

Profession Advisory Group (PAG) – Meeting Minutes

Tuesday, 9th June 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)	
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
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	Review of previous PAG minutes: The minutes of the PAG meeting on the 19th May 2026 were reviewed and were agreed as an accurate record of the meeting.
3	Declaration of interests: The RCGP Representative noted a declaration of interest as outlined in Appendix B with regard to NIC-802553-F6L6G. It was agreed this was not a conflict of interest
4. EXTERNAL DATA DISSEMINATION REQUESTS (Part A):	
4.1	NIC Number: NIC-802553-F6L6G-v0 Applicant Organisation: University of Oxford Title: REDUCE-HF, an electronic health records study of inequalities in heart failure diagnosis in England

	<p>Outcome Point: the Group supported the application which was in line with the NHS OpenSAFELY Data Analytics Service Pilot Directions 2025.</p> <p>Please see Appendix A.</p>	
4.2	<p>NIC Number: NIC-802556-Y8N0H-v0</p> <p>Applicant Organisation: University of Leeds</p> <p>Title: National evaluation of DHSC/NHSE Cardiovascular and Renal-Metabolic (CVRM) Prevention Accelerators</p> <p>Outcome Point: the Group supported the application which was in line with the NHS OpenSAFELY Data Analytics Service Pilot Directions 2025.</p> <p>Please see Appendix B.</p>	
4.3	<p>NIC Number: NIC-808015-G8C4X-v0</p> <p>Applicant Organisation: National Institute for Health and Care Excellence (NICE)</p> <p>Title: Primary care data for medicines evaluation</p> <p>Outcome Point: the Group supported the application which was in line with the NHS OpenSAFELY Data Analytics Service Pilot Directions 2025.</p> <p>Please see Appendix C.</p>	
4.4	<p>NIC Number: NIC-808019-J0V5M-v0</p> <p>Applicant Organisation: Medicines and Healthcare products Regulatory Agency (MHRA) - Department of Health and Social Care</p> <p>Title: Generation of descriptive statistics on medicines use, disease patterns and health care utilisation from UK primary care and linked data for statutory public health purposes</p> <p>Outcome Point: the Group supported the application which was in line with the NHS OpenSAFELY Data Analytics Service Pilot Directions 2025.</p> <p>Please see Appendix D.</p>	
4.5	<p>NIC Number: NIC-808021-X3K8V-v0</p> <p>Applicant Organisation: University of Oxford</p> <p>Title: Trends and Variation</p> <p>Outcome Point: the Group noted that this application was still under evaluation as not all the necessary information was available to make a full assessment.</p> <p>The Group agreed to review out of committee and provide an update at the next meeting of PAG on the 23rd June 2026.</p> <p>ACTION for PAG Secretariat: to include NIC-808021-X3K8V on the 23rd June agenda.</p>	PAG Sec
5. WIDER PROFESSIONAL INSIGHT (Part B):		
<i>There were no items discussed</i>		

6. CONFIDENTIAL ADVICE / BRIEFING SESSION

There were no items discussed

7. Any Other Business

7.1	<p>Quintuple Aims in OpenSAFELY</p> <p>The RCGP Representative introduced the paper and there was a brief discussion around the advantages of the model.</p> <p>It was agreed that the RCGP Representative provide a matrix outlining the applications seen by the Group to date and how they are meeting the Quintuple Aims, in order to further discussion how the Group could support the continuous driver as part of a wider education piece.</p> <p>ACTION for RCGP Representative: to produce a matrix paper for a future PAG meeting</p> <p>ACTION for PAG Secretariat: to include the matrix on a future PAG agenda</p>	RCGP Rep PAG Sec
7.2	<p>PAG Process</p> <p>There was a brief discussion around the PAG meeting processes.</p> <p>ACTION for PAG Secretariat: to set up a calendar of attendance for the full financial year.</p>	PAG Sec
7.3	<p>National Data Opt-out and OpenSAFELY</p> <p>To add to the PAG forward plan a future discussion item around the National Data Opt-out and OpenSAFELY.</p>	PAG Sec

Meeting Closure

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

Profession Advisory Group (PAG) Feedback Form - OpenSAFELY

Meeting Details	
PAG advice sought by NHSE (via email) out of committee on:	01/06/2026
Date of PAG advice:	09/06/2026

Application Details			
NIC Reference:	DARS-NIC-802553 OpenSAFELY Ref: 1004	Application version Number:	V0
Applicant Organisation:	University of Oxford		
Application Title:	REDUCE-HF, an electronic health records study of inequalities in heart failure diagnosis in England		

Attendees		
Representing Organisation		Role
British Medical Association (BMA)		GP Representative
Royal College of General Practitioners (RCGP)		GP Representative

Declarations of Interest
TN is a clinical advisor to PRIMIS at the University of Nottingham, who are providing information modelling for Heart Failure to the British Society for Heart Failure, for their 25 in 25 dashboard. He was heavily involved in the original information modelling, but the programme is being dealt with by other colleagues at the moment.

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
<input type="checkbox"/> Clinical audit <input type="checkbox"/> Service evaluation <input type="checkbox"/> Health surveillance <input checked="" type="checkbox"/> Research <input type="checkbox"/> Evaluation of the service <input type="checkbox"/> Health & social care policy, planning & commissioning & public health
1c. Advice from the Profession
<p>Data quality issues should be expected, because although many relevant data points in relation to heart failure are potentially recordable in SNOMED CT, the capture of those data may be highly variable across different parts of the country. Consideration should be given to the nuanced 'reasons' for not giving treatment such as the 'not tolerated' codes, which make big differences to the denominators when considering drug treatment. Please be aware that many of the newer treatments have only recently had such clinical finding codes created within SNOMED UK, and have only just become recordable in primary care systems. Prior to any diagnosis of heart failure and as a trigger for investigations primary care staff often code symptoms (such as tired all the time, dyspnoea, dyspnoea on exertion, ankle swelling, orthopnoea) and it is only later, usually after an echocardiogram, that a diagnosis is confirmed and coded.</p> <p>The authors may wish to communicate with the BSfHF regarding their information models, as they may be willing to collaborate and share coding.</p> <p>We note that the intention is to embed a machine learning algorithm into the code, run it within OpenSAFELY, but that only the population-level statistical findings will be released to the authors. This would demonstrate the successfulness of such a tool, but it would remain airlocked in OpenSAFELY. It highlights that the question of how to appropriately 'release' a model out of a research environment is not yet answered.</p> <p>This project engages in the following domains in the Quintuple Aims:</p> <p>Improving population health: Heart Failure is an important condition in the UK, with a good evidence base for treatments, with missed potential for preventative care</p>

Making effective use of health resource: by adding insight into high cost preventable care such as emergency admissions

Advancing health equity: this project is focussed on health inequality

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PAG advice sought by NHSE (via email) out of committee on:	01/06/2026
Date of PAG advice:	09/06/2026

Application Details			
NIC Reference:	DARS-NIC-802556 OpenSAFELY Ref: 1009	Application version Number:	V0
Applicant Organisation:	University of Leeds		
Application Title:	National evaluation of DHSC/NHSE Cardiovascular and Renal-Metabolic (CVRM) Prevention Accelerators		

Attendees		
Representing Organisation		Role
British Medical Association (BMA)		GP Representative
Royal College of General Practitioners (RCGP)		GP Representative

Declarations of Interest
There are no declarations of interest

Advice Required
OpenSAFELY Application
<p>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.</p>
<p>1a. Does this application meet the requirements of the OpenSAFELY Direction?</p>
Under evaluation
<p>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</p>
<p><input type="checkbox"/> Clinical audit</p> <p><input checked="" type="checkbox"/> Service evaluation</p> <p><input type="checkbox"/> Health surveillance</p> <p><input checked="" type="checkbox"/> Research</p> <p><input type="checkbox"/> Evaluation of the service</p> <p><input type="checkbox"/> Health & social care policy, planning & commissioning & public health</p>
<p>1c. Advice from the Profession</p>
<p>PAG notes ethical approval is still awaited from University of Leeds ethics committee following a submission on 24/3/2026.</p> <p>The study suggests some form of intervention (“Prevention Accelerators”) may be offered in certain areas of the country and possibly to certain practices within those areas using GP and hospital data to identify a suitable cohort. It is not clear how the team will obtain those data and if it will be, say, from a local shared care record where that record is used for a secondary purpose. If so, and if those with a National Data Opt Out are excluded from that processing due to local policy, it would raise concern that those opting out of secondary uses might disadvantage themselves. The fact the study wishes to uphold the National Data Opt Out is interesting and an explanation of why this decision has been made would be helpful.</p> <p>This work will make good use of the OpenSAFELY platform.</p> <p>It is powered to approach the following of the Quintuple Aims:</p> <p>Improving population health: by providing broad analytics of key public health issues</p> <p>Making effective use of resources: by supporting policy decisions for public funding priorities</p>

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Date of PAG advice:	09/06/2026

Application Details			
NIC Reference:	DARS-NIC-808015 OpenSAFELY Ref: 1010	Application version Number:	V0
Applicant Organisation:	National Institute for Health and Care Excellence (NICE)		
Application Title:	Primary care data for medicines evaluation		

Attendees		
Representing Organisation		Role
British Medical Association (BMA)		GP Representative
Royal College of General Practitioners (RCGP)		GP Representative

Declarations of Interest
There are no declarations of interest

Advice Required
OpenSAFELY Application
<p>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.</p>
<p>1a. Does this application meet the requirements of the OpenSAFELY Direction?</p>
<p>Yes</p>
<p>1b. Is this request in line with the following purposes as specified in the OpenSAFELY Requirement NHS OpenSAFELY Data Analytics Service Pilot Directions 2025 - NHS England Digital</p>
<p> <input type="checkbox"/> Clinical audit <input checked="" type="checkbox"/> Service evaluation <input type="checkbox"/> Health surveillance <input type="checkbox"/> Research <input type="checkbox"/> Evaluation of the service <input type="checkbox"/> Health & social care policy, planning & commissioning & public health </p>
<p>1c. Advice from the Profession</p>
<p>We are very happy to support this project, and perceive great value in using the platform to evaluate data in support of NICE guidelines.</p> <p>Considerable variation should be expected in clinical coding quality, as the influence of the QOF Fragility Fracture registers has introduced a bias in primary care records towards recording the events, and not necessarily the diagnoses. The clinical journey of a patient with osteoporosis is highly codable in primary care, with many landmarks available, but there is a paucity of decision support tooling which can intelligently render those data. As a consequence, many patients will have records that are hard to interpret e.g. osteopenia and osteoporosis, etc.</p> <p>It is also worth noting that the recording of the scores etc within primary care records is not consistent, as the decision support tooling that would make it worthwhile recording is inadequate.</p> <p>Although focussed on advancing population health and managing resource effectively, we wonder if the work is powered to expose opportunities for advancing health equity; it is not clear at present whether this work will help with that aim, the advancement of direct patient experience, and staff wellbeing.</p>

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Date of PAG advice:	09/06/2026

Application Details			
NIC Reference:	DARS-NIC-808019 OpenSAFELY Ref: 1063	Application version Number:	V0
Applicant Organisation:	Medicines and Healthcare products Regulatory Agency (MHRA) - Department of Health and Social Care		
Application Title:	Generation of descriptive statistics on medicines use, disease patterns and health care utilisation from UK primary care and linked data for statutory public health purposes		

Attendees		
Representing Organisation		Role
British Medical Association (BMA)		GP Representative
Royal College of General Practitioners (RCGP)		GP Representative

Declarations of Interest
There are no declarations of interest

Advice Required
OpenSAFELY Application
<p>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.</p>
<p>1a. Does this application meet the requirements of the OpenSAFELY Direction?</p>
<p>Yes</p>
<p>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</p>
<p> <input type="checkbox"/> Clinical audit <input type="checkbox"/> Service evaluation <input checked="" type="checkbox"/> Health surveillance <input type="checkbox"/> Research <input type="checkbox"/> Evaluation of the service <input type="checkbox"/> Health & social care policy, planning & commissioning & public health </p>
<p>1c. Advice from the Profession</p>
<p>We are very happy to see OpenSAFELY being used in this way, for large scale public benefit. PAG wonders if OpenSAFELY could offer additional insights by looking at medicine and medical product usage on a more local level (to see what variation might exist) given the make-up of different areas of the country in terms of life expectancy, disease burden and deprivation.</p> <p>This work approaches the following, of the Quintuple Aims:</p> <p>Advancing population health: by working to identify preventable treatment-related harms, and fathering population level insights</p> <p>Enhancing patient experience, and workforce wellbeing: treatment-related harms are particularly damaging to relationships between patients and those treating them, and advancing knowledge in this area is highly strategic.</p> <p>It is not immediately clear whether the study is powered to advance health equity by looking at subgroups to understand any inequalities which could be surfaced.</p>