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Professor Ben Goldacre MBE
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Sent via email

18 August 2022

Dear Professor Goldacre,

We understand that you have met with Government in order to sustain data access to the OpenSAFELY platform once the COPI extension of July 2022 expires and that it would be beneficial for you to receive confirmation of the BMA's support for OpenSAFELY, in its functioning as a Trusted Research Environment (TRE).

Throughout the pandemic we at the BMA have worked with RCGP colleagues (on the Profession Advisory Group) and NHS Digital to review data access requests for GP data to be used for pandemic planning and research purposes. We have developed a standard[1] by which we judge applications and those which use established TREs (such as OpenSAFELY) are generally more straightforward to assess due to the inherent security of those platforms. We also recommend the open science (and transparency) principles embodied in OpenSAFELY to applicants using other systems.

In line with existing ministerial commitments (cf. Jo Churchill, Parliamentary under Secretary of State for Primary Care and Health Promotion's letter of July 2021[2]) for the secure processing of GP data, the BMA supports the use of OpenSAFELY-like secure data environments/TREs to analyse GP data, and other linked datasets, for population health, service planning and research (not limited to Covid-19 purposes) for the benefit of patients and the wider NHS. In addition, we understand OpenSAFELY is technically capable of providing the processing required for existing GPES (General Practice Extraction Service) uses. In the specific case of OpenSAFELY-EMIS/-TPP (where the patient level GP data remains inside the electronic health record provider environment) we provide our support as long as: a clear legal basis exists for the processing, to reassure GP practices; NHS England and / or NHS Digital take over data controllership of the new linked data asset from GP practices; and appropriate governance oversight is in place to approve analyses (namely IGARD or its successor, which must include the ongoing role and funding of the BMA and RCGP Profession Advisory Group).

[1] https://docs.google.com/document/d/1fOwhQWzAqQFatneFhLjiqilZLKJW23dR-PGNapyPosI/edit [2] https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research/secretary-of-state-letter-to-general-practice

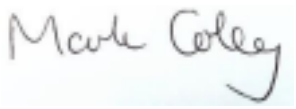
As you know the BMA has been regularly engaged on the current implementation of OpenSAFELY in TPP and EMIS GP systems. The enhanced privacy features that OpenSAFELY implements, and which we would value in all TREs, are designed to keep the patient data confidential, and include: researchers writing their analysis code away from the patient data; the platform automating the running of the analysis code; only the aggregated results ever being shared with researchers; and no patient-level GP data being shared outside of the GP system environment. OpenSAFELY also raises the bar on transparency: the platform code is open-source; researchers' analysis code is published; and a public log is created every time code is run against the underlying data.

As a profession, maintaining public trust regarding the wider use of patient data, such as for secondary purposes, is of paramount importance: any loss of trust puts patient safety at risk, both for an individual in need of care who may be less likely to disclose important and sensitive information, but also for the population at large, should individuals decide to opt out of research in increasing numbers. We are also aware that a Citizens' Jury report[3] on data sharing in the pandemic demonstrated overwhelming positive support for OpenSAFELY due to the way it operates: 100% of jurors were supportive of the decision for OpenSAFELY to be introduced and 87% of jurors believed that OpenSAFELY should continue for as long as it is valuable (potentially beyond the pandemic), provided the decision to keep it running is made by an independent advisory group of experts and lay people.

In summary, the approach taken by OpenSAFELY, a pandemic-driven technology innovation, has the ongoing support of the BMA as, from the outset, it has made use of GP coded data in a way that promotes security and transparency, as well as pioneering open ways of working. We think it would be a great loss to the NHS if this platform were not able to continue as we move onwards from the pandemic.

Yours sincerely,

Dr Anu Rao
BMA General Practice Committee IT Policy Group Lead



Dr Mark Coley
BMA General Practice Committee IT Policy Group Deputy Lead

Dr David Strain
Medical Academic Staff Committee Chair

[3] https://arcgm.nihr.ac.uk/media/Resources/ARC/Digital%20Health/Citizen%20Juries/12621_NIHR_Juries_Report_ELECTRONIC.pdf