Dear Michael,

Thank you for attending the Joint GP IT Committee on the 17th March 2024, where you shared with us slides outlining how NHS England is progressing the Direction (pilot) to provide a legal basis to processing GP data for analyses (specifically research, service evaluation, audit and health surveillance) beyond COVID-19 purposes.

The slides made it clear that the technology that will be used is the OpenSAFELY platform; that there will be a Profession Advisory Group (akin to the GDPPR Profession Advisory Group); that applications will have research ethics committee review; and opt-outs will be upheld according to policy.

We understand that NHS England will actively maintain engagement and knowledge sharing with the Committee to continue to co-produce the development, implementation and rules governing the processing of GP data using the OpenSAFELY platform.

The above points and commitment to engage the profession are in line with the conditions by which the Committee supports NHS England to establish a new Direction for the use of OpenSAFELY in EMIS and TPP for processing GP data for non-COVID-19 analyses¹.

In addition, we are grateful that the BMA and RCGP have been invited as members of the NHS England OpenSAFELY Oversight Group.

Regarding opt-outs, we understand that you have implemented a software-based control at the OpenSAFELY platform layer, to ensure opt-outs are upheld; this software-based control will currently uphold the Type 1 opt-out, meaning that the GP-related data of patients with a Type 1 opt-out will not leave the GP data controller environment or be processed for any new approved projects. However, the software-based control could allow these data to be made available for OpenSAFELY analyses subject to appropriate governance approvals and appropriate circumstances, such as evidence of vaccine breakthrough with new SARS-CoV-2 variants, disease outbreaks, or future pandemics. We support this software-based solution.

We also heard that you will explore how OpenSAFELY technology may be used to support other initiatives, but that any such work and processing of GP data will require ongoing engagement and support from the profession. We also heard that the use of OpenSAFELY to support consented cohorts is out of scope of this planned Direction.

Since the meeting, we have invited other members of the RCGP Health Informatics Group to ask questions about these plans, and the operation of the OpenSAFELY platform. No concerns have been raised. Similarly, no concerns have been raised by the BMA. In the spirit of co-production, we were grateful to receive the draft requirements specification and the DPN for the new direction, which we have shared in confidence. NHS England and the OpenSAFELY team keep the profession, and specifically the Joint GP IT Committee members regularly updated regarding current and developing plans for how OpenSAFELY processes GP data. As a result, the content of the documents had “no surprises” and continues to build on the well thought out mechanisms for promoting patient and public trust and transparency in the use of GP data for purposes beyond direct care.

Please keep us informed of your timelines to issue the Direction and DPN as we are keen to ensure that the BMA and RCGP also co-ordinates informative communications to practices at the same time as it is important this work does not inadvertently become confused with any other data sharing initiatives.

Yours sincerely,

Dr Mark Coley  
BMA  
Co-Chair Joint GP IT Committee

Dr Imran Khan  
RCGP  
Co-Chair Joint GP IT Committee

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Professor Ben Goldacre MBE, Joint Principal Investigator OpenSAFELY  
Dr Amir Mehrkar, Director of IG and External Relations  
OpenSAFELY Bennett Institute for Applied Data Science, University of Oxford

Advisory Group for Data (formerly IGARD)  
OpenSAFELY Oversight Group