

Profession Advisory Group (PAG) – Meeting Minutes

Tuesday, 15th September 2026

09:00 – 10:20

(Remote meeting via videoconference)

PAG MEMBERS IN ATTENDANCE:	
Role:	
GP Representative from the British Medical Association (BMA)	
GP Representative from the Royal College of General Practitioners (RCGP)	
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	Role / Area:
Karen Myers (KM)	PAG Secretariat, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
Terry Service (TW)	PAG Deputy Chair
NHS ENGLAND STAFF <u>NOT</u> IN ATTENDANCE:	
Name:	Role / Area:
Narissa Leyland	PAG Chair

1	Welcome and Introductions: The PAG Deputy Chair welcomed attendees to the meeting.
2	Review of previous PAG minutes: The minutes of the PAG meeting on the 15 th September 2026 were reviewed and, after minor amendments, were agreed as an accurate record of the meeting.
3	Declaration of interests: There were no declarations of interest.
4. EXTERNAL DATA DISSEMINATION REQUESTS:	
4.1	NIC Number: NIC-812467-W9K0B-v0 Applicant Organisation: University of Bristol OpenSAFELY Ref: AOS-2026-1057

	Application Title: Investigating the effectiveness and safety of prescribing and deprescribing antihypertensive drugs Outcome Points: the Group supported the application which was in line with the NHS OpenSAFELY Data Analytics Service Pilot Directions 2025. See Appendix A	
4.2	NIC Number: NIC-812469-Q7Q3R-v0 Applicant Organisation: London School of Hygiene and Tropical Medicine OpenSAFELY Ref: AOS-2026-1073 Application Title: OpenSAFELY-PV: Real-time safety and effectiveness surveillance of SGLT2 inhibitors in type 2 diabetes Outcome Points: the Group supported the application which was in line with the NHS OpenSAFELY Data Analytics Service Pilot Directions 2025. See Appendix B	
5. WIDER PROFESSIONAL INSIGHT		
<i>There were no items discussed</i>		
6. CONFIDENTIAL ADVICE / BRIEFING SESSION		
<i>There were no items discussed</i>		
7. Any Other Business		
7.1	It was noted that one PAG ‘profession advice’ document was now finalised for onward dissemination: • <i>Profession Advice – Ensuring validity in interpretation of organisational level data from general practice v1.0 final</i> ACTION for PAG Secretariat: to finalise the ‘profession advice’ documents, circulate and publish, where appropriate, on the PAG Webpage.	
7.2	Ethnicity Data PAG discussed ethnicity data within OpenSAFELY, and it was agreed that Dr Amir Mehrkar (Bennett Institute for Applied Data Science) would be invited to a future PAG meeting to present / discuss the following: 1. Ethnicity data currently available in OpenSAFELY to support research and relevant background information; 2. Standard methodology for assessing ethnicity data in OpenSAFELY; 3. Ethnicity codes not currently available in OpenSAFELY. ACTION: PAG Secretariat to add “ethnicity data” to the internal PAG forward planner for discussion at a future PAG meeting.	
7.3	National Data Opt-out (NDOO)	

	The PAG Deputy Chair updated PAG on recently reviewed applications that have requested NDOO be applied and confirmed that all OpenSAFELY applications that did apply NDOO would be assessed by NHS England's Data Access Request Service (DARS), who would ensure that ethical support had been obtained and that the application, by default, advice would be sought from AGD. PAG noted the verbal update and advised that this did require further discussions to reach a position where NHS England and PAG were in an agreed position on the NDOO / governance path, in order to ensure that PAG were able to provide sufficient advice to NHS England on future OpenSAFELY applications. ACTION: PAG Secretariat to add "NDOO" to the internal PAG forward planner for discussion at a future PAG meeting. In addition, PAG advised the PAG Deputy Chair that they would welcome an update, either at a future PAG meeting, or out of committee, on the NDOO position of applications from today's PAG meeting, and the PAG meeting on the 8th September 2026, where it was unclear why the NDOO had been applied. ACTION: The PAG Chair / Deputy Chair to provide an update to PAG on the NDOO position of applications from the PAG meetings on the 15th September 2026 and the 8th September 2026, where it was unclear why the NDOO had been applied.
	Meeting Closure As there was no further business raised, the PAG Deputy Chair thanked attendees for their time and closed the meeting.

Profession Advisory Group (PAG)

Feedback Form – OpenSAFELY

Meeting Details		
PAG advice sought by NHSE:	04/09/2026	
Date of PAG advice:	15/09/2026	
Application Details		
NIC Reference:	DARS-NIC-812467-W9K0B-v0 OpenSAFELY Ref: AOS-2026-1057	
Application version Number:	V0	
Applicant Organisation:	University of Bristol	
Application Title:	Investigating the effectiveness and safety of prescribing and deprescribing antihypertensive drugs	
Attendees		
Representing Organisation	Name	Role
British Medical Association (BMA)		BMA Representative
Royal College of General Practitioners (RCGP)		RCGP Representative
Declarations of Interest		
There are no declarations of interest		
Advice Required		
OpenSAFELY Application		
The OpenSAFELY Data Analytics Service Pilot Direction 2025 states: The purpose of accessing the data is to establish a secure analytics service using the OpenSAFELY platform, for users approved by or on behalf of NHS England, to run queries on GP and NHS England pseudonymised patient data.		
1a. Does this application meet the requirements of the OpenSAFELY Direction?		
Yes		
1b. Is this request in line with the following purposes as specified in the OpenSAFELY Requirement Specification? NHS OpenSAFELY Data Analytics Service Pilot Directions 2025 - NHS England Digital		

- ☐ Clinical audit
- ☐ Service evaluation
- ☐ Health surveillance
- ☒ Research
- ☐ Evaluation of the service
- ☐ Health & social care policy, planning & commissioning & public health

1c. Advice from the Profession

Supported

Supporting statement:

Strategic positioning

This paper is strong in four of the Quintuple Aims described by the Institute for Healthcare Improvement:

Population health and care: Very strong alignment. Hypertension is a major long-term condition, and this paper identifies opportunities to address unanswered questions in the evidence base, at scale.

Patient experience: Good alignment, through patient-centred outcomes such as whether to start dual antihypertensive therapy etc.

Effective use of resource: Strong alignment. The study includes both prescribing and deprescribing, with the potential to improve targeting of treatment, reduce avoidable harm, and support more efficient use of medicines. Appropriate deprescribing may also help reduce unnecessary prescribing costs and treatment burden.

Advancing health equity: Good alignment. Exploration of prescribing effectiveness, safety and treatment patterns by ethnicity is a specific objective of the project and may help identify inequities in treatment and outcomes.

The experience of staff delivering care is noted to be out of scope for the intentions of the paper. The benefits of having good evidence to guide the confidence with which we deliver care are indirect. PAG encourages policy makers and researchers to routinely seek opportunities to analyse beyond the Triple Aims (of population health, patient experience and effective use of resource).

This principle is aligned with the existing constitutional adoption by the BMA of the Quadruple Aims, and we encourage consideration at all times of how systems and clinical management are delivered.

Record quality, feasibility

The study is focussed on an area of clinical care which has excellent data quality. Hypertension records benefit from the longstanding existence of national standards, the GP Quality & Outcomes Framework which has incentivised the generation of high-quality data for audit purposes, and the presence of the key prescribing data which are almost entirely stored in the GP record. Where less

common prescriptions are issued, they would likely be issued in hospital care, and so available from the secondary care data feed, giving a very high likelihood of a highly complete dataset.

The majority of important clinical findings can be expected to be codified in the GP record.

We note that regional prescribing formularies may have some influence in prescribing patterns, but in comparison to other clinical areas, we would expect reasonable consistency in drug choice.

PAG has produced a separate document which advises on the selection of codes for papers such as this, which includes the use or not of the existing QOF codes, and the issues around ethnicity coding. We advise the authors to review the document as it may influence the development of their coding specification.

We look forward to seeing the outputs.

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Application Details		
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Application version Number:	V0	
Applicant Organisation:	LSHTM	
Application Title:	OpenSAFELY-PV: Real-time safety and effectiveness surveillance of SGLT2 inhibitors in type 2 diabetes	
Attendees		
Representing Organisation	Name	Role
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1a. Does this application meet the requirements of the OpenSAFELY Direction?		
Yes, subject to confirmation that the NDOO is to be applied because of a position in the ethical approval process, or further discussion if not		
1b. Is this request in line with the following purposes as specified in the OpenSAFELY Requirement Specification? NHS OpenSAFELY Data Analytics Service Pilot Directions 2025 - NHS England Digital		

- ☐ Clinical audit
- ☐ Service evaluation
- ☐ Health surveillance
- ☐ Research
- ☐ Evaluation of the service
- ☐ Health & social care policy, planning & commissioning & public health

1c. Advice from the Profession

Supported, subject to confirmation that the NDOO is to be applied because of a position in the ethical approval process, or further discussion if not

Supporting statement:

Strategic positioning

The primary goal of the study, to establish the effectiveness of OpenSAFELY as a tool for pharmacovigilance is of extremely high strategic significance for the country, may demonstrate the power of the platform in this area, and may inspire additional research making use of this technology.

Population health and care: Strong alignment. Supports safe prescribing at population scale.

Patient experience: Strong alignment. Adverse drug reactions are highly impactful for patients and can undermine confidence in treatment. Better identification of harms has the potential to improve informed decision-making and support safer prescribing.

Staff experience: Good alignment. Pharmacovigilance is an important professional responsibility and clinicians benefit from evidence that improves confidence in identifying, managing and communicating medication-related harms. The study may also highlight deficiencies in current recording mechanisms that make safe medicines management more difficult, and enable policy advice on systems to improve this.

Effective use of resource: Strong alignment. The ability to detect adverse drug events using routinely collected data may reduce reliance on more resource-intensive surveillance approaches and support better targeting of prescribing. More broadly, demonstration of OpenSAFELY as a pharmacovigilance platform would have substantial strategic value to the NHS.

Advancing health equity: Good alignment. The authors identify specific subgroups for analysis, which may supplement understanding of existing inequity.

Record quality

The adverse drug reactions being looked for are likely to be identifiable using the combination of the GP and hospital records, where we would expect good rates of coding to be recorded.

We note that the maturity of SNOMED UK and its implementation for enabling the recording of relevant patient experiences on exposure to SGLT2 inhibitors has been modest, and not supportive of precise recording.

The following concepts were introduced in 2022:

1208353007 | Allergy to dapagliflozin (finding) |

1208355000 | Allergy to canagliflozin (finding) |

1208354001 | Allergy to ertugliflozin (finding) |

The absence of codes to allow the recording of a non-allergic adverse drug reaction means that some reliance must be placed on the information model in GP supplier systems, which have the ability to record drug reaction without a matched SNOMED concept.

The following contextual codes were introduced in Summer 2025:

2570471000000107 | Sodium-glucose co-transporter-2 inhibitor contraindicated (situation) |

2570461000000100 | Sodium-glucose co-transporter-2 inhibitor declined (situation) |

2570491000000106 | Sodium-glucose co-transporter-2 inhibitor not indicated (situation) |

2570481000000109 | Sodium-glucose co-transporter-2 inhibitor therapy (regime/therapy) |

The following codes were published first in March 2026 and unlikely to be selectable in GP clinical systems, but represent a leap forwards in the ability of clinicians to more precisely record contextual data around reactions.

2785281000000107 | Sodium glucose cotransporter subtype 2 inhibitor not tolerated (situation) |

2795521000000107 | Adverse reaction to sodium glucose cotransporter subtype 2 inhibitor (disorder) |

At present, there is no established route by which researchers or other teams can identify whether these codes have or have not been made 'selectable' in general practice, because that information is not published. This creates difficulty in interpretation of research data.

These issues mean that this study, which is targeting reactions in addition to looking for clinical findings of coded allergy/adverse drug reaction may make a highly meaningful contribution to this space.

This paper may be powered to observe the pharmacovigilance challenge associated with new drug treatments for which there has been no request for the commensurate level of additional coding in SNOMED UK, and policy recommendations could be contributory. That could include negotiation with GP system suppliers in particular as to the prioritisation of allergy/drug reaction/drug contextual coding for enabling data entry in primary care records.

PAG continues to highlight the need for such data quality issues to be surfaced, to encourage policy makers to understand the opportunities arising from taking a national approach to data quality improvement.

The National Data Opt Out

PAG notes the authors intention for the NDOO to be applied, but the application process does not yet capture the rationale for doing so. The data being collected are of a less sensitive theme. PAG's position that if ethics approval has been granted on the basis of NDOO application, then no further professional discussion is required. PAG would support the policy that the NDOO need not be applied to this study, if the authors wished to reconsider.