

## **Profession Advisory Group (PAG) – Meeting Minutes**

Tuesday, 23<sup>rd</sup> June 2026

09:00 – 10:45 (Part A)

14:00 – 16:00 (Part B)

*(Remote meeting via videoconference)*

<b>PAG MEMBERS IN ATTENDANCE:</b>	
<b>Role:</b>	
GP Representative from the British Medical Association (BMA)	
GP Representative from the Royal College of General Practitioners (RCGP)	
<b>NHS ENGLAND STAFF IN ATTENDANCE:</b>	
<b>Name:</b>	<b>Role / Area:</b>
Michael Chapman (MiC)	Director of Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Presenter:</b> item 6.1)
Narissa Leyland	PAG Chair
Liz Gaffney (LG)	Assistant Director of Data Access and Partnerships: Head of Data Operations, SDE Service Owner, Data and Analytics, Technology, Digital and Data ( <b>Observer:</b> item 6.1)
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 (not in attendance for items 1 to 3, and part of item 5.1)

<b>1</b>	<b>Welcome and Introductions:</b> The PAG Chair welcomed attendees to the meeting.
<b>2</b>	<b>Review of previous PAG minutes:</b> The minutes of the PAG meeting on the 9 <sup>th</sup> June 2026 were reviewed and, after minor amendments, were agreed as an accurate record of the meeting.
<b>3</b>	<b>Declaration of interests:</b> There were no declarations of interest.
<b>4. EXTERNAL DATA DISSEMINATION REQUESTS:</b>	

4.1	<p><b>NIC Number:</b> NIC-808551-P5S8T-v0</p> <p><b>Applicant Organisation:</b> Health Data Research UK</p> <p><b>Application Title:</b> Evaluation of the potential causal effect of shingles vaccine eligibility on the incidence of dementia in the United Kingdom</p> <p><b>Outcome Points:</b> the Group supported the application which was in line with the <a href="#">NHS OpenSAFELY Data Analytics Service Pilot Directions 2025</a></p> <p><b>ACTION separate to the application:</b> The Group queried how NHS England were assessing / managing applications for access to OpenSAFELY, where researchers were exploring similar subject areas / research questions; and it was agreed that this would be added to the internal PAG forward planner for further discussion in three-months, where specific cases / examples can be explored, following submission of applications to PAG.</p> <p>See Appendix A</p>	PAG Sec
4.2	<p><b>NIC Number:</b> NIC-808555-J8P1P-v0</p> <p><b>Applicant Organisation:</b> University of Oxford</p> <p><b>Application Title:</b> Detecting the Impact of Nice Guidance On Primary Care Prescribing</p> <p><b>Outcome Points:</b> the Group supported the application which was in line with the <a href="#">NHS OpenSAFELY Data Analytics Service Pilot Directions 2025</a>.</p> <p>See Appendix B</p>	
4.3	<p><b>NIC Number:</b> NIC-808564-L1F2C-v0</p> <p><b>Applicant Organisation:</b> London School of Hygiene and Tropical Medicine</p> <p><b>Application Title:</b> INTEGRATE: Using routinely-collected healthcare data to inform clinical guidance and improve population health</p> <p><b>Outcome Points:</b> the Group supported the application which was in line with the <a href="#">NHS OpenSAFELY Data Analytics Service Pilot Directions 2025</a>.</p> <p>See Appendix C</p>	
4.4	<p><b>NIC Number:</b> NIC-808567-R7X6T-v0</p> <p><b>Applicant Organisation:</b> UK Health Security Agency</p> <p><b>Application Title:</b> Surgical site infection monitoring in English routinely collected primary and secondary care data</p> <p><b>Outcome Points:</b> the Group supported the application which was in line with the <a href="#">NHS OpenSAFELY Data Analytics Service Pilot Directions 2025</a>.</p> <p>See Appendix D</p>	
4.5	<p><b>NIC Number:</b> NIC-808021-X3K8V-v0</p> <p><b>Applicant Organisation:</b> University of Oxford</p> <p><b>Application Title:</b> Trends and Variation</p>	

	<p><b>Outcome Point:</b> 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 PAG Representatives agreed to document the missing information required, out of committee and provide an update at the PAG meeting on the 7<sup>th</sup> July 2026.</p> <p><b>ACTION for PAG Secretariat:</b> to include NIC-808021-X3K8V on the 7<sup>th</sup> July 2026 agenda.</p>	PAG Sec
<b>5. WIDER PROFESSIONAL INSIGHT</b>		
5.1	<p><b>OpenSAFELY Commercial Applications</b></p> <p>The Group had a further discussion on OpenSAFELY commercial applications following the initial discussion at the PAG meeting on the 19<sup>th</sup> May 2026.</p> <p><b>Outcome of discussion:</b></p> <p>The Group discussed principles / criteria for different scenarios / types of commercial applications that may request access to OpenSAFELY, including, but not limited to <b>1)</b> full commercial applications; and <b>2)</b> applications where there is a commercial sponsor.</p> <p>The Group noted that whilst some initial thoughts were put forward, further discussions would need to take place with the BMA and RCGP via the PAG GP Representative's, and agreed that this would be added to a future PAG meeting agenda for further discussion.</p> <p><b>ACTION for PAG Secretariat:</b> To include 'OpenSAFELY Commercial Applications' to the internal PAG forward planner.</p>	PAG Sec
<b>6. CONFIDENTIAL ADVICE / BRIEFING SESSION</b>		
6.1	Confidential briefing session	
<b>7. Any Other Business</b>		
7.1	<p><b>PAG Webpage</b></p> <p>The PAG Secretariat advised the Group that the updated <a href="#">PAG webpage</a> has now been published.</p>	
7.2	<p><b>NIC-802553-F6L6G University of Bristol</b></p> <p>The Group noted that following the advice provided at the PAG meeting on the 9<sup>th</sup> June 2026 on NIC-802553-F6L6G, an additional query had been raised by the Group in respect of the machine learning aspect of the application. The Group noted that this would be considered further and that an update would be provide at the PAG meeting on the 30<sup>th</sup> June 2026.</p>	
<p><b>Meeting Closure</b></p> <p>As there was no further business raised, the PAG Chair thanked attendees for their time and closed the meeting.</p>		

# Profession Advisory Group (PAG) Feedback Form - OpenSAFELY

Meeting Details	
<b>PAG advice sought by NHSE:</b>	08/06/2026
<b>Date of PAG advice:</b>	23/06/2026

Application Details			
<b>NIC Reference:</b>	DARS-NIC-808551-P5S8T-v0 OpenSAFELY Ref: AOS-2026-1032	<b>Application version Number:</b>	V0
<b>Applicant Organisation:</b>	HDR UK + GSK		
<b>Application Title:</b>	Evaluation of the potential causal effect of shingles vaccine eligibility on the incidence of dementia in the United Kingdom		

Attendees		
Representing Organisation	Name	Role
British Medical Association (BMA)	Mark Coley	BMA Representative
Royal College of General Practitioners (RCGP)	Tom Nichols	RCGP Representative

Declarations of Interest
There are no declarations of interest

Advice Required
<b>OpenSAFELY Application</b>
<p><b>The OpenSAFELY Data Analytics Service Pilot Direction 2025 states:</b></p> <p>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><b>1a. Does this application meet the requirements of the OpenSAFELY Direction?</b></p>
<p>Yes</p>
<p><b>1b. Is this request in line with the following purposes as specified in the OpenSAFELY Requirement Specification?</b>  <a href="#">NHS OpenSAFELY Data Analytics Service Pilot Directions 2025 - NHS England Digital</a></p>
<p> <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 &amp; social care policy, planning &amp; commissioning &amp; public health         </p>
<p><b>1c. Advice from the Profession</b></p>
<p>The supporting material includes the application form, and a supplement of the additional information provided, to help support consideration of the study, which is co-sponsored by HDR UK, and GSK, the pharmaceutical company who manufacture the vaccine in the study.</p> <p>The authors set out a well-considered, evidence description of the alignment of the study to the Quintuple Aims, which is exemplary and extremely helpful in prioritisation and the ability to articulate its strongly strategic basis, and we are grateful for the effort in doing so. A realistic and proportionate appraisal is presented as to which aims are immediately served. Framing the study aims in this way is extremely helpful to the profession, and to document the justification, in the context of commercial involvement which can be contentious, particularly if misunderstood.</p> <p>Of academic interest only, the benefits to family and carers are more often aligned to aim 2 – patient wellbeing (which loses the family context in its simplified title), rather than the workforce, however the substance of the issue is well articulated, and valid.</p> <p>The intended public benefit is clearly aligned to the NDG guidance, and is easily supportable.</p>

The rationale for using OpenSAFELY as the platform for this work is strong, with the observed grounds being the low incidence rate, and need for a comprehensive dataset. The data quality in primary care records in this area is high, because of good immunisation data recording of the vaccine, combined with the GP Quality & Outcomes Framework incentivisation of the codification and management of Dementia syndromes, meaning there is a reasonable expectation of high-quality data.

We note that the event of a spontaneous attack of shingles is a clinically important variable which may promote improved immunity. Shingles is a clinically significant event in primary care that is routinely coded because of its significance and recognisability, and therefore the study team should expect to find episodes of shingles if they are included in the specification, to help with subgroup analysis.

We are grateful to the authors for acknowledging the professional input into creating the data source, and the value generated by the people recording the data. The vast majority of immunisations will have been delivered by practice nurses, and health care assistants, and their care and contribution to this dataset is worth explicitly observing as we review the application. The recording of these particular diagnoses is also a team effort, with non-clinical staff curating records based on incoming outpatient correspondence such as from memory clinics and psycho-geriatrician's documentation, in addition to the GPs who codify the salient events and findings (as well as employing, training and supervising the staff in their teams).

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Date of PAG advice:	23/06/2026

Application Details			
NIC Reference:	DARS-NIC-808555-J8P1P-v0 OpenSAFELY Ref: AOS-2026-1003	Application version Number:	V0
Applicant Organisation:	University of Oxford		
Application Title:	Detecting the Impact of NICE Guidance On Primary Care Prescribing		

Attendees		
Representing Organisation	Name	Role
British Medical Association (BMA)	Mark Coley	BMA Representative
Royal College of General Practitioners (RCGP)	Tom Nichols	RCGP Representative

Declarations of Interest
There are no declarations of interest

Advice Required
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<p><b>1a. Does this application meet the requirements of the OpenSAFELY Direction?</b></p>
<p>Yes</p>
<p><b>1b. Is this request in line with the following purposes as specified in the OpenSAFELY Requirement Specification?</b></p> <p><a href="#">NHS OpenSAFELY Data Analytics Service Pilot Directions 2025 - NHS England Digital</a></p>
<p> <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 &amp; social care policy, planning &amp; commissioning &amp; public health         </p>
<p><b>1c. Advice from the Profession</b></p>
<p>The foundational principle of using OpenSAFELY to assess the impact of NICE Guidelines is strategically important.</p> <p>OpenPrescribing shows a significant and recent substantial growth in Tirzepatide and Inclisiran prescribing in primary care (below), demonstrating meaningful data is ready for collection and analysis in these treatments.</p> <p>QOF biases towards delivery, but not necessarily good clinical care.</p> <p>Care should be given to given to considering the impact of the GP QOF on the data that have been generated. Specifically, the GP QOF is focussed on item of service care, for a selected sub-population of people with the relevant conditions, and specific end points – the code lists used by the QOF (extracted by GPES in the primary care reference sets) do not have an easily accessible use-case, but are biased towards having a high positive predictive value i.e. when the selected codes are present, there is a very high chance that the patient has the condition. However, part of their ‘do not use’ case is that they should “not be used for clinical care”. Sounding paradoxical, what it means is that there will be patients with clinical syndromes who require the same care, but do not fit the QOF. The authors should therefore consider carefully which code lists are used to identify the condition, such as whether ‘proxy’ codes are allowable (i.e. the code implies the</p>

condition but where the patient may not have a diagnosis) or whether proxy medication is used e.g. specific drugs without a diagnosis.

We note that the regionalisation of the NHS in terms of enhanced service provision results in idiosyncratic provision of care, which this study is powered to explore. The delivery of item-of-service care such as injectable treatment which is not part of the core GMS contract, means that regional prioritisation and timelines create differences between when a prescribing formulary permits the issuing of a prescription, and when a surgery is offered a contractual basis to administer it. Where the contract is not accepted by a practice, those treatments may not be given in primary care.

In addition, each region has the prerogative to commission services provided outwith the individual practice e.g. a hub to deliver services, and although it is technically possible for data such as prescriptions-issued-elsewhere to be entered into the primary care record, if there is no financial / contractual incentive to do so, then there may be gaps in the data that suggest a patient has not had the treatment, when they have. These factors will undermine the Sensitivity of looking for these data.

We note that there is currently no procedural code which pre-coordinates a procedure of the administration of Inclisiran, meaning that there may be patients who have a valid procedural entry such as descendents of 59108006 | Injection (procedure) | which are post-coordinated with the freetext being the drug name. The constraints on free text mean that these data will be invisible.

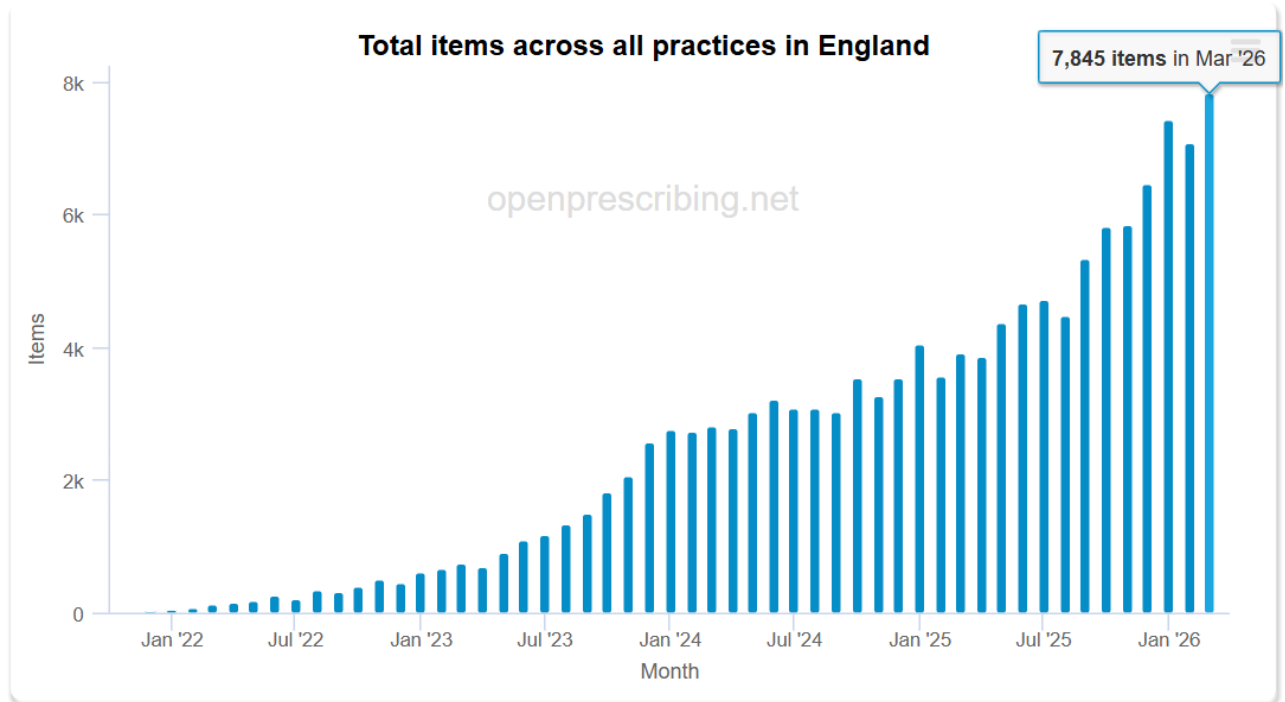
The authors should consider whether to look for 'proxy' codes to consider other indicators that a patient has had or been considered for inclisiran such as 1362881000000103 | Adverse reaction to inclisiran (disorder) | and 1306562001 | Product containing only inclisiran in parenteral dose form (medicinal product form) | as these codes may appear in patient records, and may help with interpretation (noting that misuse of codes with inappropriate semantic tags

Inclisiran prescribing trend:

Trends

Spending

Items

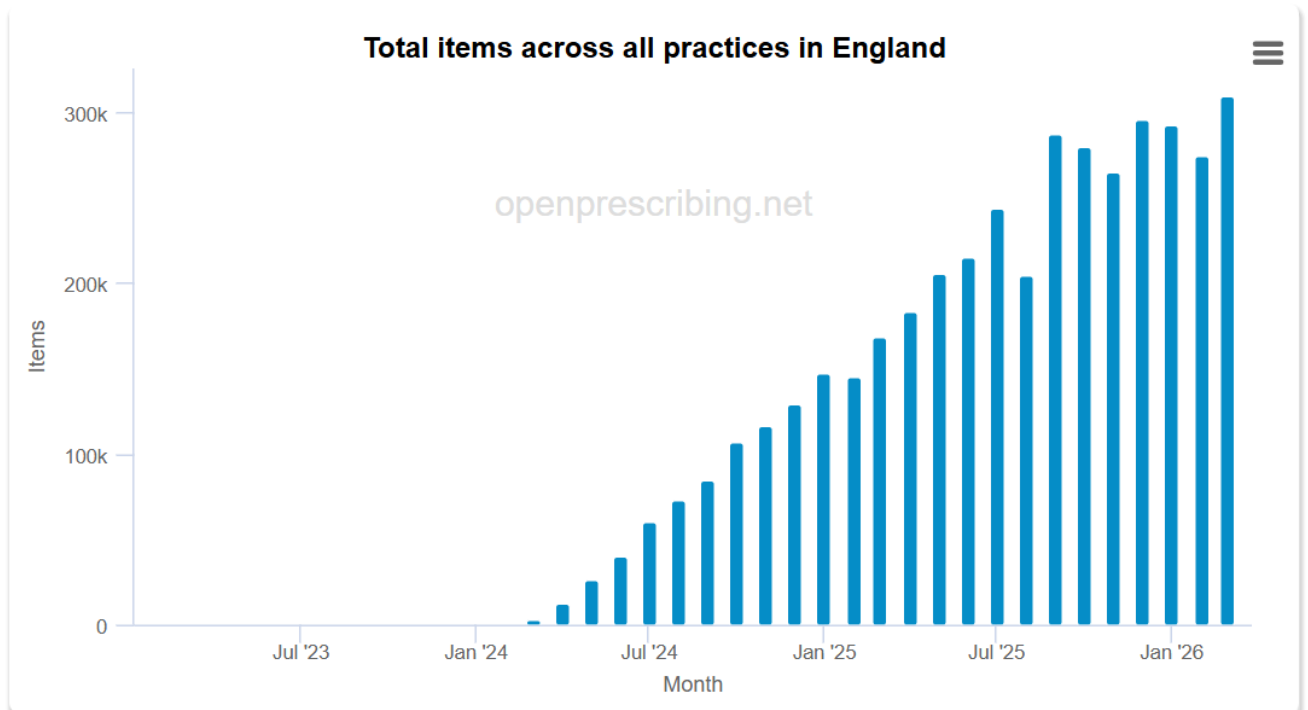


Tirzepatide prescribing trend

Trends

Spending

Items



# Profession Advisory Group (PAG) Feedback Form - OpenSAFELY

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<b>Date of PAG advice:</b>	23/06/2026

Application Details			
<b>NIC Reference:</b>	DARS-NIC-808564-L1F2C-v0 OpenSAFELY Ref: AOS-2026-1012	<b>Application version Number:</b>	V0
<b>Applicant Organisation:</b>	LSHTM		
<b>Application Title:</b>	INTEGRATE: Using routinely-collected healthcare data to inform clinical guidance and improve population health		

Attendees		
Representing Organisation	Name	Role
British Medical Association (BMA)	Mark Coley	BMA Representative
Royal College of General Practitioners (RCGP)	Tom Nichols	RCGP Representative

Declarations of Interest
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<p><b>1c. Advice from the Profession</b></p>
<p>Ethical review is pending.</p> <p>Osteoporosis, Osteopenia and Fragility Fracture are conditions with considerable unmet need in terms of data quality. While the GP QOF has incentivised the identification of certain cohorts of patients, the information and coding models are deliberately simplistic and biased towards a few key observable outcomes. There is a significant mismatch therefore between the data recorded and its quality, across different groups.</p> <p>Read and SNOMED both offer significant granularity in recording the situations with explicit context, the clinical findings and observables, and can support incredibly detailed chronological timelines for when treatments started, stopped, diarisation of treatment holidays etc. As foundation EPR software currently lacks the if-this-then-that tooling required to record these complex sequences expediently e.g. coding support to render a timeline for clinicians, and offer appropriate coding e.g. constraining data entry to relevant items e.g. scheduling treatment holidays.</p> <p>GP records also may or may not record crucial landmarks such as the event of a long-acting antiresorptive such as an annual bisphosphonate, or denosumab given by a secondary care provider. Although good practice dictates that a medication</p>

may be virtually issued in the clinical system (with appropriate metadata to indicate that it was actually prescribed elsewhere) in order to enable decision support such as prescribing safety algorithms, doing so is time consuming, relies on precise dates being described in correspondence (otherwise the date of the issue may be inaccurate) and is not an incentivised item of service. This undermines the data-driven record approach to understanding an individual patient's record. The positive predictive value of coding is high, but the sensitivity is low, in other words.

The explicit commentary on code list intentions is welcome, however, the version IDs are not searchable – the quoted numbers relate to individual versions of a particular code list, and so do not enable direct scrutiny.

The GP QOF datasets are deliberately constrained, and represent a fraction of the patients with relevant conditions, so may be informative but should not be used for the code lists without careful review.

OpenSAFELY offers the ability to post-process data to analyse the chronological journey of the patient, by applying 'rules' to tease apart the events, and true history, providing a rich source for understanding pseudonymised care in a way that is not normally available in primary care.

We are intrigued as to whether this study will seek out and present data quality issues, for example – is there an association between having clear coded timelines for treatment, and closer adherence to treatment principles, and/or end outcomes? It might be predictable that good data quality would have this association.

In turn these observations would be helpful in write-up to help establish whether or not a national data quality improvement programme would be helpful, and the business case for coding support tooling in the Single Patient Record or core EPRs.

# Profession Advisory Group (PAG) Feedback Form - OpenSAFELY

Meeting Details	
PAG advice sought by NHSE:	15/06/2026
Date of PAG advice:	23/06/2026

Application Details			
NIC Reference:	DARS-NIC-808567-R7X6T-v0 OpenSAFELY Ref: AOS-2026-1018	Application version Number:	V0
Applicant Organisation:	UKHSA		
Application Title:	Surgical site infection monitoring in English routinely collected primary and secondary care data		

Attendees		
Representing Organisation	Name	Role
British Medical Association (BMA)	Mark Coley	BMA Representative
Royal College of General Practitioners (RCGP)	Tom Nichols	RCGP Representative

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<p><b>1c. Advice from the Profession</b></p>
<p>PAG wishes to point out that there may be a variety of treatments prescribed for similar presentations given a patient’s documented allergies and intolerances and also local antibiotic formularies. Not all supplies of antibiotics may be captured through the coded GP record, particularly if an out of hours GP or urgent care centre has been visited. Flucloxacillin and macrolides generally tend to be first-line in our experience for superficial skin infections but if there is any suspicion of a deep-seated infection the patient will invariably be referred straight back to the hospital (either via the local emergency department or the surgical assessment unit).</p> <p>We note that there have been significant changes in the terms used in primary care records, from 2018 onwards when READ was decommissioned and SNOMED became the approved system. SNOMED has considerable differences from READ, and there has been significant ‘churn’ in the decommissioning of SNOMED codes for surgical procedures. This means that care will be needed with the Inactive concepts, and decisions as to which inactives to include. This can be challenging, particularly if no tooling is available with those advanced functions, but the use of the NHS England Public Usage tables which are released in the Data Migration Workbench (and the substitution and query tables) can be helpful</p>

in ensuring there are not data gaps, and in OpenSAFELY there is tooling which can be accessed for code lists to analyse the public usage tables.

We considered the granularity of the data, in light of the advice that results will be plotted over practice / geographic region, and advise that we can see no strong benefit to practice level plotting, and some pitfalls.

The provision of care at practice level may be heavily influenced by local pathways, and depend on whether there are services such as minor injuries units which are commissioned to see patients. PCN level data would be informative, but we would not expect to see practice level data on this.