Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 26th March 2026

09:00 – 15:50

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	**Role:**
Dr. Arjun Dhillon (AD)	NHS England member (Caldicott Guardian Team Representative
Dr. Jon Fistein (JF)	AGD independent member (Chair)
Liz Gaffney (LG)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman)) (**Presenter**: item 4.2)
Prof. Jo Knight (JK)	AGD independent member (Specialist Academic / Researcher Adviser)
Andrew Martin (AM)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore))
Dr. Mark McCartney (MM)	AGD independent member (Specialist GP / Clinician Adviser)
Jenny Westaway (JW)	AGD independent member (Lay Adviser) (not in attendance for part of items 4.1 and 5.1)
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	**Role / Area:**
Garry Coleman (GC)	NHS England SIRO Representative
Dave Cronin (DC)	Applications Service Owner, Data Access and Partnerships, Transformation Directorate (**Presenter / Observer**: item 4.3)
Claire Edgeworth (CE)	Head of Strategic IG – Consultancy, Information Governance and Ethics Lead, Data for R&D Programme (**Presenter / Observer**: item 4.3)
Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
Denise Pine (DP)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 5.4)
Emma Whale (EW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 5.3)

AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS NOT IN ATTENDANCE:	
Name:	**Role / Area:**
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Mr Christopher Barben (CB)	AGD independent member (Specialist Clinician Adviser)
Michael Chapman (MC)	NHS England member (Data and Analytics Representative)
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser)
Dr. Robert French (RF)	AGD independent member (Specialist Academic / Statistician Adviser)
Kirsty Irvine (KI)	AGD independent member (Lay Adviser)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)
Dr. Jonathan Osborn (JO)	NHS England member (Caldicott Guardian Team Representative)
Miranda Winram (MW)	AGD independent member (Lay Adviser)

1	**Welcome and Introductions:** The AGD Chair welcomed attendees to the meeting. AGD noted that there was an equal number of AGD independent members (three) and AGD NHS England members (three) in attendance for part of items 4.1 and 5.1. The NHS England SIRO representative stated that should AGD members be required to vote on any issues in the meeting, then one AGD NHS England member would be asked to not participate, to ensure the appropriate balance of votes, i.e. that the majority was by AGD independent members. The Group noted and agreed with this proposal. Noting that the AGD Terms of Reference state that *"The **majority** of the members of the Group or Sub-Group involved in any meeting **should** be independent members…"*, the Group agreed that the meeting was still quorate for **all** agenda items and agreed to proceed on that basis.
2	**Review of previous AGD minutes:** The minutes of the AGD meeting on the 19th March 2026 were reviewed and, after minor amendments, were agreed as an accurate record of the meeting.
3	**Declaration of interests:** Dr. Jon Fistein noted a professional link to the University of Oxford but noted no specific connections with the application (NIC-763031-W3L6K - The University of Manchester), and it was agreed that this was not a conflict of interest.

	Prof. Jo Knight noted a professional link to the applicant of NIC-763031-W3L6K (The University of Manchester), but noted no specific connection with the application or other staff involved, and it was agreed that this was not a conflict of interest. Prof. Jo Knight noted a professional link to two of the 'protocol contributors' of NIC-786513-X5K6V (University of Newcastle Upon Tyne), but noted no specific connection with the application or other staff involved, and it was agreed that this was not a conflict of interest. Prof. Jo Knight noted that she had some involvement with the subject matter of item 4.3 (Regional Secure Data Environment (RSDE)), through her Lancashire and South Cumbria NHS Secure Data Environment role. It was agreed this did not preclude Prof. Knight from taking part in the discussion. Dr. Mark McCartney noted a potential conflict with the 'OpenSAFELY' applications (NIC-796481-P7K2M, NIC-763031-W3L6K and NIC-799677-Z7J9L) as part of his clinical role. It was agreed this did not preclude Dr. McCartney from taking part in the discussion about this application. Dr. Arjun Dhillon noted a potential conflict with the 'OpenSAFELY' applications (NIC-796481-P7K2M, NIC-763031-W3L6K and NIC-799677-Z7J9L) as part of his clinical role. It was agreed this did not preclude Dr. Dhillon from taking part in the discussion about this application. The AGD members / delegates in attendance, noted a professional link to NIC-799677-Z7J9L (NHS England); they all confirmed that they had no additional knowledge / engagement with the application, and it was agreed that the application would be discussed / reviewed as per usual process and that this was not a conflict of interests.	
4 BRIEFING PAPER(S) / DIRECTIONS:		
4.1	**Title:** OpenSAFELY Briefing AGD noted that at the AGD meeting on the 12th March 2026, as part of the discussion on NIC-796483-W5L5N and NIC-796485-J3L4P (University of Oxford), a number of comments had been raised in respect of OpenSAFELY, that would be relevant to other OpenSAFELY applications. The briefing provided to the Group was an update for information, on the response to some of the points made on the 12th March 2026; and to support the review of NIC-796481-P7K2M, NIC-763031-W3L6K and NIC-799677-Z7J9L (items 5.1 to 5.3). **Outcome of discussion:** AGD welcomed the briefing and made the following observations / comments: **4.1.1** AGD noted and thanked NHS England for the update, and advised that they would welcome any further updates in due course. AGD provided the following observations / comments, separate to the briefing: **4.1.2** The NHS England SIRO Representative advised that work would be undertaken out of committee with NHS England's Data Access Request Service (DARS); to review current information within OpenSAFELY applications and what the Group would expect to see going forward to support any future review of OpenSAFELY applications.	SIRO Rep / D&A Rep
4.2	**Title:** NHS England Secure Data Environment (SDE) Briefing **Presenter:** Liz Gaffney	

	Previous Reviews: Previously discussed at the AGD meetings on the 20th November 2025, 24th July 2025 and the 20th June 2024. AGD were provided with an overview of the latest information on the NHS England SDE, including, but not limited to, an update on the SDE service update; 'bring your own data' high level process map; the SDE contract update; and work in progress. **Outcome of discussion:** AGD welcomed the briefing and made the following observations / comments: **4.2.1** AGD noted and thanked NHS England for the briefing, and advised that they would welcome a further update on this programme of work in due course.	
4.3	**Title:** Regional Secure Data Environment (RSDE) Precedent – Briefing Paper **Presenters:** Dave Cronin and Claire Edgeworth This briefing paper outlined the criteria for a proposed Precedent, to allow NHS England to approve requests from, and enter into Data Sharing Agreements (DSA) with the Data Controllers of RSDEs who can adopt the model set out in NIC-759333-B8J2D (Oxford University Hospitals NHS Foundation Trust) discussed at the AGD meeting on the 26th February 2026. NHS England were seeking advice on the following points: 1. Advice and 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:** **4.3.1** NHS England advised the Group that a 'qualifying criteria' point was missing from the draft RSDE Precedent provided, and advised that the following had been included in an updated version *"The DSA shall only permit flows of datasets which DAS has verified are within the scope of the Regional SDE's section 251 support"*. The Group noted and thanked NHS England for the update. **4.3.2** In addition to the update outlined above (4.3.1), AGD suggested that the following updates were made to the 'qualifying criteria' and 'exclusion criteria' in the draft RSDE Precedent: **4.3.2.1** the 'qualifying criteria' was updated to state that there must be a benefit to health and care; and **4.3.2.2** the exclusion criteria was updated to include the involvement of 'multiple organisations'. **4.3.3** AGD noted the content of the draft RSDE template, and suggested that further work was undertaken to develop the template, including, but not limited to: **4.3.3.1** the addition of special conditions; **4.3.3.2** the addition of sub-licensing information; **4.3.3.3** wording to cover what is permitted around any commercial purposes;	

	4.3.3.4 consideration of what would be expected in terms of patient and public involvement and engagement (PPIE); **4.3.3.5** a review of the expected benefits in line with the RSDE strategy document, to ensure they were suitable, for example specifically related to the RSDE as opposed to the national SDE; **4.3.3.6** to review / update the language throughout to ensure information is as clear and specific as possible; and **4.3.3.7** notwithstanding the additional qualifying criteria outlined in 4.3.1, that the template be reviewed so that it would be suitable for other varying scopes of s251 support, for instance where support has been given for research purposes only or where broader processing activities are also supported. **4.3.4** AGD also suggested that to align with other DSAs, the draft RSDE template was updated so that either: **4.3.4.1** the work outlined aligned with NHS England DARS standards and referenced for transparency; **or** **4.3.4.2** that it was clear where work did **not** align with NHS England DARS standards. **4.3.5** In respect of the rollout process the Group suggested that NHS England seek the advice of an AGD independent member out of committee, to support with this work; **prior** to the template being tested with a RSDE as a 'first of type'; and evaluated before being rolled out to wider RSDEs that meet the relevant criteria. **4.3.6** AGD suggested that as part of the contextual work, that clarity was provided advising how this templated approach worked alongside other controls in place for RSDE, for example, the accreditation process; and that this was not seen as an alternative to other processes.	
4.4	**Title:** Information Governance (IG) arrangements for the new Integrated Care Boards (ICB) **Presenter:** Louise Dunn Noting the imminent changes to the ICBs from the 1st April 2026, AGD were provided with a brief overview of the information governance arrangements for the new ICBs. **4.4.1** The Group were advised that NHS England were working closely with ICBs to ensure that the appropriate IG arrangements were in place for the new ICBs, for example, ensuring all new ICBs have a new Data Sharing Framework Contract (DSFC). **4.4.2** NHS England noted that as ICBs evolve and set-up new structures, that there may be additional updates to address, for example, changes to Data Processors. **4.4.3** AGD noted that in addition to the organisational changes, there would be a significant change in personnel following headcount reduction across ICBs; and that this posed a number of risks, so a continued close working relationship between NHS England and ICBs was essential moving forward. **4.4.4** AGD suggested that to further support this area of work, the Group could ensure that this is captured as part of the AGD oversight and assurance remit of work.	

	4.4.5 AGD noted and thanked NHS England for the update provided, and looked forward to a further update at the AGD meeting on the 30th April 2026.	
5 EXTERNAL DATA DISSEMINATION REQUESTS:		
5.1	**Reference Number:** NIC-796481-P7K2M **Applicant and Data Controller:** University of Nottingham **Application Title:** "Impact and Safety Evaluation of Pharmacy First" **Application:** This was a new application. **Previous Reviews:** The application and relevant supporting documents were reviewed by the Profession Advisory Group (PAG) on the 20th March 2026. NHS England were seeking advice on the following points, including general advice on any other aspect of the application: 1. Does AGD support the proposed use of OpenSAFELY for the specified purpose? 2. Is there sufficient granularity / detail within the application 3. Whether AGD would highlight an specific points in relation to the points to the Profession Should an application be approved by NHS England, further details would be made available within the Data Uses Register. The Group had been provided with a curated set of documentation and would be providing observations based on these documents. **Outcome of discussion:** AGD were supportive of the application and wished to draw to the attention of the SIRO the following comments: **In response to points 1 to 3:** **5.1.1** AGD noted that the 'Profession Advisory Group' (PAG) had reviewed the application as per process (please see **Appendix A**). The Group noted the directive nature of the PAG comments and suggested that NHS England satisfied itself that the consequences of any updates / changes to the work outlined following the PAG review / comments were clearly outlined in the form / application. **5.1.2** AGD suggested that NHS England satisfy itself that the applicant provide greater clarity in the application and in subsequent outputs on the following: **5.1.2.1** how it will take steps to avoid on potential bias in the outputs, noting the application appeared to include a presumption of success / benefits of the Pharmacy First (PF) service; and **5.1.2.2** any potential limitations of the conclusions from the work being undertaken. **5.1.3** Noting that the Group had been asked to review an OpenSAFELY form / application which did not include details of exactly what data would be used to run the queries, AGD advised that it had been difficult to determine whether the datasets being used, would be sufficient to achieve the objectives; and suggested that this could be addressed as part of any limitations being outlined (see point 5.1.2.2).	

	5.1.4 AGD suggested that the Annual Compliance Report (ACR) special condition was added to the form / application, if this was a requirement of NHS England for OpenSAFELY applications. **5.1.5** AGD noted the importance of the proposed work, and were supportive of OpenSAFELY being used to support this purpose. **5.1.6** No AGD member noted a direct commercial aspect to the application. However, the Group noted that the findings of the proposed work could have indirect commercial implications, as they may affect funding arrangements between GPs and pharmacists.	
5.2	**Reference Number:** NIC-763031-W3L6K **Applicant and Data Controller:** The University of Manchester **Application Title:** "OpenPREGnosis-Longitudinal: Expanding and Validating Pregnancy Identification Algorithms" **Previous Reviews:** The application and relevant supporting documents were reviewed by the Profession Advisory Group (PAG) on the 20th March 2026. **Application:** This was a new application. NHS England were seeking advice on the following points, including general advice on any other aspect of the application: 1. Does AGD support the proposed use of OpenSAFELY for the specified purpose? 2. Whether AGD would highlight any specific points in relation to the points to the Profession 3. Whether the role of the University of Oxford is sufficiently explained Should an application be approved by NHS England, further details would be made available within the Data Uses Register. The Group had been provided with a curated set of documentation and would be providing observations based on these documents. **Outcome of discussion:** AGD were **not** supportive of the application **at this time** and wished to draw to the attention of the SIRO the following substantive comments, and suggested that the application be brought back to a future meeting: **In response to points 1 to 3:** **5.2.1** AGD noted that 'Profession Advisory Group' (PAG) had reviewed the application as per process (please see **Appendix B**). The Group noted the directive nature of the PAG comments and suggested that NHS England satisfied itself that the consequences of any updates / changes to the work outlined following the PAG review / comments were clearly outlined in the form / application. **5.2.2** AGD queried the role of the University of Oxford; and suggested that: **5.2.2.1** NHS England explore this further with the applicant, noting that OpenSAFELY is built, managed and maintained by the Bennett Institute at the University of Oxford, who are specifically named in the form / application; and **5.2.2.2** the internal form / application was updated as may be required to reflect the correct / factual information.	

	5.2.3 AGD were concerned about the open-ended scope to potentially expand the work outlined; and suggested that: **5.2.3.1** NHS England explore this further with the applicant, to determine exactly what is being proposed under this iteration of the form / application in line with the protocol and ethics review; and **5.2.3.2** the internal form / application was updated as may be required to reflect the correct / factual information. **5.2.4** AGD noted that 'pregnancy' was a protected characteristic as outlined in the Equality Act 2010, and suggested that NHS England engage with the applicant, to ensure they are aware that a further assessment may be required in respect of this, for example, further discussions with the Health Research Authority Research Ethics Committee. **5.2.5** No AGD member noted a commercial aspect to the application.	
5.3	**Reference Number:** NIC-786513-X5K6V **Applicant:** University of Newcastle Upon Tyne **Data Controllers:** University of Newcastle Upon Tyne and The Newcastle Upon Tyne Hospitals NHS Trust **Application Title:** "Using artificial intelligence (AI) to characterize the dynamic inter-relationships between MUltiple Long-term condiTIons and PoLYpharmacy and across diverse UK populations and inform health care pathways (AI-MULTIPLY)" **Observer:** Emma Whale **Application:** This was a new application. NHS England were seeking advice on the following points, including general advice on any other aspect of the application: 1. Whether the application takes sufficient account of NHS North of England Commissioning Support Unit (NECS) legal status, given that NECS is not a separate legal entity and is part of NHS England. 2. Whether there is sufficient evidence provided to support the generation of the cohort by NECS (NHS England) using other data (including GP data). 3. In the light of 1 and 2, whether the description of processing is sufficiently accurate / transparent. 4. Whether NHS England has taken sufficient account of risks around the generation and use of AI models, including whether any specific controls at particular controls should be considered. 5. Whether Queen Mary of London (QMUL) are a joint Data Controller. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Outcome of discussion:** AGD were **not** supportive of the application **at this time** and wished to draw to the attention of the SIRO the following substantive comments, and suggested that the application be brought back to a future meeting: **In response to points 1 to 5:**	

	5.3.1 AGD noted that there would be a change in Data Processor, due to the imminent closure of NHS North of England Commissioning Support Unit (CSU); and that further detail would need to be provided on this outstanding point. The Group advised that there was a lack of clarity on the relationship between the organisations both as it currently stands and as things change moving forward, and requested that further information was provided on: **5.3.1.1** who are the Data Controllers; **5.3.1.2** what is the relationship between the role NHS North of England Commissioning Support Unit (CSU) is currently undertaking and NHS North East and North Cumbria Integrated Care Board; **5.3.1.3** the role of Queen Mary of London (QMUL) in line with NHS England DARS Standard for Data Controllers, noting that the Co-Lead is based at QMUL; and **5.3.1.4** the impact any new arrangements / updates on the s251 support. **5.3.2** AGD discussed the cohorts, and suggested that further clarity was provided on: **5.3.2.1** who is generating the cohorts; and **5.3.2.2** the legal basis for this. **5.3.3** AGD suggested that once the new organisational arrangements, roles and responsibilities and data flows had been agreed / established; NHS England should satisfy itself that Health Research Authority Confidentiality Advisory Group (HRA CAG) is content and the existing s251 support aligns with any proposed changes / updates. **5.3.4** AGD queried how the data would be processed, noting in SD2.0 the mention of encrypted NHS mail and, noting that this was not considered best practice, suggested that NHS England explore this further with the applicant. **5.3.5** AGD discussed the use of AI as outlined in the form / application, and noted that this appeared to be using a more traditional machine learning model, rather than a generative model, which raised fewer concerns. The Group did however note that there was a potential proposal to allow access to the research data beyond the existing project, and suggested that NHS England ensure there are appropriate safeguards in place to ensure that any further use is assessed appropriately, for example, by setting out what would be required in a special condition. **5.3.6** Noting the project had received National Institute for Health and Care Research (NIHR) funding in 2022, that this was only in place until the 31st March 2026, and that this application had been submitted to NHS England in November 2025; the Group suggested that NHS England engage with the applicant , to ensure that this would not cause any issues with the work outlined. **5.3.7** No AGD member noted a commercial aspect to the application.	
5.4	**Reference Number:** NIC-628636-Y3B1N **Applicant:** Addenbrookes Hospital **Data Controllers:** Cambridge University Hospitals NHS Foundation Trust (CUH) and University of Cambridge	

	Application Title: "BROCADE: BReast cancer OutComes from Addenbrooke's data Evaluation" **Observer:** Denise Pine **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 19th February 2026. **Application:** This was a new application. NHS England were seeking advice on the following points, including general advice on any other aspect of the application: 1. Whether the previous points of advice have been adequately addressed. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Outcome of discussion:** AGD were supportive of the application and wished to draw to the attention of the SIRO the following comments: **In response to point 1:** **5.4.1** AGD suggested that the form / application was updated to clarify whether it was being proposed that there would be several separate opt-outs e.g. local, for the Precision Breast Cancer Institute (PCBI), and the National Data Opt-out (NDO), and if so: **5.4.1.1** how the local opt-out would be applied and by whom; **5.4.1.2** how the PBCI flagged opt-outs would be applied and by whom; and **5.4.1.3** how the NDO would be applied and by whom; **5.4.2** AGD noted and commended the work undertaken by NHS England's Data Access Request Service (DARS) and the applicant on the work undertaken to address the previous points raised by the Group effectively and efficiently. **5.4.3** No AGD member noted a commercial aspect to the application.	
6 INTERNAL DATA DISSEMINATION REQUESTS:		
6.1	**Reference Number:** NIC-799677-Z7J9L-v0.2 **Applicant and Data Controller:** NHS England **Application Title:** "Monitoring Prescribing Of Obesity Pharmacotherapy In Primary Care In England" **Previous Reviews:** The application and relevant supporting documents were reviewed by the Profession Advisory Group (PAG) on the 20th March 2026. **Application:** This was a new application. NHS England were seeking advice on the following points, including general advice on any other aspect of the application: 1. Does AGD support the proposed use of OpenSAFELY for the specified purpose? 2. Given the purpose of the work is stated as research, are there any specific ethical approvals that NHSE need to address before carrying out the work.	

3. Whether there is sufficient granularity / detail within the application.
4. Whether the clinical purpose outlined might require use or access to any other datasets in order for the purpose to be adequately met.

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

The Group had been provided with a curated set of documentation and would be providing observations based on these documents.

Outcome of discussion: AGD were supportive of the application and wished to draw to the attention of the SIRO the following comments:

In response to points 1 to 4:

6.1.1 AGD noted that 'Profession Advisory Group' (PAG) had reviewed the application as per process (please see **Appendix C**). The Group noted the directive nature of the PAG comments and suggested that NHS England satisfied itself that the consequences of any updates / changes to the work outlined following the PAG review / comments were clearly outlined in the form / application.

6.1.2 AGD noted that the form / application referred to the work being undertaken as *"research"*, however queried whether the work was in fact *"service evaluation"*. The Group suggested that:

6.1.2.1 NHS England discuss / clarify with the applicant whether the work was *"research"* or *"service evaluation"*; and

6.1.2.2 the form / application is updated to reflect the correct / factual information, in line with NHS England's DARS Standards.

6.1.3 AGD noted that there were no obvious ethical issues outlined in the form / application provided that would require a Research Ethics Committee review / approval.

6.1.4 AGD discussed whether the purposes outlined would require use or access to any other datasets beyond OpenSAFELY and advised that it was their view that the data in OpenSAFELY would be sufficient.

6.1.5 AGD noted that NHS England was the applicant and welcomed this application nonetheless being brought for independent review; and suggested that, to ensure NHS England are following the same process as other OpenSAFELY applications, NHS England seek independent reviews on similar applications as the OpenSAFELY service develops.

6.1.6 No AGD member noted a commercial aspect to the application.

7 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL

There were no items discussed

8 OVERSIGHT AND ASSURANCE

There were no items discussed

9 AGD OPERATIONS

9.1	**AGD ways of working** The AGD Chair noted that following the discussion at the AGD plenary meeting on the 19th March 2026, further work was being undertaken to **1)** draft the AGD team charter; and **2)** review the draft process document for the AGD Deputy Chair role; and that these would be shared with the Group as soon as possible. The Group discussed and agreed that in addition to the usual AGD plenary meetings, a half day AGD plenary meeting would be useful, to discuss the AGD ways of working, the proposed updated AGD Terms of Reference (item 9.2) and the AGD Annual Report 2025/26 (item 9.3); and this would provide all AGD members / delegates the opportunity to be in attendance for this discussion.
9.2	**AGD Terms of Reference (ToR):** AGD noted that, as discussed at the AGD meeting on the 19th March 2026 and the 5th March 2026, there was a requirement from NHS England to review and update the AGD ToR. The AGD Chair outlined that the process for approving the updated ToR would be confirmed, and that a first draft of the revised AGD ToR was in progress, and that this would be shared with the Group as soon as possible.
9.3	**AGD Annual Report 2025/26** In line with paragraph 8.1 of the AGD Terms of Reference that states that *"The Group will produce an annual report on its work… for the SIRO following the end of the financial year..."*. As previously discussed at the AGD plenary meeting on the 19th March 2026, the Group discussed the process / timeline for drafting the AGD Annual Report for 2025/26. The Group noted that the AGD Chair had briefly discussed the AGD Annual Report 2025/26 with NHS England's Director of Privacy and Information Governance; and that work was ongoing to determine the specific content of this prior to the report being drafted. The Group also noted the importance of the AGD Annual Report. The Group noted that a further update would be provided on this as soon as possible.
9.4	**AGD Stakeholder Engagement** *There were no items discussed*
9.5	**AGD Project Work** *There were no items discussed*
10 Any Other Business	
10.1	**Kirsty Irvine** AGD noted that the 31st March 2026 would be Kirsty's last date as an AGD member, noting that her last meeting as AGD Chair was on the 27th November 2025. The Group wished to extend their sincere thanks for her leadership and crucial contributions as Chair; and as a lay member over the last seven years during her tenure on IGARD and AGD.

10.2	**Opt-out public deliberation** The NHS England SIRO Representative advised the Group, that following the update from NHS England colleagues in January 2025 on the opt-out public deliberation, a further invite would be extended, to get an update on this programme of work. The Group noted and supported an update at a future AGD meeting on this work.	SIRO Rep / AGD Sec

Meeting Closure

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

Appendix A

Profession Advisory Group (PAG) Feedback Form - OpenSAFELY Pilot

(Out of Committee)

Meeting Details	
PAG advice sought by NHSE (via email) out of committee on:	6/3/2026
Date of PAG advice:	20/3/2026

Application Details			
NIC Reference:	DARS-NIC-796481 OpenSAFELY Ref: 4033	**Application version Number:**	V0
Applicant Organisation:	University of Nottingham		
Application Title:	Impact and Safety Evaluation of Pharmacy First		

Attendees		
Representing Organisation	**Name**	**Role**
British Medical Association (BMA)	Mark Coley	BMA Representative
Royal College of General Practitioners (RCGP)	Tom Nichols	RCGP Representative

Declarations of Interest
Dr Nichols provides a contract for service to PRIMIS, the GP data analytic unit at the University of Nottingham, and is a Clinical Advisor. He is an Associate of the University in that capacity, but does not have an employment contract. This application has been made by the University, and not PRIMIS, and Dr Nichols has no involvement with the relevant department or individuals.

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 welcomes research into the effectiveness of the Pharmacy First scheme.

From our clinical experience time is often spent educating the patient about the difference between viral and bacterial infections and the likelihood of antibiotic prescribing being effective. It would be interesting if there was a way of determining if such education paid off in terms of repeat visits for similar conditions, or whether an easier route to treatment via Pharmacy First (e.g the supply of antibiotics for which a dispensing fee would be available) changed patient behaviour in the longer term. The use of 417576009 | Deferred antibiotic therapy (situation) | in primary care has been stable in primary care for around the past 5 years, and is used 200,000 to 300,000 times per year although there is no standard to mandate or encourage its use. These data may help with interpretation if there are differences in trends, as well as the ease or lack thereof in understanding whether an immediate, deferred, or no-antibiotic prescription approach was taken, and whether PF has improved the data quality in population level record keeping in this regard.

We have anecdotal experience too of elevated blood pressure readings at pharmacies being found to be normal on repeat measurement in general practice. Though the hypertension case finding service is not strictly part of Pharmacy First an understanding of work generated and costs incurred by opportunistic testing

could be useful, especially if pharmacy footfall increases due to the existence of Pharmacy First.

An understanding of the funding system (and thresholds for triggering payments) for Pharmacy First should be understood as there will are financial incentives to optimise the numbers of patients seen.

Patients often self-present to Pharmacy First, though some practices direct patients after there has been initial contact with the GP practice. An understanding of this behaviour may be beneficial to research outputs.

Ethnicity is mentioned as one of the variables to be included in the research. We wish to advise the researchers that ethnicity is not always accurately captured in the GP record and NHS England has experience of combining secondary care sources of ethnicity data with the GDPPR (GPES Data for Pandemic Planning and Research) dataset, sourced from the GP record, to provide a more accurate record – this was used extensively during the pandemic. An understanding of how this NHS resource was created might be beneficial.

We would like to draw the author's attention to the concerns raised by the Four Nations Joint GP IT Committee regarding the validity of the coding model (choice of codes) and information model (how the codes are used) in Pharmacy First, which is a matter of public record, as well as the difficulty encountered by the service when patients were incorrectly recorded as being pregnant. It remains the publicly stated position of the Joint GP IT Committee that it cannot reassure the profession or public that the coding and information model are fit for purpose, and that further work is required.

While these issues are politically sensitive, as the first-of-type implementation of the GP Connect: Update Record system and first-of-type approach to code and information model selection are reflected in the data sent since the go-live of the service, the quality of the data are of national importance to consider, with such questions as to the observed effect on codification of health concepts such as diagnoses etc in patients who attended Pharmacy First for these conditions, as opposed to those who did not. The authors may be interested in particular to review the codification of pregnancy.

This study is strategic according to the Quintuple Aims for Health Care Improvement as defined by the Institute of Healthcare Improvement:

1 – it has a strong focus on identifying the evidence to support whether the service is demonstrating improvements in population health

2 – by identifying and contrasting outcomes for patients, it may be used to interpret patient experience of health care such as the delay between symptoms and definitive treatment, balanced against any potential risk of harmful experiences through channel shift.

3 – there will always be unintended consequences of channel shift in healthcare. In terms of the experience of working in general practice, the loss of continuity and holism when reallocating low intensity health issues away from general practice to

other services is reported to us as a concern because it has the potential to reduce the meaningful relationships with patients that are built from providing holistic care. Therefore, any evidence-base that approaches quantifying whether the effects of channel shift are valuable for policy review.

4 – cost effectiveness is a clear focus of the study

5 – advancing health equity is approached through a clear focus on connecting variables to relevant demographics

Appendix B

Profession Advisory Group (PAG) Feedback Form - OpenSAFELY Pilot

(Out of Committee)

Meeting Details	
PAG advice sought by NHSE (via email) out of committee on:	6/3/2026
Date of PAG advice:	20/3/2026

Application Details			
NIC Reference:	DARS-NIC-763031 OpenSAFELY Ref: 38c2	**Application version Number:**	V0
Applicant Organisation:	University of Manchester		
Application Title:	OpenPREGnosis-Longitudinal: Expanding and Validating Pregnancy Identification Algorithms for Non-COVID Research in OpenSAFELY		

Attendees		
Representing Organisation	**Name**	**Role**
British Medical Association (BMA)	Mark Coley	BMA Representative
Royal College of General Practitioners (RCGP)	Tom Nichols	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 to stress test and refine existing methods of identification of pregnancies within the medical record so further research can occur on maternal and foetal health, as well as the high-risk codable concepts that can inform antenatal care.

PAG also welcomes the planned openness with the research outputs.

We wish to remind the researchers that ethnicity is not always accurately captured in the GP record and NHS England has experience of combining secondary care sources of ethnicity data with the GDPPR (GPES Data for Pandemic Planning and Research) dataset, sourced from the GP record, to provide a more accurate record – this was used extensively during the pandemic. An understanding of how this NHS resource was created might be beneficial.

We would also wish to make researchers aware that signs of early pregnancy, or plans to conceive could be highlighted by the prescribing of folic acid (with the higher 5mg strength possibility suggestive of a perceived higher risk) but that prescriptions are not always issued if a) the GP does not know of the pregnancy early on, or b) the mother is already sourcing her own folic acid. These may be things the researchers have already considered but this advice is offered from our clinical experience. Pregnancy is usually coded once known but this is likely to be clinician dependent.

We applaud the intention to make the identification algorithm open source on publication, to allow socialisation of the information model.

To secure a strong position for the published model, great care should be taken to identify the detailed metadata around the components of the algorithm such as the code lists. The most mature metadata will include clear plain-language definitions of the intention of each code list, with methodology including inclusion criteria and exclusion criteria used during code selection, which tooling was used, the intended use-case and intended do-not-use case, as well as a recommendation on the maintenance cycle of each component.

This is of particular value because the selection of codes and information model to identify depends upon the precise use-case. For example, when identifying a population to screen for possible current pregnancy with high risks that may require active management will prioritise a broad range of codes and the use of Active codes in SNOMED, to ensure sensitivity in pregnancy detection (because the priority is to not miss a case) and a high negative predictive value (so if the patient is not identified, they are not missed). By contrast, where uptake of immunisation in pregnancy from historical data should have a narrow selection of codes, prioritising positive predictive value at the expense of losing some patients through false negative returns, and must necessarily include Inactive SNOMED concepts. The precise use-case of this algorithm determines the codes therefore, and so exposing the metadata will promote evolution in line with its intended use, and reduce the risk of accidental misuse by lack of clarity as to its function.

We are pleased to see the inclusion of data quality and consistency examination in the coding patterns. The authors should consider that in general terms General Practice use data entry templates for much of antenatal care (in particular for new pregnancies, routine antenatal visits, deliveries and post-natal visits). These templates may be system-supplier developed, proprietary from companies supplying them to individual practices or regional health authority estates, or practice grass-roots templates. It may be valuable to understand which codes are being used by the system-supplier and proprietary models, to help evaluate whether there is evidence that those templates are associated with better data quality or not.

25721000000107 | Template entry - EHR composition type (record artifact) | is a code which appeared 35 million times in the most recent audit year of public SNOMED code use data from primary care, and it shows a linear upwards trajectory since it was first used in Oxfordshire systematically by the Oxfordshire Clinical Commissioning Group and was later adopted by proprietary systems. Where it appears in a medical record in the same consultation as a pregnancy-related code, it indicates that a data entry template was used during that consultation (and highly likely that it was a professionally authored data entry template), This important breadcrumb may help the authors connect patterns in data quality, and allow comment on whether there is or is not any clear association between accurate coding of pregnancy, and professional data entry templates.

This study approaches several of the Quintuple Aims for Health Care Organisation from the Institute of Healthcare Improvement:

Improving population health

Improving patient experience – pregnancy and pregnancy-associated conditions are a key concern for the public, and the effects of preventable morbidity and mortality have a proportionate effect on society.

Improving experience for health care workers – machine-readable pregnancy is critical for prescribing safety, as well as the systematic approach to antenatal care out of hospital. Therefore, any measures which improve the correct identification of true pregnancy are highly valuable for patients safety, and thereby, clinician confidence. Conversely, any failure to correctly record the end of a pregnancy in a machine-readable way undermines safety in different ways – a patient may not have the optimal treatment for someone who is not, or is no longer pregnant, including harms caused to those who have miscarried or had another premature end to their pregnancy with fetal loss such as being called for investigation, routine care or immunisation, which can be grossly insensitive. Thought should therefore be given as to whether pregnancy outcomes are recorded, and how they are recorded i.e were they templated or not, and where they within consultation 'wrappers' that indicate coding was done via third party applications such as electronic document transfer. These issues may help the authors reflect on whether information standards to encourage the transfer of structured data into primary care (such as using the GP Connect: Update Record system) could be used to improve any gaps in data quality, if used to reliably transfer codable pregnancy outcomes.

Advancing health equity – there is a strong focus in this paper, that is applauded.

Appendix C

Profession Advisory Group (PAG) Feedback Form - OpenSAFELY Pilot

(Out of Committee)

Meeting Details	
PAG advice sought by NHSE (via email) out of committee on:	6/3/2026
Date of PAG advice:	20/3/2026

Application Details			
NIC Reference:	DARS-NIC-799677 OpenSAFELY Ref: 86be	**Application version Number:**	V0
Applicant Organisation:	NHS England		
Application Title:	Monitoring Prescribing Of Obesity Pharmacotherapy In Primary Care In England		

Attendees		
Representing Organisation	**Name**	**Role**
British Medical Association (BMA)	Mark Coley	BMA Representative
Royal College of General Practitioners (RCGP)	Tom Nichols	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 / No

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 research, particularly in light of recent NICE guidance and the future large cohort of patients who will become eligible for weight loss treatment in the coming years.

PAG also welcomes the planned openness with the research outputs.

Ethnicity is mentioned as one of the variables to be included in the research. We wish to advise the researchers that ethnicity is not always accurately captured in the GP record and NHS England has experience of combining secondary care sources of ethnicity data with the GDPPR (GPES Data for Pandemic Planning and Research) dataset, sourced from the GP record, to provide a more accurate record – this was used extensively during the pandemic. An understanding of how this NHS resource was created might be beneficial.

Many patients have sourced weight loss medicines (such as Monjaro/Tirzepatide a GLP-1 receptor agonist) privately and these may or may not feature in the GP medical record. Many practices, however, code the supply of such medicines as a 'hospital issue' on the medicines screen so clinicians are aware that the patient is taking such a medicine. What is recorded is a more of a flag that the patient is taking this medicine and the recorded dose is likely to be indicative only (but will still trigger safety alerts when prescribing). It may be difficult to draw conclusions as to how many prescriptions have been issued privately. One would presume complication rates in patients receiving treatment privately would be similar to those of patients receiving NHS treatment, however the latter cohort would have a

more comprehensive prescribing record and researcher may wish to bear this in mind.

We are aware that the delivery of these treatments through primary care is expected to increase, and so the author's appraisal of data quality current and projected is highly valuable. The criteria for eligibility, and the procedural landmarks such as initiation, dose titration of treatment etc as codable concepts are not yet a digitally mature set of codable ideas, and we are aware of concerns expressed by primary care and the suppliers of primary care systems such as foundation systems and add-ons such as proprietary data entry tools about the paucity of coding options to capture the necessary data elements. If the authors identify this as a quantifiable or qualifiable problem in data analytics, suggestion can be given as to which ideas should be added to SNOMED to enable effective data capture. The Four Nations Joint GP IT Committee would be glad to consider and support requests for new concepts based on evidence, to the SNOMED Request Submission Portal, to extend the effectiveness of the study outputs.