

**HEALTH AND SOCIAL CARE TRANSPARENCY PANEL
CLINICAL AUDIT SUB-GROUP**

NOTE of meeting held at Department of Health, Skipton House, 80 London Road, London, SE1 6LH

Wednesday, 12 September 2012

PRESENT		
Mark Davies (Chair) (MD)	Peter Stephens (PS)	Robin Burgess (RB)
Alex Hoffman (AH)	Gill Lawrence (GL)	James Roxburgh (JR)
Michael Chapman (MC)	Mick Peake (MP)	Julie Henderson (JH)
John Patterson (JP)	Alan Barcroft (AB)	DH Clinical Audit policy (junior civil servant)
APOLOGIES		
Paul Robinson (PR)	Roger Taylor (RT)	Simon Bennett (SB)
Jane Ingham (JI)		
SECRETARIAT	Diana Paine (DP)	

Note of sub group meeting 12 July 2012

- 1 Agreed. It was also agreed that members could now share a copy of the notes with colleagues.

Principles and criteria paper

- 2 The main focus of the meeting was a detailed discussion of a draft paper setting out possible principles and criteria for sharing clinical audit data with third parties, including information intermediaries. This included some discussion of the system required to support data sharing. As far as possible the paper drew on existing guidance, in particular the UK ACR guidelines
- 3 As well as issues discussed in the earlier meeting, such as the risks of patient identification and of misuses or misunderstanding of data, there was particular focus on how to balance potentially conflicting requirements:
 - - giving audit suppliers understanding of the purposes to which data will be put
 - allowing data users to make a generic application that allows

- flexibility to use the data to answer a variety of questions
 - - need for a good understanding of the data, including clinical validity
 - opening up data for others to interpret and analyse
 - - timely response to requests for data
 - resources available to service requests in audit supply organisations
- 4 It was agreed that a smaller group should have a detailed session to try to agree the key components of a data sharing agreement that would allow audit suppliers to make data available to third party organisations, including the private sector. The group would also consider how this might be delivered.
- 5 Data sharing group members:
- Roger Taylor or Peter Stephens or Paul Robinson - to be agreed
 - Robin Burgess
 - Julie Henderson
 - Jane Ingham - or her nominee
 - Michael Chapman
 - John Patterson or someone from the CPRD team
- 6 A paper covering the above, and also suggesting an approach to agreeing the appropriate level of granularity of data to be released under the open data commitment, would go to the next meeting of the sub group. It was expected that this would form the basis for the paper setting out the sub group's recommendations, to go to the main panel meeting on 17 October.

Data sharing sub group meeting – Tuesday 2 October 2.00-4.00pm

Clinical Audit sub group meeting - Wednesday, 10 October, 9.30-11.30 am.

Room 6B2 SKH

No VC available

Teleconference: dial: 0800 496 2856 access code: 6084096

**HEALTH AND SOCIAL CARE TRANSPARENCY PANEL
CLINICAL AUDIT DATA SHARING SUB-GROUP**

NOTE of meeting held at Department of Health, Skipton House, 80 London Road, London, SE1 6LH

Tuesday, 2 October 2012

PRESENT		
Mark Davies (Chair) (MD)		
Alex Hoffman (AH)	Peter Stephens (PS)	Julie Henderson (JH)
Roger Taylor (RT)	Alan Barcroft (AB)	Michael Chapman (MC)
APOLOGIES		
Robin Burgess (RB)		
SECRETARIAT		
	Diana Paine (DP)	

1 The group re-capped some of the key issues and requirements that a process for agreeing and managing data release would need to recognise and that a data sharing agreement might then need to cover. These included:

- Risk of data misuse
- Risk of patient identification
- Data security
- Reasons provided where access is refused
- Opportunity for data suppliers to comment on analysis planned for publication
- Variation in the quality and maturity of national audits
- Patient consent and the issue of 'fair processing'
- Risks of gaming/perverse incentives if data is expected to become more publicly visible

The revised draft paper produced as a result of this meeting sets out these issues and requirements more fully.

2 This was underpinned by an assumption under Government policy that data would be shared unless there were reasons why this was not possible or appropriate. This included with information intermediaries and other commercial organisations. As there was already an established process for requesting data for research the focus of the discussion was a system for data required for information management (business intelligence) purposes. This would require anonymised data but it might need to be at patient level. It was noted that HQIP, HSCIC and a number of the audit suppliers already

- had processes and data sharing agreements that could form the basis for agreeing a consistent approach.
- 3 It was agreed that a revised draft paper, setting out a suggested approach to data sharing should be taken to the next sub group meeting to form the basis for the clinical audit sub group's recommendations to the main Health and Social Care Transparency Panel meeting on 17 October.
 - 4 The paper should cover :
 - Use of data
 - Timescales for response
 - Audit maturity
 - Sample size
 - Audit supplier opportunity to comment on analyses for publication
 - Data controller's role as arbitrator in cases where audit supplier and data requester could not each agreement
 - 5 Given the number of issues identified it was agreed that HQIP, an audit supplier and an information intermediary should work through a real data request to test how the proposed system would work.
 - 6 A draft paper would be circulated later in the week so that a re-worked proposal could go to the sub group on 10 October

Clinical Audit sub group meeting - Wednesday, 10 October, 9.30-11.30 am.
Room 6B2 SKH
No VC available

Teleconference: dial: 0800 496 2856 access code: 6084096