

Wessex SDE General Practice Engagement Strategy

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Purpose

This strategy sets out how Wessex GP practices will be engaged, supported and onboarded to participate in the Wessex Secure Data Environment (SDE) as part of the Connect-D programme. Its purpose is to secure GP participation at scale in a way that is trusted, proportionate, streamlined and effortless, with clear benefit to patients and the public, practices and the NHS and helps further research and innovation.

The strategy supports Workstream 1 of the Connect-D programme: full onboarding of regional partners, including general practice, to establish a flagship data environment for dementia research.

Strategic Aim

The overall engagement aim is to achieve **100% of GP practices across Wessex by population signed up and data flowing by 31st March 2027**, in line with Wessex SDE OKR 1.3. Progress will be delivered through a phased approach and monitored against quarterly milestones of **20%, 50%, 80% and 100%**.

Strategic Context: Why This Matters to General Practice

General Practice holds some of the most valuable and trusted longitudinal health records in the NHS, reflecting real-world care across diverse urban, rural, coastal, deprived, veteran and long-term condition populations. However, this data remains underused for research and service improvement because access has historically been difficult to obtain safely, securely and consistently at scale.

For practices, the barriers are familiar: repeated data sharing agreements, multiple governance reviews, bespoke data collections, administrative burden, risks around controllership, fragmented insights and concerns about public trust. The Wessex SDE intends to address these barriers by moving from a **data sharing model** to a **data access model**, where datasets are accessed securely within an NHS-governed environment rather than repeatedly extracted and distributed.

The core strategic message for practices is therefore simple: **it is an opportunity to participate in a secure, governed model that reduces burden, strengthens control, and creates clinical, research and operational value.**

Engagement Principles

Engagement with GP practices will be guided by the following principles:

1. Trust and transparency

All engagement must be explicit about how GP data is handled, the legal and governance framework, and the safeguards in place through the Five Safes Framework, secure access controls and NHS governance. It must be clear that data is **accessed, not extracted**, and that GP practices retain data controllership and may opt out of studies if concerns arise.

2. Value before ask

Engagement will begin with what matters to General Practice: reduced burden, safer governance, funded onboarding, opportunities to influence research priorities, and improved patient and population health insights. The strategy will avoid positioning participation as a one-sided request for data and instead frame it as a fair, proportionate and patient-centred value exchange.

As per the Value Sharing Framework developed by the CIDC and backed by NHS E, Wessex SDE's **guiding principle is to share future SDE commercial research revenue with General Practice.**

3. Simplicity

Where possible, websites, processes, documents and messages will be simplified into GP-centric language and familiar formats. The onboarding proposition will be easy to understand and operationally light touch.

4. Relevance

Practices are more likely to engage where the programme is demonstrably linked to frontline care, local priorities and meaningful research. Use cases such as benefits of the shingles vaccination on the dementia and real-world support for NICE technology appraisals will therefore be central to our engagement messaging.

5. Relationship-led delivery

Engagement will work best when delivered through trusted local and regional networks, named clinical leadership, and ongoing follow-up rather than one-off broadcasts. Personal contact and visible GP leadership are key enablers.

Core Value Proposition for General Practice

The GP engagement strategy will be built around a clear and consistent value proposition for practices.

Please refer to the **Value Return Framework (VRF)** for General Practice document.

Engagement Strategy

To achieve full GP participation, the following engagement approaches will be implemented.

1. Personalised practice support

Engagement will prioritise **1:1 support and structured follow-up** after first contact, recognising that practices vary in research confidence, capacity and local priorities. A named contact model will be used wherever possible, with support tailored to each practice's stage in the engagement or onboarding journey.

2. Targeted cohort-based engagement

Practices will be engaged in phases through a **Pilot, Cohort 1** and **Cohort 2** model.

Task	Dates
Wessex-wide GP engagement activity	01 October 25 – 31 March 27
Pilot practices agreed	By 31 May 2026
Pilot practices signed DSA/DPIA	By 31 July 2026
Cohort 1 practices agreed	By 30 September 2026
Cohort 1 practices signed DSA/DPIA	By 30 November 2026
Cohort 2 practices agreed	By 31 January 2027
Cohort 2 practices signed DSA/DPIA	By 31 March 2027

Targeting will take account of patient list size based on research focus (e.g. practices with largest list size of dementia patients for Connect-D study) or whether the practice already has a track record engaging with research. This phased approach allows learning to be applied progressively and creates early demonstrator sites.

3. Clear communications through trusted channels

The approach will move away from reliance on large-scale, one-off webinars and instead use smaller interim bespoke sessions and cascaded communications through local and regional research collaborations, and local leadership organisations such as Wessex LMC, the ICBs, GP alliances, etc. Messaging will be concise, consistent and repeated across formats.

Core messages aligned with VRF:

- **GPs will retain data controllership of data within their own clinical systems up to the point at which the data enters the SDE – in contributing data, controllership responsibility will transfer to UHS (Wessex SDE).**
- **Participation in research at scale with minimal overhead.**
- “Prepare once, use many times”
- Share SDE research revenue with General Practice based in the value sharing framework
- Moves practices from being data providers to active research and innovation partners
- "Recognition of Engagement in Research" badge

4. Use-case-led engagement

Use cases will sit at the centre of all engagement materials to show practical impact. In particular, the Connect-D dementia programme provides a strong narrative: fragmented data currently prevent a complete understanding of the dementia journey, while linked data across care settings can support prevention, treatment planning and better service design. The shingles vaccine study, NICE collaboration and Dementia Trials Network examples are especially useful because they show immediate public benefit and frontline relevance.

5. GP-focused documents and onboarding materials

The DSA, DPIA and any supporting guidance will be revised into a more GP-centric format. These documents will clearly explain:

- what the data flows looks like;
- how identifiable and de-identified data are managed;
- how multi-SDE or linked working is governed;
- what the practice is agreeing to at onboarding and what decisions remain within its control.

The onboarding journey has been presented in a simple three-step format:

- 1. Get in touch / express interest;**
- 2. Review and sign the DSA/DPIA and be sighted on VRF;**
- 3. Complete technical onboarding and then participate through the agreed route.**

6. In-person engagement and events

In-person engagement will be used selectively to demonstrate the wider opportunity of research and innovation for General Practice, including links to industry, pharma, life sciences, academia, local NHS partners and research sponsors. These events will focus on practical benefit, visible case studies, networking and pipeline opportunities rather than technical and governance aspects alone.

As part of our engagement programme, we plan to deliver a roadshow in partnership with GP practices and their Patient Participation Groups (PPGs). This initiative will provide an opportunity to better understand and address any concerns raised by clinical and operational staff, as well as members of the public. By fostering open dialogue and collaboration, we aim to strengthen relationships, build confidence in the programme, and increase participation and sign-up rates.

7. Public trust and public involvement

The strategy will actively use the programme's strong public engagement record to reassure practices. There has been extensive Wessex-wide public involvement, including engagement with more than 40 groups, over 560 participants in discussions, public panel activity, deliberative dialogue, digital critical friends and representation on the SDE Board

and Data Access Committee. This will be embedded in communications to support confidence that the programme has been shaped with our patients and public.

8. Engaging Research-Active Practices Using the NIHR & Wessex Ecosystem

To engage practices already active in research, the strategy should shift from *awareness-building* to enablement, amplification and partnership—leveraging the NIHR and Wessex ecosystem as a multiplier of what they are already doing well.

- **Reframe the Proposition: From Participation to Progression**
 - From **delivering studies** → **shaping and scaling research**
 - From **individual study participation** → **access to system-wide datasets and insights**
 - From **local research activity** → **regional and national influence**

This aligns to the NIHR ambition to **make research “business as usual” in primary care**.

Roles and Responsibilities

A successful engagement programme will require visible clinical and operational leadership.

- **Clinical leadership** will provide credibility with General Practice, support peer-to-peer engagement and help articulate why Wessex SDE matters clinically and professionally.
- **Programme and project leadership** will coordinate planning, resource, delivery, reporting and issue resolution.
- **Local GP champions and trusted networks** will help cascade messages, identify barriers early and support local adoption.
- **Information governance and onboarding teams** will simplify documentation, offer practical support, and ensure that technical and legal processes are consistent and easy to navigate.

Measurement and Evaluation

Success will be monitored using a combination of delivery and outcome measures.

Delivery measures

- # of GP practices engaged.
- # of GP practices with signed DSA/DPIA.
- # of GP practices technically onboarded.
- % of patients registered with a GP surgery whose data is flowing into SDE. (This can also be broken down by study)

Capability measures

- # of studies utilising GP data in Wessex SDE
- # of datasets that can be accessed through Wessex SDE that have GP data

Outcome measures

- Reported reduction in administrative burden for practices. (Qualitative)
- Practice confidence in governance and public trust arrangements. (Qualitative)
- % uptake of practices engaged with research opportunities and studies. (Quantitative)
- Evidence of improved insights, service planning or pathway improvement arising from SDE participation. (Qualitative and Quantitative)

Risks and Mitigations

1. Perceived governance risk

Some practices may still be concerned about medico-legal exposure, IG and confidentiality or reputational risk. This will be mitigated through consistent explanation of retained decision-making about use of data per research study, alignment to the Five Safes framework, the NHS-governed environment and the distinction between access and extraction.

2. Perceived increase in workload

Practices may assume participation creates another administrative workload. This will be mitigated by clear evidence that the SDE reduces repeated governance work, simplifies study participation and provides funded support for onboarding.

3. Lack of relevance to frontline care

If engagement is framed only in technical or research terms, practices may disengage. This will need to be mitigated through use-case-led messaging centred on how:

- Wessex SDE turns fragmented data into system-wide intelligence, enabling better decisions about who to target, what to change, and where to invest, and
- the SDE's value is realised when insights are translated into operational action through PHM platforms and clinical systems.

4. Engagement fatigue

General Practice is already managing significant system pressure. The strategy will therefore use phased, personalised engagement, trusted local routes and concise materials to minimise any communication burden.

Conclusion

This strategy positions GP engagement not as a communications exercise alone, but as a **practical value proposition for General Practice**. It combines better governance, lower burden, funded support, stronger research access, and clearer patient benefit into a coherent offer for practices.

If delivered consistently, this approach will help Wessex secure full GP participation by March 2027 while building a trusted model for research, innovation and service improvement that keeps General Practice in control and visibly returns value to the frontline.

Immediate Next Steps

1. Finalise GP-facing messaging based on the value return framework.
2. Refresh the DSA/DPIA and onboarding documents into a more GP-centric format.
3. Confirm pilot practices and sequence engagement activity.
4. Develop a simple practice briefing pack and dedicated landing webpage.
5. Put in place routine reporting against engagement, sign-up and onboarding metrics.