

Panel session from the March 2023 Data Access and Discovery webinar: Data Journeys from Two Health Data Research Hubs.

How may we get complementary therapies integrated into the NHS and within each community?

This is outside the scope of our work at HDR UK. However, robust clinical trials that are of sufficient statistical power and randomisation would ensure there is an evidence base.

[Answer by David Seymour]

What research has happened about the health safety and health improvement regarding the COVID-19 vaccinations and the annual flu jab?

Imperial College Health Partners (ICHP) supported setting up Wembley as a COVID-19 vaccination centre during the pandemic – a massive effort from the team and several partners. Research has informed on the impact of COVID-19 vaccinations for the health of patients within Northwest London:

- Journal paper reference: doi.org/10.2196/30010

Our database may also inform on research questions on COVID-19/flu vaccinations, when linked to primary care records – we may see missed data if/when jabs are administered within a pharmacy setting.

[Answer by Ben Pierce]

How do you foresee the advent of Artificial Intelligence (AI) changing: A) the need for health data scientists; and B) the training course content for health data scientists in the UK? Specifically the master's courses offered through HDR UK?

In my opinion, AI will never replace humans – AI will be able to perform the tasks authored by data scientists, who are very much required! There are anecdotal examples of how AI tools (e.g., Chat GPT), though formidable, miss the mark on reasonably simple requests. On top of that, our data scientists can capably tailor AI approaches depending on how a research project evolves (in the case of Agile managed projects). To your second question, I fully support improved training for data scientists: this should be reviewed on a continual basis.

[Answer by Ben Pierce]

Also answered by Liz Sapey and David Seymour live during the webinar Q&A session.

What research is happening about the multiple pharmaceutical drugs being taken by many people? Often another pharmaceutical is prescribed to offset side effects of the original pharmaceuticals.

It is possible to research multiple medications, which must be specified in terms of type/dose and time, where the patients that form a cohort (a group of individuals) must be of similar demographics (e.g., age, comorbidities).

[Answer by Ben Pierce]

Does Discover-NOW allow recontact of participants with specific codes to invite them to participate in ethically approved studies? If so, what's the process?

Answered by Ben Pierce live during the webinar Q&A session.

What is the remit of the Data Access Committee? Scientific or more administrative checks?

All requests to use the Discover-NOW dataset come through the Data Access Committee (DRAG), which includes patient representatives. More information on the DRAG governance can be found here: [Board papers and minutes: North West London Integrated Care System](#); and more information on how Imperial College Health Partners manages data access requests can be found here: [Data Access Requests | Discover Now](#).

[Answer by Ben pierce]

Is there any research into health benefits for having hospitals and other healthcare facilities in more natural settings?

This is outside the scope of our work at HDR UK. However, there are studies that explore the patients' perspective of hospital environments, such as [this one](#).

[Answer by Ruth Milne]

Do you [Discover-NOW] also have data on oral health, especially in terms of expenses, income, duration of stay in health care facilities, type of medical institution, fees, cost of medication, other medical expenses, transportation charges, major source of finance for in-patient or out-patient expenses?

If these procedures are performed in a secondary care setting (not private), then we should have this.

[Answer by Ben Pierce]

Can both Hubs say what data formats/standards are employed in their storage and supply of data?

For Discover-NOW: doi.org/10.1186/s12911-020-1082-7

[Answer by Ben Pierce]

Also answered by Suzy Gallier live during the webinar Q&A.

To the PIONEER team. Could you comment on linkage to care home data? What sort of data do you get/have from care homes? Is there an availability of free text in the inpatient datasets?

PIONEER includes de-identified/pseudonymised data from patients who were seen by an acute care provider from 1st January 2000 and will include data from patients until the project closes (2025 at the earliest). Each dataset is bespoke, created to match specific project needs. Take a look at some of these datasets here: www.pioneerdatahub.co.uk/data/what-data-do-we-have/. Each one can be finessed or expanded to meet your direct requirements, and many other conditions, pathways or therapy areas are available.

Please reach out to the PIONEER team via our [online form](#) if you don't see what you're looking for and we can provide further information.

Find out more about our data services here: www.pioneerdatahub.co.uk/data/data-services-costs/ and learn more about the research projects granted access to the PIONEER dataset, including [this one](#) which aims to develop clinical tools to help healthcare professionals identify when people living in care homes need to come into hospital if they become suddenly unwell, and when they could be safely cared for in their homes. Since many seizures from care homes lead to an emergency service call, we can also look at data from the ambulance service to see what emergency service responses were needed.

[Answer by Liz Sapey]

How do clinicians respond to the use the synthetic data, do they trust the outputs of work trained with this type of data?

Answered by Liz Sapey and Suzy Gallier live during the webinar Q&A session.

What do see the Hubs evolving in the next 5-10 years?

Answered by Liz Sapey, Ben Pierce and David Seymour live during the webinar Q&A session.

Ben Pierce added: The London Secure Data Environment (SDE) development and transition has been a monumental task involving several partners, including OneLondon, Imperial College Health Partners, North West London Integrated Care Board (ICB), North Central London ICB, North East London ICB, South East London ICB, South West London ICB, and UCLPartners.