Data Access Advisory Group

Minutes of meeting held 9 October 2014

Members: Alan Hassey (Acting Chair), Sean Kirwan, Dawn Foster, Eve Sariyiannidou, John Craven

In attendance: Garry Coleman, Stuart Richardson, Frances Hancox, Diane Pryce, Terry Hill, Brent Walker (item 2.2 only)

Apologies: Patrick Coyle

1	Review of previous minutes and actions
	The minutes of the 29 September 2014 meeting were reviewed and agreed as an accurate record.
	The Group discussed the DAAG application tracker snapshot, and the proposal that this could be published instead of formal meeting minutes. The need for members of the general public to be able to access information about applications for data was emphasised, as well as the need for an appropriate level of detail to be available for applications that had been brought back to DAAG multiple times.
	It was agreed that formal minutes would continue to be produced alongside the DAAG tracker snapshot for one month, at the end of which the Group would reconsider this proposal.
	Action: DAAG members to reconsider the proposal to publish the DAAG tracker snapshot in place of formal minutes after one month of parallel use.
	Action updates were provided and recorded in the applications tracker.
2	Out of committee applications
	University of Manchester TARN – the Trauma Audit and Research Network (NIC-251689- D7T0S)
	This application had been discussed out of committee by the Acting Chair and one independent member of DAAG, and was recommended for approval subject to clarification regarding whether date of birth was required. The applicant had since confirmed that date of birth was not required, and would not have been covered by the Section 251 approval that was in place from the Health Research Authority's Confidentiality Advisory Group (HRA CAG). It was confirmed that age would be provided in months and years.
	Outcome: Recommendation to approve
3	Data applications
2.1	PHE response to DAAG letter (Ref: DAAG/OC/1)
	This application was to consolidate four data sharing agreements previously in place (three with Thames Cancer Registry and one with National Cancer Intelligence Network) into one agreement as both organisations were now under Public Health England. The application had previously been considered out of committee and recommended for approval subject to four conditions: confirmation of Section 251 renewal, the provision of additional security

information about the English National Cancer Online Registration Environment (ENCORE) system, the information governance standards within Asckey Data Services (where ENCORE was hosted), and confirmation that data previously provided by the HSCIC would be deleted.

Confirmation had been received that section 251 approval was undergoing review by HRA CAG, and that approval would continue to be in place until this review period had ended. It was stated that HRA CAG would notify the HSCIC if this renewal was not approved. The applicant had also provided a system level security policy for the ENCORE system and this would be reviewed by HSCIC IG staff. There remained outstanding questions around the information governance controls in place for ENCORE, and it was agreed that the applicant would be asked to provide further information regarding this.

The Group discussed the requirement for previously provided data to be deleted, and the applicant's response that while the HES data files originally provided could be deleted, the data had also been used to populate derived fields in records held on ENCORE and it would not be practicable to delete these fields. It was agreed that the applicant should be asked to provide further detail about this, particularly how the derived fields had been created and whether the data would be considered identifiable.

Outcome: Unable to recommend for approval

Stuart Richardson joined the meeting at this point, and Garry Coleman left the meeting.

NHS England - Commissioner Assignment Methodology Impact Assessment (IAO: Stuart Richardson) NIC-288111-V1B1Z

Brent Walker (NHS England) joined the meeting for this application.

The application was for supplemental SUS data in addition to the pseudonymised data NHS England already received; Lower Super Output Area (LSOA) code, Country of Residence and Detention Centre Identifier were requested in order to enable the applicant to identify responsible Local Authority and CCG for patients not registered with a GP. It was stated that NHS England would use the data received to check whether implementation of their commissioner assignment methodology guidance would have a material impact on the financial allocations to commissioner organisations.

It was noted that LSOA codes had been requested rather than postcodes, as it was felt that the use of postcodes would be inappropriate and would require a legal basis for disclosure. It was also noted that the data supplied would include a pseudonymised record identifier to allow the data to be linked to the pseudonymised data already held by NHS England.

Outcome: Recommendation to approve

Brent Walker left the meeting at this point.

Brent Clinical Commissioning Group (IAO: Stuart Richardson) NIC-267444-F8N4W

This application had been considered at the 24 September 2014 DAAG meeting and recommended for approval subject to the applicant providing details of which roles within the organisation will have access to the data. The applicant had now provided this information on the updated application form.

It was noted that an internal HSCIC policy indicated that applicants did not need to specify named individuals who would access data, unless the data requested included data from the

Outcome: Recommendation to approve Liverpool Clinical Commissioning Group (IAO: Stuart Richardson) NIC-292 This application had been considered at the 9 September 2014 DAAG mer- recommended for approval subject to confirmation that only the datasets li- the Data Sharing Agreement would be provided and confirmation of the DF expiry date. The DPA registration expiry date had now been added to the a- and a statement around data cleaning of free text had also been added. The Group noted that the application still included a statement that the dat be 'as otherwise agreed between commissioners and providers', and agree be removed for clarity. Outcome: Recommendation to approve subject to removal of reference to otherwise agreed' Group application: Risk Stratification Extension (IAO: Stuart Richardson) This group application was for the extension of existing data sharing agree provision of data for risk stratification purposes to East Riding of Yorkshire Lincolnshire CCG, North of England CSU, Midlands and Lancashire CSU, Commissioning Support Unit and Camden Clinical Commissioning Group. the original applications for these organisations had all previously been con DAAG and recommended for approval and an extension was now request extension of Section 251 approval by HRA CAG. It was noted that in the application form section requesting licensee and st processing addresses, this had been recorded as 'various'. It was agreed for should be updated with the relevant details for each application sto noted the difficulty in determining how to group different applications to noted the difficulty in determining how to group different applications to the red for a clear, overarching application summary sheet that would in details for all the included applications was emphasised. Some concerns we	ting and ted on page 5 o A registration pplication form, provided could
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National Audit of Cardiac Rehabilitation – HSCIC Clinical Audit Support Ur P3C3V and University of York NIC-291029-X7S8K	t NIC-288475-
It was noted that the relevant IAOs for these two applications were not pre- and the Group agreed that IAOs should be reminded of the importance of a applications.	ent at the meet

	their absence.
	These two applications had previously been considered at the 29 September DAAG meeting; first application was for an extract of the National Audit of Cardiac Rehabilitation (NACR) dataset to be used by the HSCIC to trace GP Practice codes that were missing from the data and add Responsible CCG and Strategic Clinical Network codes, while the second application was for a pseudonymised version of this data to be shared with the University of York. DAAG had been unable to recommend these applications for approval. The applicant had been asked to specify how fair processing requirements under the Data Protection Act 1998 (DPA) would be met, clarify in the application form that ongoing provision of data would be dependent on annual renewal of Section 251 approval by HRA CAG, and include details of the DPA registration for both HSCIC and the British Heart Foundation in the application form. It was confirmed that all relevant DPA registration details had been provided and that the other details requested had also been provided.
	Outcome: Recommendation to approve
5	Any other business
	The Group discussed the upcoming DAAG training day, and suggested agenda items for discussion of the day included the process for considering group applications, the role of the HSCIC small numbers panel, and the HRA CAG process for considering fair processing. It was also suggested that it would be helpful for members to understand the role of DAAG from a policy perspective, based on how the HSCIC Executive Management Team would like the group to function.
	The Group were reminded that the Acting Chair would not be available for the following meeting, and members were asked to nominate one member to chair that meeting.