

# Data Access Advisory Group

## Minutes of meeting held 08/01/2015

**Members:** Alan Hassey (Acting Chair), Sean Kirwan, Eve Sariyannidou, John Craven, Patrick Coyle, Dawn Foster

**In attendance:** Alex Bell, Garry Coleman, Karen Myers, Paula Moss, Stuart Richardson, Diane Pryce

**Apologies:** Frances Hancox, David Evans

<b>1</b>	<p><b>Review of previous minutes and actions</b></p> <p>The minutes of the 23 December 2014 meeting were considered and some amendments were requested. DAAG secretariat will up issue the minutes before publishing.</p> <p>Action updates were provided (see table on page 4).</p> <p><b>Out of committee recommendations</b></p> <p>None</p>
<b>2</b>	<p><b>Data applications</b></p>
<b>2.1</b>	<p><u>NHS England NIC-309860-F9F5K Presented by Stuart Richardson</u></p> <p>The IAO explained that NHS England previously had an application approved at DAAG on the 9<sup>th</sup> October 2014 (NIC-288111-V1B1Z) which covered August onwards and that this application was the same but now data is needed for May, June and July. DAAG members asked the IAO to confirm that the purpose in this application is exactly the same as the original application and that there are no new or changed purposes.</p> <p>The IAO queried the process for these types of applications and if they need to come to DAAG or not. It was agreed that applications of this type would come back to DAAG with justification for why extra data is needed and why it was not included in the original application.</p> <p>DAAG members asked how identifiable the lower super output areas (LSOA) are and if this has been previously discussed at the small numbers panel. The IAO confirmed that ONS have previously changed the definition of LSOA's. DF agreed to look into this and provide an update to DAAG members.</p> <p><b>Outcome:</b> Recommended for approval with the caveat that the IAO confirms the purposes for this application are exactly the same as the previous application and that there are no new or changed purposes.</p>
<b>2.2</b>	<p><u>Health IQ NIC- 307613-J5W8T Presented by Garry Coleman</u></p> <p>This is a new application from an information intermediary. This is an application for pseudonymised data for HES which Health IQ will load into a health intelligence tool called Vantage. This tool has two main customers, the NHS and pharmaceutical organisations. The NHS also uses this tool via licences procured by the pharmaceutical company.</p>

2.3	<p>DAAG members asked for clarification on the Vantage tool and what data this tool holds. The IAO confirmed that it only holds aggregated data from HSCIC and may contain organisational level data from elsewhere and that the dataset can be linked by organisation. The IAO also confirmed that Health IQ are a commercial company and do charge for access to the tool.</p> <p>There was a discussion around applications from commercial companies where a tool provides access to third party organisations and whether sub licences should be in place for these organisations. DAAG members queried whether data supplied to information intermediaries should be via a sub-licensing arrangement. DF informed members that the new contract &amp; DSA did cover such arrangements.</p> <p>DAAG members questioned whether record level data is viewable in the Vantage tool. The IAO confirmed that no record level data is viewable in the system, only aggregated tables.</p> <p>DAAG members requested the application is updated to show that Health IQ have customers, not patients.</p> <p>There was a concern raised on the amount of data Health IQ is asking for and the expected measurable benefits. It was felt the application didn't detail benefits enough.</p> <p><b>Outcome:</b> Unable to recommend for approval. The IAO was invited to return to the customer and re submit an application which was consistent with the Care Act 2014 requirements for commercial uses of HSCIC data and ensures the sub licencing arrangements are adequately specified.. DAAG members also requested an amended DPA registration section to show Health IQ have customers, not patients.</p> <p><u>Basildon and Brentwood CCG Mede NIC- 310899-B3N7T Presented by Garry Coleman</u></p> <p>The IAO presented this application from Basildon and Brentwood CCG with Medeanalytics International as the data processor. Medeanalytics International use a pseudonymisation at source tool which would be used by HSCIC. The IAO confirmed that Medeanalytics International would be able to link data using a pseudonymisation key across different datasets for the CCGs, but they would not be able to reverse engineer the pseudonymisation. This approach has previously been to CAG and was agreed that this it was suitably anonymised and therefore did not need section 2.5.1 coverage.</p> <p>It was made clear that the permission to receive data would be subject to two parts: the approval to provide data, and the outcome of HSCIC consideration as to the use of the pseudonymisation tool. This application related to the first part.</p> <p>DAAG members requested a change to the statement about CAG in application at the bottom of page two bottom (second paragraph). This should say anonymised not 'effectively pseudonymised'.</p> <p>DAAG members also queried a part of the application form which states 'using the Medeanalytics International tool enables sensitive data to be pseudonymised' Members asked what is meant by sensitive data? The IAO to confirm and provide a list of what items these are.</p> <p>It was felt it was not very clear under which circumstances individuals can be identified. The IAO confirmed that to reidentify you need a private key which is held by a third party organisation. Clinicians would be able to access this key through the supplier for direct care purposes (e.g. they have a legitimate relationship with the patient). DAAG members requested that the circumstances for this to be included in the application</p>
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	<p>There was a discussion around the meaning behind ‘pseudonymisation at source’ it was felt that effectively the pseudonymisation is not at source but at the HSCIC. The IAO will clarify the wording within the application to say it is pseudonymised within the HSCIC.</p> <p><b>Outcome:</b> Recommended for approval with caveats that the below changes are reflected in the application form-</p> <ul style="list-style-type: none"> <li>• Any references to pseudonymisation at source are removed and replaced with a statement to say that pseudonymisation will be done at the HSCIC.</li> <li>• In the processing activities section the application needs an addition to clarify that the HSCIC will use the Mede Analytics International tool ‘for this customer, for this purpose’</li> <li>• The references to inclusion of mental health data need removing.</li> <li>• The name of the customer should be updated to show Medeanalytics International.</li> </ul>
3	<p><b>Any other business</b></p> <p>Current applications agreement end date - TH attended the meeting to give an update on the agreement end dates of applications currently in the pipeline. Currently applications to DAAG have an agreement date to the end of February (tying into the work to bring organisations onto the new contract) As we are now heading towards February, HSCIC have given the option to organisations for a 6 month extension which is subject to a contract being signed by the end of February. Failure to sign and return this contract will result in the HSCIC issuing a deletion notice.</p> <p>Application form – TH gave an update on the new data access application form which is now published on the HSCIC website. Any new applications to DAAG should now come through on this form. TH also gave an update on the new web form which is being developed; this will be flexible, agile and responsive and will be reviewed and enhanced periodically. TH asked if DAAG members would be happy to receive backlog applications which are still in the old format to minimise the overhead on the Data Applications team transposing applications onto the new template. TH agreed that each application on the old template would be checked and would include the extra information DAAG have requested. DAAG members accepted this.</p> <p>DAAG Training Day agenda – There was a short discussion around the upcoming DAAG training day and it was agreed that DAAG Secretariat will send through the current draft agenda to members for review or comment.</p>

## Summary of Open Actions

Date raised	Action	Owner	Updates	Status
16/12/2014	Diane Pryce to provide a briefing paper on home nations cross-border relationships and known issues.	Diane Pryce	23/12/2014: Diane did not attend the meeting. Ongoing. 08/01/2015: Ongoing – this will be brought to the training day.	Open
16/12/2014	Diane Pryce and Alex Bell to discuss self-assessed IG Toolkit scores with Marie Greenfield.	Diane Pryce	23/12/2014: Ongoing 08/01/2015: Ongoing - this will be brought to the DAAG training day.	Open
09/12/2014	Eve Sariyannidou and David Evans to provide bullet points on consent materials to assist discussions at DAAG training day.	David Evans	16/12/14: This action was ongoing. 23/12/2014: Ongoing 08/01/2015: Ongoing	Open
23/12/2014	DAAG Secretariat to inform the DARS team that applications from NHS Organisations should have an IG Toolkit score, whether it is satisfactory or not. If an applicant is unable to provide an IG Toolkit score then an explanation should be provided.	Alex Bell	08/01/2015: Closed	Closed
23/12/2014	DAAG Secretariat to include details of original meeting and agenda item number for returning applications.	Alex Bell	08/01/2015: Closed	Closed
23/12/2014	DF to ensure that Experian are added to the list of organisations to be audited, regardless of the decision of the outcome of this application.	Dawn Foster	08/01/2015: 4 audits planned in first quarter of this year, DF has requested Experian are added to this list.	Open
23/12/2014	GC obtain some information on framework agreement for BMJ (NIC-292310-D7B7R) and DF to research to understand the criteria for applicants for framework	Garry Coleman	08/01/2015: GC updated that the BMJ and Kings College application is back with the customer for further information. Ongoing	Open

	agreement and see what implications are for them accessing the data.			
08/01/2015	DAAG Secretariat to send round HSCIC Code of Practice to DAAG members	Alex Bell		Open
08/01/2015	DAAG Secretariat to send details of the pseudonymisation steering group to DAAG members.	Alex Bell		Open
08/01/2015	DF to look into lower super output areas (LSOA) and if they have previously been discussed at the Small Numbers Panel.	Dawn Foster		Open