistent on this point. AGD advised that, based on the information provided, they were of the view that the identifiability of the data was unclear, and suggested that:</p> <ul style="list-style-type: none"> 5.1.1.1 the documents were reviewed and updated to ensure that the correct information was stated / aligned; and 5.1.1.2 if the data was identifiable, then an appropriate legal basis should be cited for the flow of this data. <p>In response to point 2:</p> <p>5.1.2 AGD discussed whether the purpose outlined was for ‘research’, and suggested that the applicant provide further clarification as to why this was not deemed to be ‘service evaluation’ and / or ‘planning’.</p> <p>5.1.3 AGD suggested that if any of the work outlined was considered to be ‘research’, then further consideration should be given to:</p>	
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5.1.3.1 seeking / obtaining the view / support of a research ethics committee;

5.1.3.2 a stronger programme of patient and public involvement and engagement (PPIE); and

5.1.3.3 how the findings of the research could be more generalised, noting that these were currently only going to shared internally.

In response to point 3:

5.1.4 AGD discussed the demographics data being requested, and suggested that the applicant provide further clarification as to what they were hoping to gain from this dataset, above and beyond the information already provided in the maternity services dataset; noting that this was currently unclear.

In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review:

5.1.5 AGD noted significant concerns on the applicant's current transparency, and suggested that NHS England engage with the applicant on this point, to ensure sufficient transparency materials are published / available.

5.1.6 AGD noted that Article 6(1)(f) (*Legitimate Interests*) of the UK General Data Protection Regulation (UK GDPR) had been cited as the legal basis for processing; and queried if this was the correct legal basis. The Group and the AGD NHS England DPO Representative suggested that:

5.1.6.1 the applicant reviews the legal basis cited to ensure this is appropriate, and amend if incorrect; or

5.1.6.2 if the legal basis is Article 6(1)(f), the applicant ensure that they have completed a Legitimate Interest Assessment.

5.1.7 AGD noted concerns that only a sub-set of NHS Trusts had been selected for this study, and suggested that the applicant provides further clarification as to why / how the NHS Trusts were selected, to ensure that there is no bias in the outcomes.

5.1.8 AGD discussed data minimisation, and noted that whilst some attempts had been to minimise the data requested, the applicant was still requesting a broad set of data in case the study is expanded in the future, noting that there is a risk if this did not happen. AGD suggested that:

5.1.8.1 a clearer justification was provided of why each of the datasets had been requested for the **current** study;

5.1.8.2 the applicant provides further clarity on the linkages by NHS England that are occurring between the datasets and what data minimisation results from this; and

5.1.8.3 clarity on the linkage and sequencing of the datasets requested to ensure only relevant records are requested.

5.1.9 AGD noted that the applicant holds the location data, and suggested that:

5.1.9.1 a clearer justification was provided as to why this was required, noting that the analysis was at regional NHS Trust level; and

	<p>5.1.9.2 NHS England satisfy themselves that any internal processes within NHS Resolution are robust enough to prevent any internal linkage / potential reidentification.</p> <p>5.1.10 AGD queried if the proposed work outlined was already being undertaken at a national level; and suggested that NHS England’s Data Access Request Service (DARS) engage with the NHS England Information Asset Owner (IAO) for the maternity services dataset for advice on this point to ensure there are no duplication of efforts.</p> <p>5.1.11 AGD noted that whilst some patient and public involvement and engagement (PPIE) was planned after the data processing; however strongly advised the applicant to undertake some PPIE prior to the data processing, to determine whether cohort members would be surprised. The HRA guidance on Public Involvement is a useful guide.</p>	
<p>5.2</p>	<p>Reference Number: NIC-792991-W4Z6B</p> <p>Applicant and Data Controller: Cambridge University Hospitals NHS Foundation Trust</p> <p>Application Title: “The Digital Imaging versus Ophthalmoscopy (DIvO) study”</p> <p>Observers: James Watts</p> <p>Application: This was a new application.</p> <p>NHS England were seeking advice on the following points:</p> <ol style="list-style-type: none"> 1. Whether AGD agree with the consent review undertaken by NHS England’s Data Access Request Service (DARS). 2. Whether section 5(b) should be clearer as to only receiving data for those individuals who have not withdrawn consent, noting that the approach appears to differ to that outlined in section 3(d). <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>Outcome of discussion: AGD advised that significant concerns had been identified within those points and that further consideration should be given before the access (dissemination / release) of data proceeds.</p> <p>In response to point 1:</p> <p>5.2.1 AGD noted the content of the internal consent review provided, and advised that no significant issues were raised from this.</p> <p>In response to point 2:</p> <p>5.2.2 AGD discussed the data for those individuals who have withdrawn consent, and advised that their understanding was that, 1) any existing data that had been received / held up to the date of withdrawal won’t be deleted, and any existing linkages would therefore be preserved; and 2) no further data would be received on any individuals that have withdrawn, and there would therefore be no new linkages relating to these individuals. AGD suggested that the internal form / application was updated throughout to ensure this information (if correct) was reflected.</p>	

	<p>In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>5.2.3 AGD noted significant concerns on the applicant’s current transparency, and suggested that NHS England engage with the applicant on this point, to ensure sufficient transparency materials are published / available, to ensure participants continue to be informed about how their data are being used in this study.</p> <p>5.2.4 AGD suggested that the following points were addressed by the applicant when reviewing / updating transparency materials:</p> <p style="padding-left: 40px;">5.2.4.1 how the UK General Data Protection Regulation (UK GDPR) rights of the individual(s) are being honoured;</p> <p style="padding-left: 40px;">5.2.4.2 contains at least two methods of contact for participants (post, telephone and / or e-mail); and</p> <p style="padding-left: 40px;">5.2.4.3 to ensure that the information relating to how participants can withdraw from the study is clear.</p> <p>5.2.5 AGD noted the references in the documents provided to “<i>retention</i>”; and suggested that:</p> <p style="padding-left: 40px;">5.2.5.1 The information provided was reviewed and aligned with the NHS Records Management Code of Practice; or,</p> <p style="padding-left: 40px;">5.2.5.2 provide a clear justification as to why this does not align the NHS Records Management Code of Practice.</p> <p>5.2.6 AGD noted one of the outputs cited was a “<i>report of findings to the regulatory authorities</i>”; and suggested further clarity was provided as to:</p> <p style="padding-left: 40px;">5.2.6.1 which regulatory authorities this referred to; and</p> <p style="padding-left: 40px;">5.2.6.2 why a report of findings was being provided to the regulatory authorities.</p> <p>5.2.7 Noting the Chief Investigators direct commercial interest in the outputs of this study, AGD suggested that:</p> <p style="padding-left: 40px;">5.2.7.1 the internal form / application was reviewed and updated to reflect how the Chief Investigator links in with the commercial benefit, in line with NHS England DARS Standard for Commercial Purpose; and</p> <p style="padding-left: 40px;">5.2.7.2 clarification as to whether the outputs of the study would be independently peer reviewed to ensure there is no accusation of any bias.</p>	
5.3	<p>Reference Number: NIC-703376-K7X3P</p> <p>Applicant and Data Controller: University of Exeter</p> <p>Application Title: “A pragmatic cluster randomised controlled trial assessing the clinical- and cost-effectiveness of electronic risk-of-cancer assessment for patients in general practice (ERICA)”</p> <p>Observer: Joe Lawson</p> <p>Application: This was a new application.</p>	

NHS England were seeking advice on the following points:

1. Any concerns relating to GP codes being returned at a record-level by NHS England to the University of Exeter?
2. Whether AGD agree with the analysis undertaken in respect of data controllership, specifically regarding to the other Universities names as part of the Trial Steering and Monitoring Committee?
3. Whether AGD agree with the statement that the data is being used for a Clinical Trial, rather than a 'service evaluation' or other 'research'?

Should an application be approved by NHS England, further details would be made available within the [Data Uses Register](#).

Outcome of discussion: AGD advised that significant concerns had been identified within those points and that further consideration should be given before the access (dissemination / release) of data proceeds.

In response to point 1:

5.3.1 AGD discussed GP codes being returned at a record-level by NHS England to the University of Exeter; and advised that they were broadly comfortable with this.

5.3.2 AGD noted that the initial stage of the study was for the six major cancers (lung, colorectal, oesophago-gastric, bladder, kidney and ovarian cancer), and noted no concerns with this. The Group noted that the proposal is to extend the study to include other types of cancer, which would also inevitably include rarer types of cancers, which may lead to a risk of re-identification. The Group noted and commended NHS England on seeking advice from Health Research Authority Confidentiality Advisory Group (HRA CAG) on this point; and noted that whilst the risks were low, due to the outputs being small numbers suppressed; suggested that NHS England satisfy itself that they were comfortable with this.

5.3.3 AGD noted GP practices were recruited into the study, and therefore gave their agreement to participate; however, suggested that the applicant consider whether there should be some wider engagement with the profession in respect of any findings, particularly noting that the publication being proposed links the results of the study to other data in the public domain, for example, with Care Quality Commission (CQC) ratings / other demographic data, which may not have any direct bearing on the uptake / use of the tool, but may inadvertently mislead the public on GP practice performance.

In response to point 2:

5.3.4 AGD noted the analysis undertaken in respect of data controllership, and noted concern that the Trial Steering and Monitoring Committee, that included a number of organisations, and appeared to be quite directive in its remit; and suggested that the applicant provide a clear justification as to why those organisations are not determining the purpose and means of processing in the study, and were therefore not considered joint Data Controllers, in line with [NHS England DARS Standard for Data Controllers](#).

In response to point 3:

5.3.5 AGD noted and agreed with the statement that the data is being used for a Clinical Trial.

	<p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>5.3.6 AGD noted significant concerns on the applicant’s current transparency, and suggested that NHS England:</p> <p style="padding-left: 40px;">5.3.6.1 engage with the applicant on this point, to ensure sufficient transparency materials are published / available, including, but not limited to, on the study website and GP practices participating in the study; and</p> <p style="padding-left: 40px;">5.3.6.2 ensure that section 4(a) of the internal form / application was completed clarifying the transparency available.</p> <p>In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>5.3.7 AGD noted that prior to the meeting, an AGD independent member had raised a query with NHS England in respect of whether the applicant is relying on Data Security and Protection Toolkit (DSPT). AGD thanked NHS England for the response, but suggested that NHS England satisfy itself that the relevant DSPT will cover all processing, and specifically not just the servers.</p> <p>5.3.8 AGD noted in the documentation provided, that the protocol version reviewed by the ethics committee was different to the version submitted to the Group as part of this review; and suggested that NHS England satisfies itself that there are no material differences between the different versions, and therefore the ethics support remains to be in place.</p> <p>5.3.9 AGD noted in the benefits outlined, that NHS England was tasked with taking on responsibility for the use of the outputs of the study; and suggested that:</p> <p style="padding-left: 40px;">5.3.9.1 NHS England satisfies itself that they are content with taking on this task; or</p> <p style="padding-left: 40px;">5.3.9.2 if NHS England are not comfortable with taking on this task, that this is updated as may be appropriate.</p> <p>5.3.10 AGD noted that no commercial benefit was stated in the internal form / application, however, noted in section 5(c) that there was an intention to licence technology overseas; and suggested that in line with NHS England DARS Standard for Commercial Purpose, the internal form / application was reviewed and updated as may be appropriate to reflect the correct / factual information.</p> <p>5.3.11 AGD noted the reference to the involvement of PhD students in the protocol provided; and suggested that the internal form / application was updated as appropriate, to clarify the role of the PhD students and what access they may have to the data.</p>	
5.4	<p>Reference Number: NIC-744520-T5J2D</p> <p>Applicant and Data Controller: University of Newcastle Upon Tyne</p> <p>Application Title: “Partnership for Workforce Sustainability in Underserved Areas: Exploring challenges to workforce sustainability in general practice”</p> <p>Observer: Azeez Oladipupo</p>	

	<p>Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 26th February 2026.</p> <p>Application: This was a new application.</p> <p>NHS England were seeking advice on the following points:</p> <ol style="list-style-type: none"> 1. Whether the previous points of AGD advice have been adequately addressed. 2. Any advice from Clinical colleagues. <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>Outcome of discussion: AGD advised that significant concerns had been identified within those points and that further consideration should be given before the access (dissemination / release) of data proceeds.</p> <p>5.4.1 AGD reviewed the responses to the points raised at the AGD meeting on the 26th February 2026, and commended the work undertaken by NHS England and the applicant in addressing most of the points.</p> <p>5.4.2 In response to the previous point raised in respect of potential identification of individuals (previous point 5.4.1), the Group noted that it was still unclear about the use of the organisation codes during the analysis, noting that the applicant has stated that it is needed for the initial and analysis and possibly for future analysis; and suggested that:</p> <ol style="list-style-type: none"> 5.4.2.1 further clarity was provided on when the organisation code is needed; 5.4.2.2 why the organisation code needs to be retained; 5.4.2.3 If the organisation code does not need to be retained, when and how it will be destroyed; and 5.4.2.4 NHS England consider requesting that the organisation code is destroyed once the analysis his complete, noting there is not currently a strong case to retain this. <p>5.4.3 AGD noted that at they had previously suggested that the applicant undertake some professional engagement (previous point 5.4.2), to understand any issues that professionals may have as part of the publication of any results; and to provide information to professionals on the balance between possible re-identification versus the expected benefits. The Group recognised that an activity has been undertaken, and whilst no major concerns / issues were raised, noted concerns that this did not have a broad / deep enough ambition in exploring substantive issues on this data use. The Group suggested that:</p> <ol style="list-style-type: none"> 5.4.3.1 the applicant clarifies how they are going to collate / address the views of a broad range of parties; 5.4.3.2 the applicant ensures that views are sought across all staff groups, including, but not limited to, administrative staff; and 5.4.3.3 once the engagement exercise is complete, the applicant should be clear as to how they are going to mitigate any of the concerns raised, in the study design. 	
5.5	Reference Number: NIC-667559-J3L9G-v2.4	

Applicant and Data Controller: University of Bristol

Application Title: "Evaluating Clinical Outcomes in Hip, Knee, Foot, and Ankle Surgery"

Observer: Dan Goodwin

Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 16th January 2025 and the 23rd March 2025.

Linked applications: This application is linked to NIC-767681-R8J9N.

Application: This was an amendment application.

NHS England were seeking advice on the following points:

1. Whether AGD would advise that this is a low-risk approach (and hence could be covered under a precedent) in the scenario provided, noting in particular the original work being 'research' (with appropriate ethics consideration) and that no additional data is being requested as a result of the re-running of the analysis?
2. Whether that advice would change if: **a)** the repeated analysis were to be published (or not); and / or **b)** the requestor had a potential commercial interest (or not)?

Should an application be approved by NHS England, further details would be made available within the [Data Uses Register](#).

Outcome of discussion: AGD noted that it was responding to NHS England's request for advice on specific points, and did not identify any major concerns in those areas.

In response to point 1:

5.5.1 AGD noted the specific point of advice from NHS England but that the discussion had taken a different direction, and they had not specifically responded to this point.

In response to point 2:

5.5.2 AGD noted that this application was for an amendment to the existing application, where the applicant is requesting permission to re-run existing analyses, using the latest data that they have available, at the request of a third party. AGD advised that in principle they supported the proposed approach, if:

5.5.2.1 the applicant could demonstrate that they meet the [NHS England DARS Standard for Commercial Purpose](#), in particular that the commercial interests are proportionately balanced with the benefits to the health and social care system; and

5.5.2.2 the updated commercial purpose is clearly stated in the internal form / application.

In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review:

5.5.3 AGD noted in the internal form / application that the applicant may offer consultancy services more broadly in the future; and advised that the applicant would be expected to demonstrate that:

	<p>5.5.3.1 they have a robust process, to ensure that any future commercial use is also able to meet the NHS England DARS Standard for Commercial Purpose; and</p> <p>5.5.3.2 this can be audited in a robust way.</p>	
6 INTERNAL DATA DISSEMINATION REQUESTS:		
<i>There were no items discussed</i>		
7 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL		
<i>There were no items discussed</i>		
8 OVERSIGHT AND ASSURANCE		
<i>There were no items discussed</i>		
9 AGD OPERATIONS		
9.1	<p>AGD ways of working</p> <p>The Group were advised that the AGD Chair was in the process of having 1-2-1 discussions with AGD members / delegates, to discuss / seek views on the proposed AGD new ways of working.</p>	
9.2	<p>AGD Stakeholder Engagement</p> <p><i>There were no items discussed</i></p>	
9.3	<p>AGD Project Work</p> <p>NIC-762279 Project work request (Presenter: Garry Coleman)</p> <p>The Group noted that as discussed at the AGD meeting on the 16th April 2026, NHS England were seeking additional support on this out of committee on NIC-762279-Q6S6T (University of Newcastle Upon Tyne), that was last discussed at the AGD meeting on the 22nd January 2026. The Group noted that as per process, expressions of interests were being sought from AGD independent members following the meeting, and a further update would be provided on this in due course.</p>	
10 Any Other Business		
10.1	<p>UK Biobank</p> <p>The NHS England SIRO Representative drew the Group’s attention to the statement made in the House of Commons, by the Rt Hon Ian Murray MP, Minister of State (Minister for Creative Industries, Media and Arts) and Minister of State (Minister for Digital Government and Data); in respect of the UK Biobank data incident. The Group were advised that they would be kept informed of updates as appropriate.</p> <p>AGD noted and thanked the NHS England SIRO Representative for the timely update.</p> <p>The Group welcomed the approach that NHS England had taken to informing its independent advisory group, and appreciated the complexity of the issues involved. AGD noted the potential for broader discussions on data access, and emphasised that it would be willing to provide independent advice and assurance to NHS England, either in relation to specific queries or more broad policy discussions.</p>	

	The Group looked forward to being involved at appropriate points, whether in committee or separately.
10.2	<p>NHS England Data Access Request Service (DARS) internal form / application form</p> <p>AGD noted that following the presentation to the Group on the 26th February 2026 to discuss the NHS England DARS internal form / application form, the Group had now started to receive revised forms for discussion in-meeting.</p> <p>The Group noted some additional suggestions for updates / amendments to the form for DARS consideration, including but not limited to consistent colour coding, removing sections that are not applicable, being clear with regard to the security assurance, clearer narrative around data controllership discussions, and clearer narrative around consent reviews.</p>
<p>Meeting Closure</p> <p>As there was no further business raised, the Chair thanked attendees for their time and closed the meeting.</p>	