

Data Access Sharing Requests

Alex Bell

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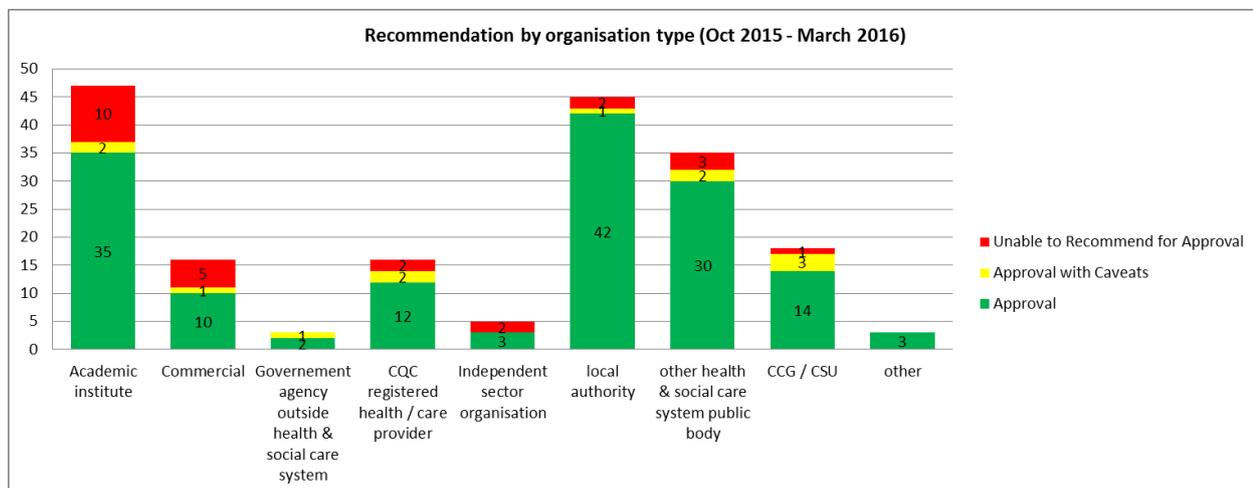
1 Background

This paper provides analysis of applications unable to be recommended for approval for sessions of the Data Access Advisory Group (DAAG) and pre – DAAG, particularly for rejections based on Section 122 of the Care Act (see section 3)

2 Analysis of DAAG recommendations

Between October 2015 and March 2016, DAAG received 226 applications for review. 76% of these applications were recommended for approval, with 11% recommended for approval with caveats and 11% unable to recommend for approval.

Ten of the applications not recommended were from academic institutes and five were from commercial companies. A further breakdown of recommendation by organisation type is below.



Applications to DAAG can be rejected for more than one reason. Between October 2015 and March 2016 the most common reason for rejection (~50%) was due to data concerns (e.g. queries / concerns around where the data was going, further clarity being needed around the type of data and whether or not their outputs are anonymised in line with the ICO code of practice).

Prior to a DAAG meeting an application goes through an Information Asset Owner (IAO) review and then a Pre – DAAG review to ensure that applications are ready to proceed through to a DAAG meeting.

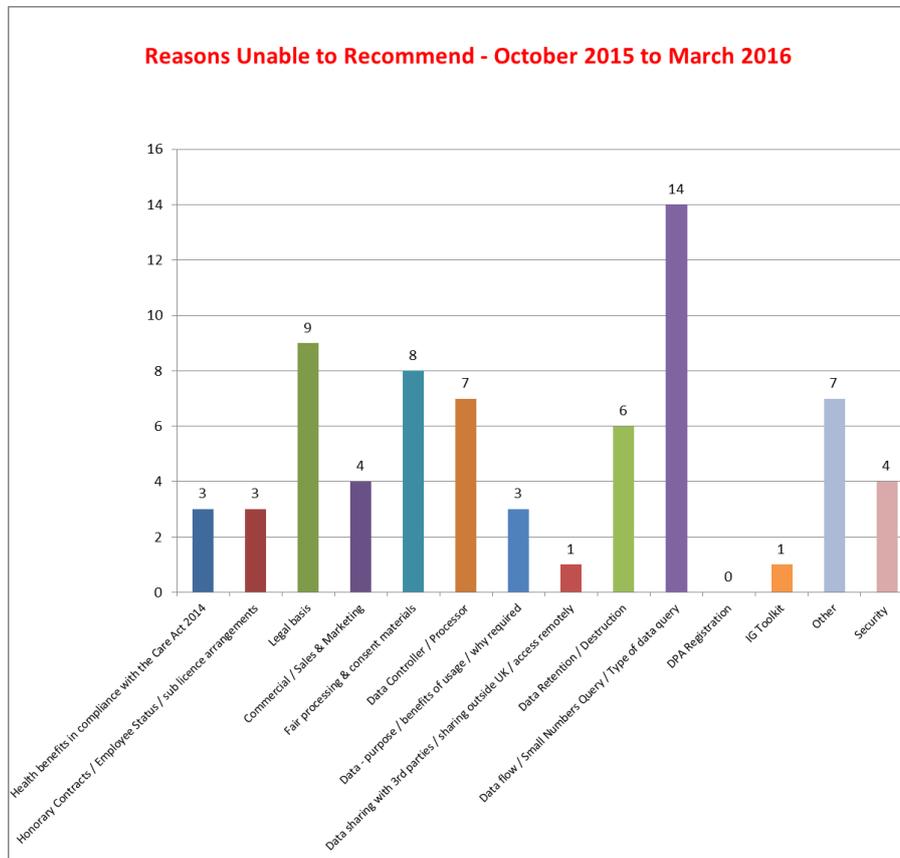
Pre-DAAG acts as a gateway approval meeting whose purpose is to ensure that data applications are ready to proceed through to the DAAG meeting. It does not therefore reject applications, but may ask for further work on applications if they did not have all of the necessary content.

Individual IAOs do however reject applications before they reach DAAG. The most common reasons for rejection and/or further work are that :-

- The application does not sufficiently demonstrate the benefit to the health and social care system
- The purpose (including objective/processing/outcomes) are not sufficiently transparent as to how the data will be used and for what purpose
- The legal basis is not clear (typically this relates to complex queries around s251 or consent material)

The DAAG meeting provides the members with the ability to pass an outcome on a particular application. Those outcomes are generally either a recommendation to the HSCIC Senior Information Risk Owner (SIRO) to approve, recommendation to approve with caveats or a recommendation not to approve.

Further breakdown of reasons unable to recommend can be seen in the dashboard below.



3 Section 122 of the Care Act 2014

Section 122 of the Care Act 2014 amends, amongst other sections, section 261(1) of the Health and Social Care Act 2012, in that the HSCIC may only disseminate information under s261(1) where the purpose of that dissemination is either for the purposes of the provision of health care or adult social care or where the dissemination is for the promotion of health.

Between October 2015 and March 2016, 2 applications were rejected by DAAG under section 122. These were both requests for full datasets from commercial companies wanting to see if there were areas where products/services could be developed and then sold. If a request relates to a specific specialty/treatment or the request is triggered by a healthcare provider/commissioner wanting the information, this may be seen as beneficial to health.