

Wessex SDE Value Return Framework for General Practice

Contents

1. Purpose	2
1.1 Value Proposition	2
1.2 Value Return	2
2. Value Proposition for General Practice	2
2.1 Enhanced, Streamlined Data Security and Governance	2
2.2 Reduced Administrative Burden	3
Combined Impact – 2.1 and 2.2	3
2.3 Access to Research Ecosystem	4
2.4 Access to Research Infrastructure	4
2.5 General Practice-Led Research	4
2.6 Service and Population Health Improvement	5
2.7 Networking and Collaboration	5
3. Value Return for General Practice	5
3.1 Financial Value and Direct Incentives	5
3.2 Value Sharing	6
3.3 Primary Care Research and Innovation Fund	6
3.4 Workforce Capability (Future Ambition)	7
3.5 Data Quality Improvement (Future Ambition)	7
3.6 Recognition and Attribution	7
4. Summary	8

1. Purpose

This value return framework defines how value is returned to GP practices that engage with research as part of the Wessex SDE community. It will help support:

- Confidence in participation with research and data sharing
- Alignment with patient and practice needs, NHS health and care objectives and local research priorities
- A clear, non-transactional but tangible value exchange

This aligns with the overarching principle that we create value for our systems that is fair, equitable, proportionate, and patient-centred rather than financially driven enabling **participation in research at scale with minimal overhead.**

1.1 Value Proposition

Participation in the Wessex SDE enables General Practice to safely contribute to, influence and benefit from research while reducing governance burden, improving clinical insight, strengthening research capability, and supporting better patient outcomes.

1.2 Value Return

In return for participation, practices receive direct financial support, free access to research infrastructure, opportunities to lead research, data quality improvement, service improvement insights, workforce development, collaborative opportunities, and formal recognition of their contribution.

Value Proposition for General Practice

1.1 Enhanced, Streamlined Data Security and Governance

- Shift from **multiple ad-hoc data sharing agreements** (DSAs) and Data Protection Impact Assessments (DPIAs) to a **single initial review and sign off covering all research studies.**
- While GP data will be accessed in the SDE, GPs retain control over whether their patients' data is made available for specific research uses, in line with agreed governance and legal requirements.
- Data is **accessed, not extracted**, within the controlled secure data environment.
- Wessex SDE (UHS), as lead data controller, operates an enhanced secure, fully regulated NHS-governed access model and environment.
- All studies will align to the [Five Safes Framework](#)
- Strengthens:
 - Assurance around safety, security, and information governance
 - Compliance with UK GDPR and ICO's regulatory framework
 - Public trust
- ❖ **Benefits:**
 - **Retention of data controllership** with strengthened oversight
 - Enhanced assurance around privacy, security, and governance
 - **Reduced medico-legal and IG risk exposure** compared to direct data sharing.

- **Simplified compliance** with regulatory requirements
- Increased **patient and public trust** through transparent, standardised governance

1.2 Reduced Administrative Burden

- **Centralised handling of data access requests** via the SDE
- Elimination of:
 - Repeated **DSAs/DPIAs per study**
 - Bespoke feasibility checks and **data extractions – ensuring data quality and integrity.**
 - Multiple governance reviews for each project or study
- Standardised onboarding
- **“Prepare once, use many times”** approach to datasets.
- Reduced need for:
 - Manual data processing
 - Practice-level coordination with multiple research sponsors.
- ❖ **Benefits:**
 - **Significant time savings for GP partners and practice staff**
 - **Reduced need for multiple DSAs and DPIAs**
 - Reduced reliance on DPOs, Caldicott Guardians for IG review and sign off.
 - Increased capacity to engage with clinical research if interested.
 - **Lower cognitive and operational load** from fewer decisions per study and simplified governance pathways

Combined Impact – 2.1 and 2.2

Area	Without SDE	With Wessex SDE
Oversight	Poor – shared data potentially out of practice’s control	Robust – maintain controllership throughout process; data never leaves SDE
Governance	Variable	Single, consistent – robust
Safety and security	Variable	Robust
Risk	Practice-held mainly – high	Shared, mitigated by SDE - low
Data Sharing/Access	Data sharing – onerous	Data Access – Streamlined
Admin Workload	High, repetitive	Low, centralised – initial sign up only
Research Participation	Limited	Frees up capacity/resource and encourages active participation.

1.3 Access to Research Ecosystem

- Participation in the SDE enables General Practice to become an active partner in the regional research and innovation ecosystem, rather than just a provider of data.
- Access to linked longitudinal data providing a more holistic view of patients' journeys across health and care settings.
- Access to academic and research partnerships
- Practices become connected to innovation programmes and externally funded research opportunities involving life sciences, pharmaceutical companies, medical technology developers, etc.

❖ **Benefits:**

- Moves practices from being **data providers to active research and innovation partners.**

1.4 Access to Research Infrastructure

- GPs gain **free access to the SDE:**
 - *Primary care Data Access Scheme* – Across Wessex, ten research studies will be offered to General Practice per year that can be run on existing primary and secondary care data assets in the SDE without charge (valued at 150k – 15k per study per year)

Note: *This is based on a 30% sign up of Wessex General Practices to the SDE which provide large-scale, representative, and statistically robust datasets that will support data-informed clinical research and innovation.*

- Access to a secure data environment where curated, linked, and reusable datasets, common data models, analytical tools, and specialist expertise will be made available.

Note: *All studies will still need to follow standard SDE governance processes for review and sign off.*

❖ **Benefits:**

- Access to linked datasets and common data models
- Access to analytical tools and expertise
- Eliminates cost barriers to research participation.

1.5 General Practice-Led Research

- General practice staff can:
 - Propose research questions based on frontline needs.
 - Participate in a prioritisation of research questions (through transparent voting system) aligned to local population health and service needs.
 - Practices retain oversight and intellectual property (IP) where applicable.

❖ **Benefits:**

- Research driven by real-world clinical challenges.
- Empowers primary care voice in regional research agenda.
- Retention of intellectual property where appropriate

- Enhances practices' reputation and influence.

1.6 Service and Population Health Improvement

- GPs can make more informed, earlier, and safer clinical decisions, improving patient outcomes e.g. Shingles vaccine and impact on dementia is an example where research is starting to inform frontline care and patient outcomes.
 - Insights can drive better understanding of:
 - Risk factors and patterns of disease.
 - Impact of interventions or research
 - Insights can help inform:
 - Pathway redesign
 - Prevention strategies
 - Equality and equity of care and outcomes
 - Better planning and resource allocation
 - In the future, Wessex SDE plans to develop:
 - Actionable dashboards
 - Population health intelligence insights
- ❖ **Benefits:**
- Use linked data to **improve patient outcomes, reduce demand, and redesign services**, supporting a shift to proactive, efficient, and equitable population health management.

1.7 Networking and Collaboration

- Invitation to funded SDE engagement events involving:
 - Other NHS organisations
 - Universities
 - Industry and pharma
 - Research partners
 - Opportunity to shape and inform research agenda and landscape.
- ❖ **Benefits:**
- Collaboration opportunities
 - Stronger professional networks
 - Increased visibility and influence
 - Exposure to research and innovation
 - Sighted on pipeline of new studies with opportunity for early sign up.

2. Value Return for General Practice

3.1 Financial Value and Direct Incentives

- Funding will be provided for:
 - DSA / DPIA review and technical onboarding efforts, based on a tiered system linked to practice size. Example:

Patient list size	Funding amount
0 – 10,000	£750
10,001 – 20,000	£1000
20,001 – 30,000	£1250
30,001 +	£1500

- Funding linked to participation in key studies will be passed to practices e.g. Dementia study as part of Connect-D. It is recognised that **such revenues may be variable and are not guaranteed**. Financial returns should therefore be viewed as a potential additional benefit rather than the primary reason for participation.
 - Where financial value is generated, Wessex SDE will seek to share benefits with participating General Practices in accordance with national NHS guidance, contractual arrangements and the principles of proportionality and fairness.
 - Positions practices as:
 - Active contributors to life sciences ecosystem
 - Partners in large multi-centre studies
 - Creation of new income streams via research participation and network opportunities through local and regional SDE event to which GPs and Primary Care staff will be invited.
- ❖ **Value return:**
- Direct financial benefit
 - Reduced unfunded administrative workload.
 - Sustainable participation model
 - Access to future funding opportunities

2.2 Value Sharing

- The Wessex SDE is committed to ensuring that value generated by health and care data is **shared fairly, transparently, and proportionately** with the organisations that contribute data and support research. This approach aligns with NHS England and the Centre for Improving Data Collaboration (CIDC) principle that the NHS should share in the value created from the use of NHS data, while ensuring that public benefit remains the primary objective.
- The *Value Sharing Framework (VSF) Principal 4*: The NHS should share in the value created by its data: “The NHS should expect a share of any commercial value arising from a data partnership proportionate to the NHS’s contribution to that value.” This contribution will vary by project and factor in the source data and any clinical or analytical expertise involved.
- Any financial value return from potential future studies will be available on ad hoc basis, but this is hard to estimate – **our guiding principle is to share future SDE any commercial research revenue with General Practice.**

2.3 Primary Care Research and Innovation Fund

To support a sustainable research ecosystem, a proportion of future surplus revenues generated through SDE-enabled research activities may be allocated to a **Primary Care Research and Innovation Fund**. This fund could support:

- GP-led research projects through the Data Access Scheme (to be developed)
- Protected time for clinicians to develop research proposals.
- Research fellowships and capability-building programmes.
- Innovation projects addressing local population health priorities.
- Early-stage feasibility studies and pilot programmes.
- Collaborative projects across practices, Primary Care Networks and Integrated Care Systems.

Governance arrangements for the fund will ensure that access is fair, transparent, and based upon clearly defined criteria aligned to patient benefit and local health priorities.

2.4 Workforce Capability (Future Ambition)

- Opportunities for GP practices:
 - Training in data literacy and research methodology
 - Improve understanding of data flows and coding practices.
 - Improve confidence in analysis and interpretation of data.
- ❖ **Value return:**
 - Upskilled workforce leading to better engagement.
 - Enhanced research capability
 - Increased confidence in data use creating opportunities in the innovation and research space.

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2.1 Data Quality Improvement (Future Ambition)

- Wessex SDE will provide:
 - Feedback on completeness and coding
 - Identification of data gaps.
 - Support with data quality and integrity issues.
- ❖ **Value return:**
 - Improved reporting accuracy and efficiency
 - Drive better quality insights.
 - Better QOF/contractual performance potential

2.2 Recognition and Attribution

- Practices contributing data will receive:
 - Recognition in research outputs
 - Attribution in publications
- **"Recognition of Engagement in Research" badge** – a digital micro-credential issued by Wessex SDE to recognise and validate a practice's active participation in public engagement, responsible conduct of research and participation in research projects or studies.
- ❖ **Value return:**
 - Professional and public visibility on engagement and contributions to research

- May open doors to further research opportunities and financial incentives
- Evidence for CQC, other regulatory bodies

3. Summary

Participation in the Wessex SDE enables General Practice to retain control of their data while unlocking significant clinical, research, financial, and operational value. Practices benefit through improved services, access to innovation, funded opportunities, and direct involvement in shaping research that meets local population health and care needs.