

Profession Advisory Group (PAG) – Meeting Minutes

Tuesday, 19th May 2026

09:00 – 11.00

(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)	
GP Representative from the Royal College of General Practitioners (RCGP) (not in attendance for items 1 to 4, part of item 5.1 and part of item 5.3)	
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	Role / Area:
Narissa Leyland (NL)	PAG Chair (Presenter: item 5.3)
Karen Myers (KM)	PAG Secretariat, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
Nin Sandhu (NS)	Head of Programme Delivery, Data Access & Partnerships, Data and Analytics (Presenter: Items 5.1 and 5.2)
Vicki Williams (VW)	PAG Secretariat, Privacy, Transparency and Trust (PTT), Technology, Digital and Data

1	Welcome and Introductions: The PAG Chair welcomed attendees to the meeting.
2	Declaration of interests: There were no declarations of interest.
3	PAG Terms of Reference (TOR) The Group received v0.5 of the PAG TOR which outlines the purpose of the Group; context of what PAG enables NHS England to do with GP Data; membership, meetings; process and record keeping; governance and review, and; remuneration. Outcome of Discussion: The PAG TOR V0.5 were approved by the Group as the final version.

	<p>ACTION for RCGP Representative: to produce a short briefing paper with regard to how to use the Quintuple Aims.</p> <p>ACTION for PAG Chair / PAG Secretariat: to include the Quintuple Aims briefing on the next meeting of PAG for further discussion in relation to commercial applications.</p>	<p>RCGP Rep Chair / Sec</p>
<p>5.2</p>	<p>OpenSAFELY. Emerging demands and outline prioritisation methodology</p> <p>Presenter: Nin Sandhu</p> <p>The NHS England OpenSAFELY Secure Data and Analytics service reopened in February 2026. A call for expressions of interest and applications opened on the 23rd February 2026 and closed on the 30th April 2026. 95 applications were receiving, outstripping the capacity of 40 project slots available to run over the financial year. Prioritisation is required and NHS England intends to inform all applicants of next steps by 31st May 2026.</p> <p>Outcome of the discussion:</p> <p>Nin presented the demand management process NHS England had implemented; focusing on benefits to patients and the health and social care services. It included a review to identify; i) the intended beneficiaries, ii) the vehicle to achieve benefits, iii) any indication of benefits realisation and iv) alignment to relevant national NHS strategy or action plan, to categorise the applications into three tiers (where tier 1 is best). The RCGP Representative requested a copy of the list of strategies and action plans used as part of the assessment.</p> <p>ACTION for Nin Sandhu: Nin to provide a copy of the list of strategies and action plans used as part of the assessment.</p> <p>The RCGP Representative queried if those not part of the 40 application would have to reapply or be added to a waiting list and NHS England confirmed that they would be included on a waiting list, ahead of any further rounds of EOI.</p> <p>The RCGP Representative suggested in response to key metrics that could support the demand, that the Quintuple Aims could also be applied in order to draw out the benefits and outputs across each project.</p> <p>Noting the valued projects outlined across all 95 EOI's, it was suggested by the RCGP and BMA Representatives that careful consideration of each project be undertaken to ensure the data was being used appropriately including unnecessary creation of league tables.</p> <p>In addition the RCGP Representative suggest clear transparency for the public so that they could see the benefit of the activity and how it will help the population as a whole, communities and patients.</p> <p>The BMA and RCGP Representatives were comfortable with the approach outlined.</p>	<p>NS</p>
<p>5.3</p>	<p>National Data Opt Out Policy and OpenSAFELY Data Analytics Service Directions 2025</p> <p>Presenter: Narissa Leyland</p> <p>The question of whether and how the National Data Opt-Out (NDOO) should apply in the OpenSAFELY platform emerged gradually as the OpenSAFELY Data Analytics Service Directions were being developed.</p>	

	<p>While the legal position has remained consistent – that NDOO does not apply to OpenSAFELY processing because data is pseudonymised under Direction and only anonymous aggregate outputs leave the platform – concerns were raised by professional and academic stakeholders about public trust, transparency, and patient expectations.</p> <p>NHS England maintained its lawful position while introducing a limited, ethics-supported mechanism to enable NDOO to be applied at project level in exceptional circumstances, where explicitly requested.</p> <p>Outcome of the discussion:</p> <p>The RCGP Representative noted that the NDOO should be applied if the researchers know that excluding NDOO patients is not a requirement for using OpenSAFELY, but they indicated that they want it to be applied anyway.</p> <p>The RCGP and BMA Representatives agreed with the approach taken by NHS England.</p> <p>ACTION for PAG Chair: to confirm the position with the wider Data and Analytics Team.</p>	Chair
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6. CONFIDENTIAL ADVICE / BRIEFING SESSION

There were no items discussed

7. Any Other Business

7.1	<p>PAG Process</p> <p>There was a brief discussion around the PAG meeting process, level of detail within minutes, how minutes are ratified, transparency of PAG minutes, level of detail within papers provided in agenda pack and naming conventions.</p> <p>ACTION for PAG Secretariat: to take forward suggestions and implement.</p> <p>PAG meeting frequency was discussed and agreed to schedule into diaries until the end of the calendar year.</p> <p>ACTION for PAG Secretariat: to send calendar invites to PAG Representatives.</p>	<p>Sec</p> <p>Sec</p>
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Meeting Closure

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