

Wessex Data Access Committee: Minutes

Date: Friday 25th July 2025
Time: 13:00-15:00
Location: Virtual via TEAMS (meeting recorded for training and reflection)

Chair: Dr Rachel Chappell
Secretariat: Rebecca Wood

Present:

Rachel Chappell (Chair) RC; Keith Gomes Pinto (NHS Dorset) KGP; Will Jennings (Associate Dean Research & Enterprise, UoS) WJ; Patricia Fuller (Research Fellow, NIHR ARC Wessex) PF John McBeth (Professor of Health Data Science, UoS) JM; Andy Taylor (DCF) AT; Sandra Hall (DCF) SH; Lindsay Anderson (DCF) LA; Mark Heffernan (Director of Operations, Wessex SDE: Presenter) MH; Rebecca Wood (Minutes) RW.

Apologies: Heather Case, Sam Fortune and Nicolas Fuggle

	Item
1.	<p>Welcome and Administrative Business</p> <ul style="list-style-type: none"> • Chair welcomed attendees to the fifth Wessex SDE Data Access Committee meeting. • Apologies acknowledged. • No declaration of interest raised. • Previous minutes (Paper A) agreed. • No outstanding actions identified on the action log. • Chair reminded members to send apologies in advance to the Wessex DAC email address. • Committee members confirmed their availability for the next meeting on Friday 29th August. • Chair shared document: Wessex DAC: Draft transparency and disclosure plan (Attachment 1). Information on the DAC committee to be hosted on the SDE website including DAC committee's names, photograph and short paragraph highlighting relevant background or experience. The Terms of Reference of the group and eventually the agendas and minutes will be shared. Committee agreed. <p>Action 1: Chantal and Ralph will collate information from individuals with the aim to have a DAC Committee presence on the website by September.</p> <p>Action 2: Wessex DAC: Draft transparency and disclosure plan will be shared with the minutes. Please contact the Wessex DAC email address if you have any thoughts or suggested changes.</p>

<p>2.</p>	<p>Study 1: MendelScan 4</p> <p>MH Presented an overview of the study and shared slides.</p> <p>Company working with NHS England specialising in algorithms to detect undiagnosed rare diseases. The data will be provided by KMS SDE to include demographic, clinical events, referrals from GP and prescriptions.</p> <p>MH shared: AI in Health and Care Award Final Report from Mendelian’s website.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • The classification of the tool - Class 1 or Class 2 medical device and the safe outputs. • Committee suggested it would be helpful to include data flow diagrams and links to extra reading materials in the pre-reads. • Members enquired if they were expected to search for further information for commercial studies. • The use of individual-level outputs with the risks and benefits including the impact of the individual level report on GPs. <p>Decision: Approved with two conditions (if the conditions are not met, the study will return to the Wessex DAC):</p> <ol style="list-style-type: none"> 1. Individual-level reports must not leave the SDE. 2. Confirmation of the clarification of a Class 1 medical device.
<p>3.</p>	<p>Comfort break</p>
<p>4.</p>	<p>Study 2: BRC Perioperative Biomedical Burden</p> <p>MH Presented an overview of the study and shared slides.</p> <p>Study jointly funded by Wessex SDE and the NIHR Biomedical Research Centre.</p> <p>The study brings together UHS hospital data, Fit4Surgery data and primary care data to assess the biomedical burden in colorectal cancer patients undergoing surgery. Data will be pseudonymised before entering the SDE, linked by SDE administrators, and re-pseudonymised prior to researcher analysis within the SDE.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • The strong alignment with NHS priorities and patient benefit. • The outputs and benefits of this project may inform future care pathway development

	<ul style="list-style-type: none"> • The potential opportunity to engage GP practices and expand data access. • The small sample size and possible re-identification of data. • The value of including study protocols as part of DAC paperwork. <p>Decision: Approved.</p>
<p>5.</p>	<p>Final Plenary Discussion: Conclusions and Next Steps</p> <ul style="list-style-type: none"> • Studies will continue to undergo review by either the internal UHS DAC or the Wessex DAC, with a view to phasing out the internal UHS DAC. • The committee has made some valuable points for discussion showing varied knowledge. • Committee members emphasized the importance of balanced information in pre-reads, including data flow diagrams. Action 3: Data flow diagrams to be included in the pre-read documents. • Not all studies will have a Study Protocols, clinical academics are used to writing protocols which are very robust and detailed. Commercial studies will not always have a Study Protocol; it is possible to development a light touch protocol for non-academic applicants. Action 4: MH to explore the possibility of providing a Study Protocol in the pre-reads for all future studies. <p>Chair thanked the committee for their attendance</p>
<p>6.</p>	<p>Close of meeting</p>