

Confidentiality Advisory Group

Minutes of the meeting of the Precedent Set Review Sub Committee of the Confidentiality Advisory Group held on 25th September 2026 via correspondence.

Present:

Name	Capacity
Professor William Bernal	CAG Alternate Vice Chair
Dr Sandra Duggan	CAG Member (Lay)
Mrs Sarah Palmer-Edwards	CAG Member (Expert)
Mr Umar Sabat	CAG Member (Expert)
Ms Mary Thomas	CAG Member (Lay)

Also in attendance:

Name	Position (or reason for attending)
Ms Andrea Bell	HRA Approvals Specialist
Ms Katy Cassidy	HRA Confidentiality Advisor
Mr Richard Reed	HRA Approvals Administrator

1. DECLARATIONS OF INTEREST

There were no declarations of interest.

2. NEW PRECEDENT SET REVIEW APPLICATIONS FOR CAG CONSIDERATION

2a	26/CAG/0107	2026 Adult Inpatient Survey
	Contact:	Nicola Johnson, Principal Researcher
	Data controller:	Care Quality Commission
	Application type:	Non-research

The Group reviewed the above application in line with the CAG considerations.

Summary of application

This non-research application submitted by Picker Institute Europe on behalf of the Care Quality Commission, is for the purpose of the management of health and social care to conduct the 2026 NHS Adult Inpatient Survey.

The 2026 Adult Inpatient Survey will be the 24th survey of this patient population carried out to date and the 7th iteration to be completed using a mixed mode methodology approach.

All eligible NHS acute trusts (130 acute and specialist acute trusts) will be asked to conduct the survey with preparations beginning in autumn of 2026 and fieldwork scheduled to start from January 2027. Trusts will collect information of all eligible patients and, following suitability checks, will share confidential patient information with the coordination centre (Picker Institute Europe) and one of the approved contractors (Picker Institute Europe, Quality Health, Patient Perspective or Explain). The contractors will distribute questionnaires to patients using the approach detailed below:

	Mode of contact
Contact 1	Postal letter inviting the patient to take part online (and a paper questionnaire included for those over 80 years old)
Contact 1.1	Five days later an SMS reminder will be sent, including a direct link to the online survey
Contact 2	In week 2, a reminder letter will be sent to non-responders (and a paper questionnaire included for those over 80 years old)
Contact 2.2	Five days later an SMS reminder will be sent, including a direct link to the online survey
Contact 3	Ten days after last SMS reminder, a final postal reminder sent, along with a paper questionnaire

Ahead of each reminder mailing, it will be necessary to remove all respondents who have completed the survey already, and to conduct a DBS or local check on the full sample. If anyone has requested to be opted out of further reminders, they should also be removed at these timepoints.

NHS Patient Survey Programme

This survey is part of the NHS Patient Survey Programme, and as such follows the same methodology as other surveys within the programme. The methodology is supported in principle by the CAG, and applications are usually considered via the Precedent Set pathway.

Changes from the 2025 survey include; a new sample variable capturing patients' discharge pathway has been introduced, Trusts are permitted to submit the Person Gender Code variable or the Person Stated Gender Code variable as part of their 2026 survey sample, several changes have been made to the language options available for the survey to better reflect the most commonly spoken languages in England identified in the 2021 Census and finally, Trusts are given the option to use either the Demographics Batch

Service (DBS) or the new Personal Demographics Service (PDS) MESH service for the survey.

There are no other changes from 2025.

Confidential information requested

Cohort	Inpatients aged 16 years old or over who were discharged from acute and specialist NHS hospitals in November 2026 (and earlier for smaller trusts), having had at least one overnight stay in hospital. A list of reasons for exclusion, such as deceased patients and those under 16 years of age at the time of sampling, was included in the application. 1,250 patients per Trust
Data Sources	• Electronic patient records with acute and specialist trusts in England (130). • NHS England - NHS Spine Personal Demographics Service (PDS)
Identifiers required for contact purposes	1. Name 2. Address fields including postcode 3. Mobile phone number 4. Patient unique identifier
Identifiers required for deceased check purposes	1. NHS Number 2. Full date of birth – Day, month, year.
Identifiers required for analysis purposes	• Postcode • Trust code • Year of birth • Gender • Ethnic category • Date of admission (Day month year) • Date of discharge (Day month year) • Length of Stay • Treatment Function Code • ICD-10 Chapter Code • Admission method • NHS Site code – Admitted • Discharge pathway • NHS Site code – Discharged • Discharge pathway • Virtual ward indicator
Additional information	Trusts may also choose to collect additional sample variables outside of those detailed in the Survey Handbook. This can be valuable to trusts in enabling them to make greater use of their survey locally to target quality improvements.

	Sample and mailing data will be submitted by trusts to approved contractors in a single file. The file which contains both mailing and sample information will be split into separate files by the contractor before submitting only the sample information to the Coordination Centre for checking and approval. Please note that the Survey Coordination Centre does not receive any names or full addresses. Postcode is not shared with CQC.
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Main issues considered, discussed and outcomes

The CAG noted that this activity fell within the definition of the management of health and social care services and was therefore assured that the application described an appropriate medical purpose within the remit of section 251 of the NHS Act 2006.

Having reviewed the application and considered the risks and benefits involved, the CAG was also assured that the proposed activity was in the public interest.

The CAG were satisfied that there were no practical alternatives to conducting the survey.

The CAG noted that public involvement for the project was quite extensive, and included consultations on the use of confidential personal information. The CAG recommended that this level of public involvement continues, ensuring that the engagement reaches a diverse population (recommendation 1).

The CAG acknowledged further communication from the applicants (subsequent to the initial application) to notify a recent NHS England change to the way deceased status data would be provided. The change to the process includes email addresses within the data, and this data would not be required for the purposes of the study. However, the email addresses cannot be omitted due to the process change, and would be sent via NHS England to the applicants. The applicants stated that they intend to delete this unneeded data immediately upon receipt. The CAG stated that this approach would be satisfactory, and that no further action or information was required.

The Precedent Set Review Sub Committee requested that further information as set out below (action 1) should be provided.

Confidentiality Advisory Group advice: Provisionally supported

The CAG was unable to recommend support to the Secretary of State for Health and Social Care for the application based on the information and documentation received so far. The CAG requested the following information before confirming its final recommendation:

Number	Action required	Response from the applicant
1.	Security assurances for 2025/26 are outstanding for the following organisations: • Patient Perspective Ltd • EXPLAIN MARKET RESEARCH LIMITED • Picker Institute Europe Please contact NHS England at ssd.nationalservicedesk@nhs.net and provide the CAG reference number, the organisational names and references that require review, and ask NHS England to review the DSPT submissions due to a CAG application.	
Recommendation only:		
1.	The CAG recommend continued public involvement for this project, ensuring that the engagement reaches a diverse population.	

The Group delegated authority to confirm its final opinion on the application to the Chair and reviewers.

2b	26/CAG/0105	Exploring diagnosis and treatment for CMDs in healthcare services
	Chief Investigator:	Ms Fiona Horton
	Sponsor:	North East London NHS Foundation Trust
	Application type:	Research

The Group reviewed the above application in line with the CAG considerations.

Summary of application

This application from University College London set out the purpose of medical research, examining how problems presented in clinical consultations come to be identified and treated as common mental disorders (CMDs), with a view to exploring opportunities to address current pressures on services and unmet need among service users.

There are growing concerns about the increasing diagnosis and medical treatment of common mental disorders (CMDs), such as depression and anxiety within NHS services, at a time of unprecedented demand for mental healthcare. While diagnoses and medications can provide important benefits, existing research highlights significant uncertainty and ambivalence among both service users and clinicians regarding their effectiveness, potential harms, and ability to address underlying social and psychological causes of distress. However, little is known about how these practices are shaped in everyday

clinical settings or how organisational pressures, service pathways, and inequalities related to gender, ethnicity, and socioeconomic background influence decision-making. By using ethnographic methods across both primary and secondary care settings, this study aims to provide a richer understanding of how diagnostic and prescribing practices emerge in real-world contexts and identify opportunities to improve care, reduce inequities, and address both overtreatment and unmet need in mental health services.

This study will use a qualitative ethnographic design combining participant observation and semi-structured interviews to explore how CMDs are diagnosed and treated in routine NHS practice. The researcher will spend up to 18 months embedded within Community Mental Health Teams and GP services, observing clinical consultations, staff interactions, and team meetings involving the management of CMDs. Up to 30 service users and 30 healthcare professionals will be recruited for observations, with a purposive subsample of up to 15 service users and 15 staff members participating in in-depth interviews. Data will include field notes, interview transcripts, demographic information, and relevant clinical background data collected with consent. The study will use thematic analysis, supplemented by narrative approaches where appropriate, to examine how diagnostic and treatment decisions are shaped by clinical interactions, organisational contexts, and participants' social and demographic characteristics, including gender, ethnicity, and socioeconomic background.

Confidential information requested

Cohort	The study cohort is NHS staff.
Data Sources	Clinical team meetings and informal conversations between clinicians.
Identifiers required for linkage purposes	No items of confidential patient information will be collected for linkage purposes.
Identifiers required for analysis purposes	No items of confidential patient information will be collected for analysis purposes.

Main issues considered, discussed and outcomes

The CAG noted that this activity fell within the definition of medical research and was therefore assured that the application described an appropriate medical purpose within the remit of section 251 of the NHS Act 2006.

Having reviewed the application and considered the risks and benefits involved, the CAG was also assured that the proposed activity was in the public interest.

The CAG were satisfied that practical alternatives would not be feasible, as multidisciplinary team meetings and informal professional conversations would often involve discussions involving many patients or service users.

The CAG noted that the scale of public involvement utilised for the project was reasonable in relation to the size of the project.

The CAG requested the poster to be updated to include wording that CAG has

reviewed the application [action 2a], as well as changing the word 'objection' to 'opt out' [action 2b], as the word 'objection' may be mistakenly conflated with GDPR rights.

The Precedent Set Review Sub Committee requested that further information as set out below (actions 1-2) should be provided.

Confidentiality Advisory Group advice: Provisionally supported

The CAG was unable to recommend support to the Health Research Authority for the application based on the information and documentation received so far. The CAG requested the following information before confirming its final recommendation:

Number	Action required	Response from the applicant
1.	Security assurances for 2025/26 are outstanding for the following organisation: • North East London NHS Foundation Trust Please contact NHS England at ssd.nationalservicedesk@nhs.net and provide the CAG reference number, the organisational names and references that require review, and ask NHS England to review the DSPT submissions due to a CAG application.	
2.	The CAG request the following changes to the poster: (a) Update with the following wording: 'The application was reviewed by the Confidentiality Advisory Group (CAG). CAG is an independent group of lay people and professionals which provides expert advice on the use of confidential patient information without consent. CAG recommended that our application should be supported and the Decision Maker within the Health Research Authority approved this.' (b) Change the word 'objection' to 'opt out' (as the word 'objection' may be mistakenly conflated with GDPR rights).	

The CAG also set out the following provisional specific conditions of support in addition to the [standard conditions](#) of support.

Number	Condition
1.	Favourable opinion from a Research Ethics Committee. Confirmed 11th September 2026.

The Group delegated authority to confirm its final opinion on the application to the Chair and reviewers.

Professor William Bernal

12th October 2026

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Signed – Chair

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Date

Mr Richard Reed

12th October 2026

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Signed – Approvals Administrator

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Date