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Elizabeth Sapey

Supporting data-driven innovations through secure data environments

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AI,
DATA AND
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Creative data technology

The impact of health inequalities

CHALLENGES



REDUCED LIFE
EXPECTANCY

HIGH LEVELS OF
POLYPHARMACY



HIGHER RELIANCE ON
ACUTE CARE

POOR MATERNAL
HEALTH OUTCOMES



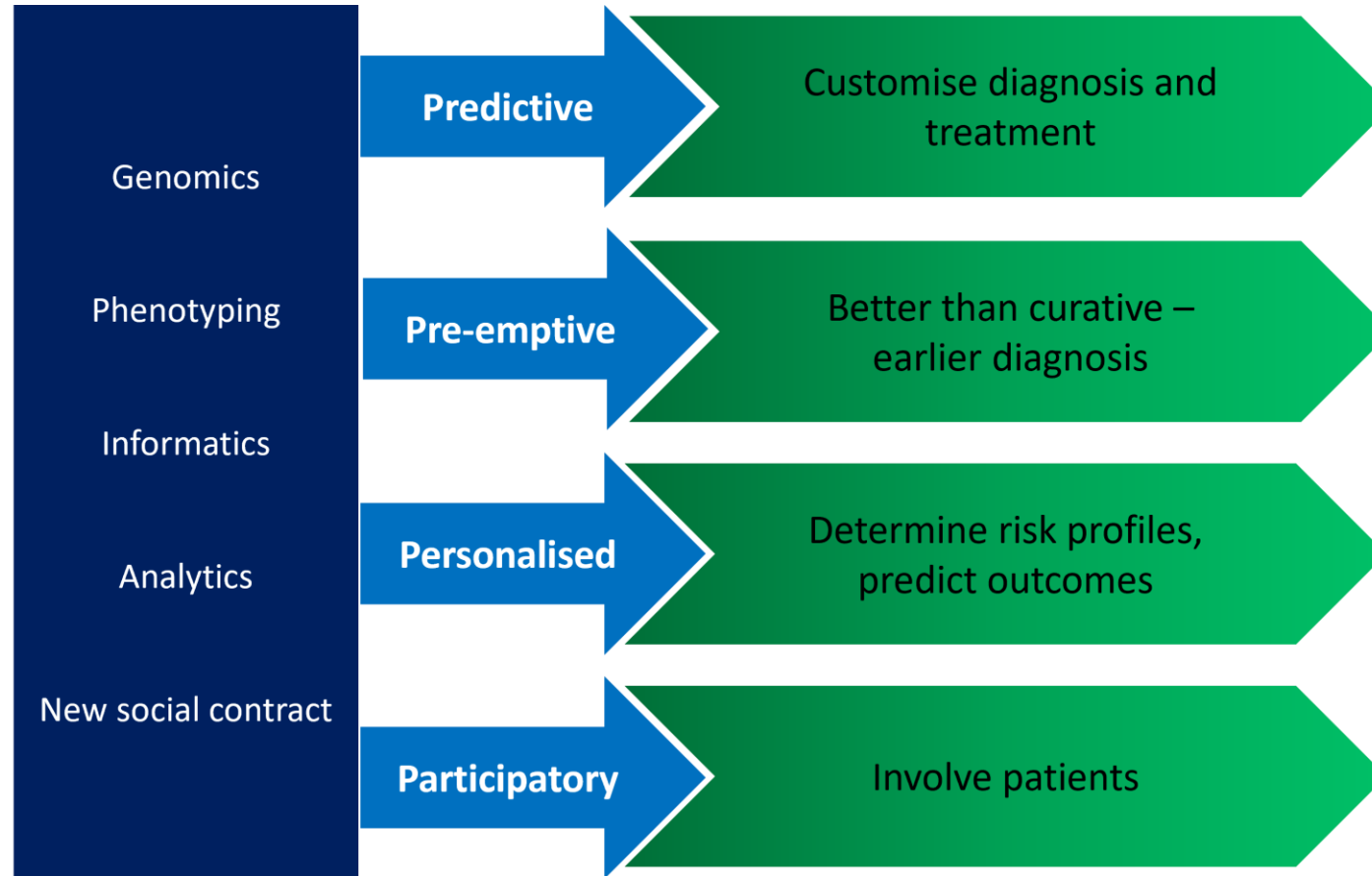
HIGHER PREVALENCE
OF CHRONIC DISEASE

HIGH RATES OF
CHILDHOOD ILLNESS



CHALLENGES

“4 P” Medicine approach



What good looks like

Data silos for research



Twelve SDEs across England



National SDE: Thematic areas of focus



AI/algorithm development

Testing, training, and validation



Clinical trial activities

Feasibility, recruitment, efficacy, short and long-term trial follow up



Real world studies

Safety, effectiveness, cost effectiveness



Translational research

Discovery and implementation of discovery into practice



Epidemiological studies

Large cohorts for population health research



Health systems research

Evaluation of systems or processes, including operational and applied research

Data use acceptability

Atkin et al. *Research Involvement and Engagement* (2021) 7:40
https://doi.org/10.1186/s40900-021-00281-2

Research Involvement and Engagement

RESEARCH ARTICLE Open Access

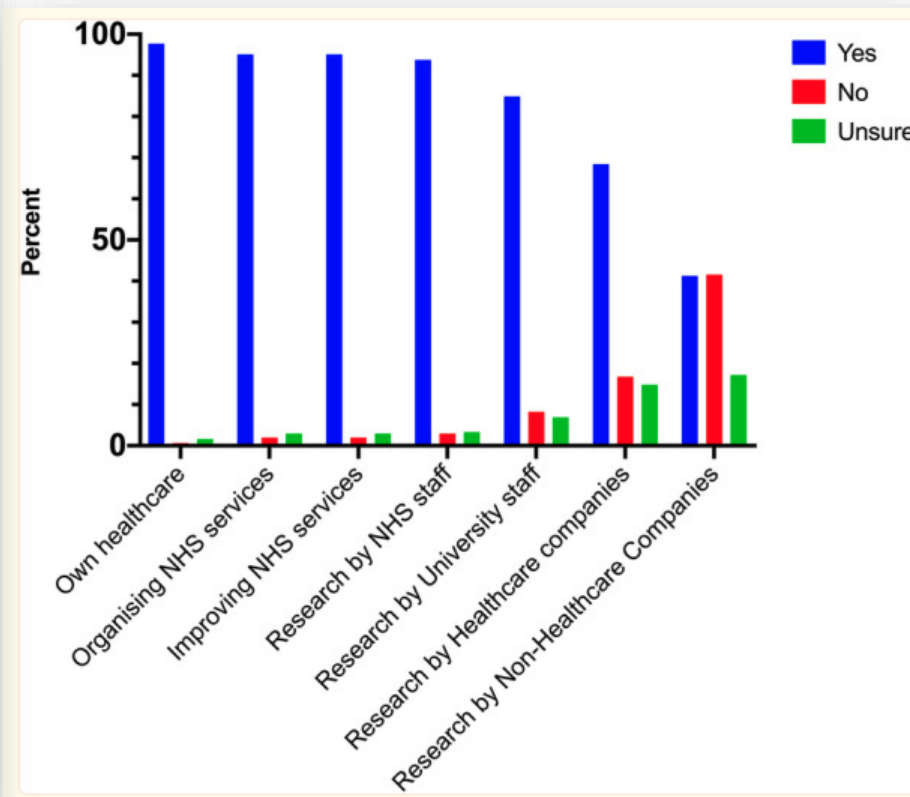
Perceptions of anonymised data use and awareness of the NHS data opt-out amongst patients, carers and healthcare staff

C. Atkin¹, B. Crosby², K. Dunn³, G. Price⁴, E. Marston⁵, C. Crawford⁶, M. O'Hara⁷, C. Morgan⁸, M. Levermore^{9,10}, S. Gallier¹¹, S. Modhwadia¹², J. Attwood¹³, S. Perks¹³, A. K. Denniston^{14,15,16}, G. Gkoutos¹⁷, R. Dormer¹⁸, A. Rosser¹⁹, A. Ignatowicz²⁰, H. Fanning²¹, E. Sapey^{22,23,24} and On behalf of the PIONEER Data Hub²⁵

Abstract
Background: England operates a National Data Opt-Out (NDOO) for the secondary use of confidential health data for research and planning. We hypothesised that public awareness and support for the secondary use of health data and the NDOO would vary by participant demography and healthcare experience. We explored patient/public awareness and perceptions of secondary data use, grouping potential researchers into National Health Service (NHS), academia or commercial. We assessed awareness of the NDOO system amongst patients, carers, healthcare staff and the public. We co-developed recommendations to consider when sharing unconsented health data for research.
Methods: A patient and public engagement program, co-created and including patient and public workshops, questionnaires and discussion groups regarding anonymised health data use.
Results: There were 350 participants in total. Central concerns for health data use included unauthorised data re-use, the potential for discrimination and data sharing without patient benefit. 94% of respondents were happy for their data to be used for NHS research, 85% for academic research and 68% by health companies, but less than 50% for non-healthcare companies and opinions varied with demography and participant group. Questionnaires showed that knowledge of the NDOO was low, with 32% of all respondents, 53% of all NHS staff and 29% of all patients aware of the NDOO. Recommendations to guide unconsented secondary health data use included that health data use should benefit patients; data sharing decisions should involve patients/public. That data should remain in close proximity to health services with the principles of data minimisation applied. Further, that there should be transparency in secondary health data use, including publicly available lists of projects, summaries and benefits. Finally, organisations involved

* Correspondence: esapey@bham.ac.uk
²²PIONEER, HDR-UK Health Data Research Hub in Acute Care, Birmingham Acute Care Research Group, Institute of Inflammation and Ageing, University of Birmingham, Birmingham B15 2GW, UK
²³Department of Acute Medicine, University Hospitals Birmingham NHS Foundation Trust, Birmingham B15 2GW, UK
Full list of author information is available at the end of the article

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Conclusion

Patients and the public co-developed recommendations for data access activities:

- consider patient benefit
- transparency
- patient/public involvement
- proximity to healthcare services
- benefits to the NHS
- controlled by the NHS
- data minimisation.

Acceptability of the use of deidentified health data by purpose



Supporting inclusive research to reduce health inequalities

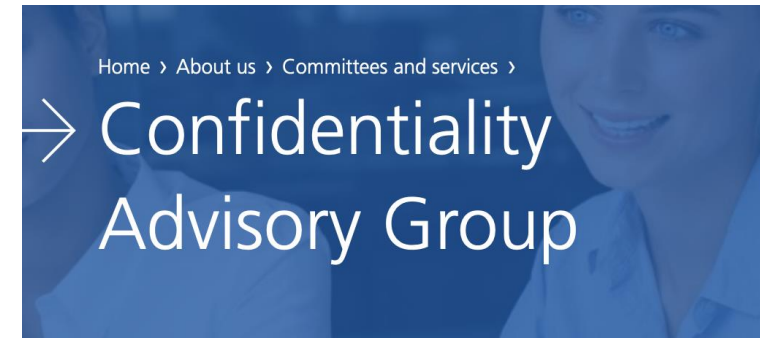
Governance and ethics



Co-produced protocol



IRAS application: research database with overarching ethical approvals



All activities of data preparation for research at local site and SDE

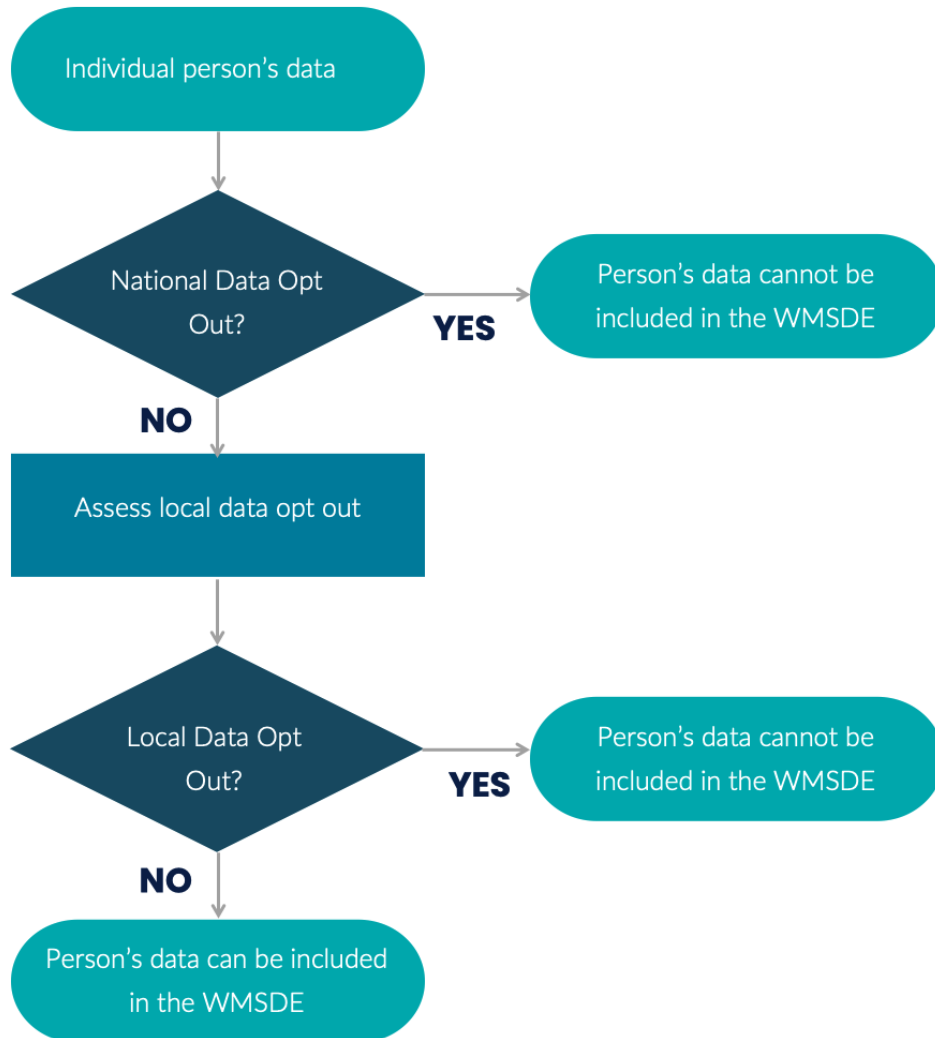
Data Trust Committee



All data sharing decisions are overseen by our patient and public oversight group, called the **Data Trust Committee (DTC)**

- **80%** of the DTC must **support application** for **access to be granted**
- **40%** BAME representation on the committee
- **17 to >75** age range
- includes people with physical disabilities, people with mental ill-health, carers and people with multiple long-term conditions





National and local opt out

Tested process



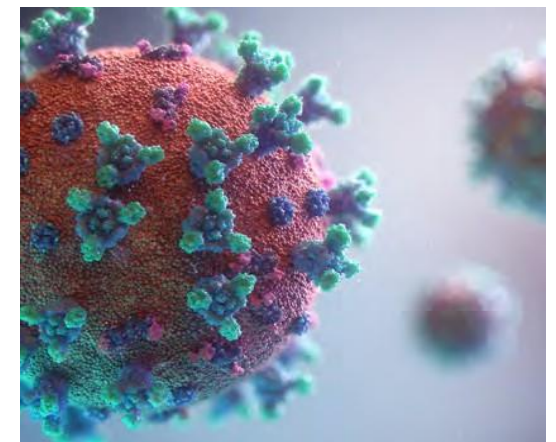
- West Midlands SDE processes based on PIONEER, the HDR UK Hub
- Patient and public support for > 90 data requests since 2020
- DTC model developed in PIONEER and now used in other centres across the UK



- In PIONEER, data safely accessed by > 350 analysts across the world
- Data licensing agreements with > 30 organisations
- Worked with SME, large industry, academic, public and charitable sector as well as NHS organisations



- PIONEER work has led to > 24 publications
- Supported > £35M funding awards



- Changed care pathways and improved choices and outcomes for people
- Worked with NHS organisations across the country
- Trained NHS staff to use data to improve care