

Wessex Data Access Committee: Minutes

Date: Friday 27th February 2026
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; Sam Fortune (Digital Critical Friend) SF; Sandra Hall (Digital Critical Friend) SH; Michael George (Clinical Digital Research Fellow) MG; Rebecca Wood (Minutes) RW.

Apologies: Nicholas Fuggle, Andy Taylor, Heather Case, Lindsay Anderson, Mark Heffernan

	Item
1.	<p>Welcome and Administrative Business</p> <ul style="list-style-type: none"> • Chair welcomed attendees to the Wessex SDE Data Access Committee meeting. • Apologies noted. • No declarations of interest raised. • Previous minutes (Paper A) approved. The chair informed the group the minutes from these meetings will be published on the SDE website. • DAC Terms of Reference is also live on the SDE website.
2.	<p>Study 1: CONNECT-D NICE</p> <p>CONNECT-D NICE is sub-study of the overarching Connect-D programme, approved in November. The NICE study aims to support health technology appraisals for new dementia treatments by using the registry to produce an up-to-date, real-world descriptive baseline of the UK dementia population, including healthcare resource utilisation and estimates of eligibility for new treatments. Primary care data is currently reliant on Kent, Medway and Sussex SDE, as GP data onboarding in Wessex is ongoing.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Clarification was sought on the proposed timelines as it was noted that the timelines appear ambitious.

	<ul style="list-style-type: none"> Concerns were raised that only a subset of the full dementia cohort is currently available. The Committee recognised that primary care data availability varies across regions and may impact early analyses. The Committee discussed the breadth of the study and recognised that it is not driven by a single, clearly defined research question, in contrast to previous studies. Members agreed that ambitious timelines were not a concern, provided any extensions or significant changes would return to the committee for consideration. <p>Decision: Approved</p>
<p>3.</p>	<p>Study 2: Connect-D Stanford Shingles Vaccine</p> <p>Proposed study from Stanford University examining the impact of herpes vaccination on the risk of developing dementia. The study builds on a methodology previously published in 2025 using the SAIL databank in Wales and applies the same approach in England. The study requests week-of-birth rather than full date of birth and requires data on both people with and without dementia, focusing on individuals aged 50 and over. Primary care data is currently only available from Kent, Medway and Sussex SDE.</p> <p>Discussion:</p> <ul style="list-style-type: none"> Members discussed acknowledged study limitations, including the fact that some dementia cases remain undiagnosed. This reflects real-world clinical limitations rather than a flaw in the study design and that findings may support earlier identification in future. Reassurance was provided that the use of week-of-birth data aligns with the methodology used in the team’s previous published study and is in line with data minimisation approaches. Members discussed the number of researchers requesting access to the SDE (7 in total) and agreed it would be helpful to seek clarification on roles and responsibilities within the research team. <p>Decision: Approved with a recommendation for clarification in the roles and responsibilities of the research team accessing the data within the SDE.</p>
<p>4.</p>	<p>Final Plenary Discussion: Conclusions and Next Steps</p> <ul style="list-style-type: none"> Chair thanked the committee for their attendance and contribution to the discussion.

5.	Close of meeting
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