

060209-03

Information Governance

Minutes of the Database Monitoring Sub-Group (DMSG)

Friday 28th November 2008 starting at 10:00am

Skipton House, Elephant and Castle, London

Members Present:
Dr Patrick Coyle – (Chair)
Mr Manny Devaux
Ms Ros Levenson
Mr Terence Wiseman

In attendance:
Mike Farrell (CFH)
Susan Milner (IC)
Dawn Foster (IC)
Jackie Gallagher (IC Southport)
Lorraine Cole (IC Southport)
Melanie Kingston
Vicky Cox
Karen Thomson

ACTIONS:

1. Welcome and Apologies.		[AG/74/1]
Apologies from Dr Ian Goodman		
2. Minutes of the last meeting.		[AG/74/2]
The minutes of the last meeting (12 th September 2008) were tabled and members were asked to agree them via email.		ALL
3. Matters Arising.		[AG/74/3]
Action points: PBRA project – University of York, Centre for Economics and the Nuffield Trust – This application was referred to PIAG at the last meeting as the information requested was considered identifiable. The applicant subsequently reduced the data items requested to an effectively anonymised dataset which was therefore approved by Chairman’s action. ACTION: MK - To check which data items permission was granted for.		

<p>New security advisor - The Group welcomed Mike Farrell to the meeting and discussed how he would like to deal with the security reviews of applications. The following was agreed:</p> <ul style="list-style-type: none"> • MF only to review applications that have been provisionally approved at a meeting • Members will be updated at following meetings of the outcomes of security reviews. • SLSPs will be mandatory for all applications. • The new SLSP template to be circulated to colleagues at the IC 		
4. Hospital Episodes Statistics (HES) Business	[AG/74/4]	
<p>[AG/74/4/a] - University of York, Department of Health Sciences</p> <p>Exploring and explaining variation in activity rates of hospital consultants: generating and testing hypotheses about the determinants of consultant productivity in the English NHS. Hospital consultants are key decision makers in the teams that provide health care in the NHS. Over recent years, there have been large increases in NHS expenditure, particularly on staff salaries. Along with this, there has been increasing awareness of returns on spending, and the 'productivity' of health care organisations and staff.</p> <p>Sensitive Data required: Consultant code Data Years: 1997 – 2007 (2007-2008 when available) Retention of data: 4 years Data Protection: Z4855807 - Expiry date: 21/01/09</p> <p>The project requires 4 extracts, (two inpatients and two outpatients).</p> <p>In addition to HES data, the applicant has also requested data from the Medical Workforce Census which will be linked in the second part of the project. Fields required: GMC code, age, sex, type of contract, Trust code and name, country of origin, ethnic group, CCST speciality code.</p> <p>The Group was unable to approve the application at the meeting and requested clarification of the following:</p> <ul style="list-style-type: none"> • Clarification if ethnic group is that of the patients or Doctors • Justification for requiring ethnic group • Clarification of the purpose of the research. <p style="text-align: center;">ACTION: IC to contact applicant with DMsG query.</p> <p>[AG/74/4/b] - Nottingham University: Division of Epidemiology and Public Health - update of previous extract</p> <p>Request for an update of HES Data Extract approved in November 2007. The Study is to assess the complications and costs of diagnostic and treatment interventions for medical gastroenterology using routinely available data. Study will look at three cohorts which will include all people who have had a liver biopsy, all people who have had a gastrointestinal endoscopic procedure and all people who have had an admission for gastrointestinal bleeding. The</p>		

results will be compared with previously published audits to provide comparisons with data collected in a different manner and that cover a period which this study will be analysing.

Sensitive data requested:

- Consultant Code - Consultant code required to identify if the case was admitted under a gastrointestinal consultant or not.
- Augmented care period local ID
- Data Years 1997 to 2007
- Data retention 3 years
- Data protection registration: Z5654762 - Expiry Date: 19/8/09

DMSG approved this application subject to confirmation of appropriate security arrangements:

ACTION: IC to informed applicant of DMSG decision.

[AG/74/4/c] - NE PHO - Shape Project - Update of previous extract

Extract approved February 2007

The SHAPE project describes trends in activity over time hence this request for additional data for the current year available 2007/08 data including the monthly extracts. North East Public Health Observatory (formally – CCMD) Stockton Campus, Durham University has been commissioned by the Department of Health to carry out a research study using HES data to develop methods and techniques that will harness Strategic Asset Planning and Management together with commissioning in support of service improvement.

Data required:

- Postcode - First half of postcode & 1 extra character in order to calculate the geographical distribution of patients within each provider unit's catchment area.
- Consultant Code
- Date of Death
- Data years: 2007-2008 - In addition, monthly datasets starting from June 2008
- Retention of data: 3 years
- PIAG approval not required
- Project commissioned by Department of Health

DMSG will approve this application, subject to confirmation of satisfactory security arrangements

ACTION: IC to informed applicant of DMSG decision.

[AG/74/4/d] - Dr Foster Unit at Imperial College - email sent for advice from Karen regarding fields covered by PIAG approval on 3/11/08.

The IC had asked for this item to be kept on the agenda. The two fields' Legal group of patient and Legal status classification is on the list of sensitive items approved by DMSG. However in view of the feedback from the PIAG meeting by Karen Thompson, DMSG were unable to approve this application.

[AG/74/4/e] - University of Aberdeen - PROLONG Study - response to queries raised by Committee in April

This application was resubmitted to the April DMSG meeting (AG/71/4/d). Applicant was asked to respond to conditions raised by the Committee in addition to respond with regard to questions raised on the security policy.

Enclosed with papers were:

- Letter with responses to queries raised by DMSG
- Letter from Data Custodian
- HES Extract Pack - Appendix C - security details.

DMSG approved this application for data up to 2006/07, however requested the following before approving the release of 2007/08 data:

- Changing the patient information leaflet to clearly state the link with the NHS
- Study to be 'opt in' rather than 'opt out'
- Amendments to the information leaflets to be approved by and Ethics Committee

ACTION: IC to informed applicant of DMSG decision.

[AG/74/4/f] - HES AOB

[f/i] - Letter from King's Fund confirming change of Data Custodian
DMSG noted the change of contact.

[f/ii] - Letter from Nuffield Trust confirming that Theo Georghio had moved from the King's Fund to the Nuffield Trust. DMSG noted the change

[f/iii] - Letter from University of Oxford - Million Women Study
advising additional users to the HES data extract

NO ACTION:

**[AG/74/4/g] - Request for update of Attribution Data Set (ADS)-
Department of Health - Update of previous request**

This is for data to be extracted by Connecting for Health National Health Application and Infrastructure Services (NHAIS) from 87 NHAIS systems in April 2009. CfH amalgamate the data which is sent to an external contractor, Paul Dixon at University of York, for

analysis. Application to continue to collect set of data known as Attribution Data Set (ADS). The data set includes count of GP practice patients by postcode. Submitted by Department of Health for collection by Connecting for Health from the NHAIS.

Data required:

- Postcode – see Annex B
- National practice code
- GP code – to unambiguously attribute GP practices to PCTs
- PCT code
- 5 year age and gender bands
- Nursing/residential home patient marker
- The number of new registrations will also be collected at GP level.

Data to be collected in April 2009

Members noted that this request was asking for full postcode which is considered and identifier. It was noted that this was an ongoing request and full postcode and been approved in previous years. The Group agreed the Request in principle however as the request was considered identifiable it was referred to PIAG.

Members also requested clarification of the relationship and data flows between the University and the applicant's Company and required an SLSP before and approval could be given to release data.

ACTION: IC to informed applicant of DMsG decision.

[AG/74/4/h] - University of Liverpool – Clinical Sciences Centre

This is a request for an update of data years for a HES extract approved in September 2007. The customer has supplied a letter submitted to the committee, confirming that this is an identical update and that security policy approved remains in place.

Sensitive Data required: Consultant Code

Dates required: 2007 - 2008

Retention of data: 3 years

Data Protection: Z6390975 - Expiry date: 27 January 2009

Section 60 not required.

Study to analyse consultant and speciality workloads, and clinical effectiveness of the specialists across all hospitals in England. We intend using the specialists in each speciality to interpret and help set out reports of the data that will have maximum informative value for each and every local consultant in the NHS in that speciality.

Members noted that the request was also for death data, However it was not clear if the applicant did indeed wish to receive data. IC to clarify the request and obtain further justification from applicant if they do want death data.

The request for consultant code was approved.

<p>ACTION: IC to informed applicant of DMsG decision.</p> <p>[AG/74/4/i] – Additional HES items</p> <p>NHS Information Centre - CCAD application & Healthcare Quality Improvement Partnership (HQIP)</p> <p>On 01 April 2008, responsibility for the National Clinical Audit and Patient Outcomes Programme will transfer from the Healthcare Commission to the newly formed Healthcare Quality Improvement Partnership. However HQIP do not have PIAG approval and lacks clear IG cover. It is on these grounds that DMsG are not prepared to let HQIP have a HES extract at present and a full application should be made to the ECC meeting in January.</p> <p>Ros Levenson declared an interest and did not take part in the discussion.</p> <p>ACTION: IC to informed applicant of DMsG decision.</p> <p>South West Public Health Observatory (SWPHO)</p> <p>SWPHO have taken over data HES work from the University of Bristol. Data at the university will be destroyed correctly. SWPHO is a safe haven and is taking this piece of work in-house. DMsG approved HES national extract for SWPHO.</p> <p>DMsG approved this change, subject to confirmation that appropriate data deletion protocols are in place. The Group also stated that in the future the status of Safe Havens may be reviewed.</p> <p>ACTION: IC to informed applicant of DMsG decision.</p> <p>Clatterbridge Centre for Oncology NHS Trust</p> <p>This application was approved by PIAG in 2007 and therefore does not need to come to DMsG. Secretariat were asked to confirm that the PIAG application was up to date and the applicant had completed a satisfactory annual review..</p> <p>ACTION: Confirm application has completed a PIAG annual review.</p>		
<p>5. Review of Identifiers and Sensitive data items</p>	<p>[AG/74/5]</p>	
<p>Sensitive HES fields.</p> <p>SM tabled an update from the IC regarding sensitive HES fields. The project work needed to update the field that have been considered sensitive or identifiable will take time to implement.</p> <p>It was also noted that any changes to the fields could have a significant impact on the number of applications the Group receives and also may introduce delays in releasing data. The IC are keen to ensure that any changes have minimal impact on the time for data requests to be processed and approved.</p> <p>DMsG have requested that this item become a permanent agenda item, with an update paper prepared for each meeting.</p>	<p>SM</p>	

ACTION: IC to prepare update paper		
6. NHSCR Applications		[AG/73/6]
<p>[AG/74/6/a] - MR1128 Title: A prospective evaluation of computer aided detection (CAD) in the NHS Breast Screening Programme. This study is a flagging and tracing of 30,000 patients all in England/Wales with the additional request for data ~ Death and cancer notifications required.</p> <p>ACTION: APPROVED - IC Southport to inform applicant of outcome, once security arguments have been signed off.</p>		IC & VC
<p>[AG/74/6/b] - MR1137 Title: Causes of death and risk of oesophageal cancer among a Barrett's oesophagus cohort. This application applied as an audit study. The cohort is all patients diagnosed with Barrett's 1987-2005 at Sandwell and City Hosp Birmingham, some of which were enrolled in a surveillance programme. The data will only be accessed by the clinical care team so there is no breach of confidence involved and hence no S251 approval needed.</p> <p>The applicant has stated that this is an audit and as such does not require Ethics approval. However, the Group were of the opinion that this work was infact research. Members requested either confirmation of ethics approval, or a letter from an ethics committee confirming that approval is not required.</p> <p>ACTION: NOT APPROVED - IC Southport to inform applicant of this outcome and the reasons why.</p>		IC & VC
<p>[AG/74/6/c] - MR1139 Title: Long-term outcome of men with lower urinary tract symptoms recruited to the CLasP randomised trial comparing transurethral resection of the prostate, conservative management and laser therapy. Application requested current status service for approx 300 to a maximum of 570 patients, for cause of death, HA and Exits for those alive in order to gain consent.</p> <p>It was noted that there was no mention of the IC in the information leaflet, however the Group agreed to approve the request for list cleaning.</p> <p>Members suggested a general action point of flagging to NRES the</p>		IC & VC

<p>suggested wording regarding the Information Centre for these flagging and tracing applications.</p> <p>ACTION: APPROVED - IC Southport to inform applicant of outcome, once security arguments have been signed off.</p> <p>[AG/74/6/d] - MR1140</p> <p>Title: MMP9 and FOBt as a screening test for colorectal cancer. The study cohort is anticipated to be 200 patients in E/W to be flagged for cause of death, cancer registrations and exits. All patients attending the screening centre for colonoscopy will be eligible to participate. There are no exclusions. Patients between ages 60 - 69 who are FOBt positive will be invited to consent to colonoscopy.</p> <p>ACTION: APPROVED - IC Southport to inform applicant of outcome, once security arguments have been signed off.</p> <p>[AG/74/6/e] - MR1141</p> <p>Title: The CARDia Trial: A prospective, randomised comparison of optimal coronary angioplasty with stenting and abciximab recommended versus up to date coronary artery bypass grafting in patients with diabetes mellitus. Flagging 510 patients (467 E/W + 43 Scotland). Multi-centre, randomised, prospective comparison with predefined endpoints analysis at 30 days, 6 months, 1-year, 2-years and 5-year follow-up</p> <p>ACTION: APPROVED - IC Southport to inform applicant of outcome, once security arguments have been signed off.</p>	<p>IC & VC</p> <p>IC & VC</p>	
<p>7. Secretariat Report</p>	<p>[AG/74/7]</p>	
<p>[AG/74/7/a] - Website KT gave a quick update explaining that DMsG dedicated section on the website, would continue when PIAG becomes ECC in 2009. ECC and DMsG will have their own section within the wider NIGB website. The content will largely remain the same as previously and include information about the new application process, meeting agendas and minutes of previous DMsG meetings.</p> <p>[AG/74/7/b] - System Level Security Policy (SLSP) Template Oct 2008 Mike Farrell, PIAG Information Security Adviser has undertaken, in consultation with Alistair Donaldson, Department of Health Information Security Adviser to update the SLSP template document. DMsG were asked to:</p>		

<ul style="list-style-type: none"> - <i>Formally agree the revised SLSP</i> – DMSG were happy to agree the new template once it has been signed off by Alistair Donaldson (DH) and requested that the final version be included for information in the papers of the next meeting. - <i>Agree to the SLSP now becoming a mandatory part of the application process</i> – DMSG agreed this was an appropriate stage at which to make the SLSP mandatory for all applications. - <i>Agree to the PIAG/DMSG Information Security Proforma being revised appropriately to accommodate the SLSP now being a mandatory part of the application process.</i> – DMSG agreed that the revised Information Security Proforma, be used once the revised SLSP is completed. One change is needed on the final page, the statement “<i>this form should be signed and dated by the Information Custodian and the Chief Investigator</i>”, Chief Investigator should be changed to Principal investigator <p>ACTION: Once agreed, SLSP to be share with IC, IC Southport and add to the new ECC/DMSG website.</p>	VC	
8. Any other business	[AG/74/8]	
<p>Work will continue with the IRAS team to:</p> <ul style="list-style-type: none"> • Improve the filter questions so that HES and PIAG forms are created at the same time • Integrating MRIS into the IRAS form. <p>ACTION: Scope a work plan for the IRAS project</p>	VC	
9. Date of next meetings	[AG/74/9]	
<ul style="list-style-type: none"> • Friday 6th February 2009 • Friday 24th April 2009 • Wednesday 17th June 2009 • Wednesday 2nd September 2009 • Wednesday 4th November 2009 • January 2010 <p>ACTION: Secretariat to book meeting rooms in New Kings Beam House</p>	MK	