

## **Antibiotic Review Kit Trial Privacy Notice**

**REC reference: 17/SC/0034**

**IRAS project ID: 217773**

**August 2019**

### **Name and contact details of organisation**

Oxford University Hospitals (OUH) NHS Foundation Trust, based in the United Kingdom, is the administering authority for the Antibiotic Review Kit for Hospitals programme of research. This analysis of anonymised health information from NHS Trusts and Health Boards participating in the evaluation of the Antibiotic Review Kit is part of that programme. OUH is the sole data controller in respect of the data for this analysis. Data will be stored and analysed within NHS firewalls, hence the Trust is the sole controller and processor. The data controller can be contacted at [Information.Governance@ouh.nhs.uk](mailto:Information.Governance@ouh.nhs.uk).

The University of Oxford is a collaborator in the programme. For the purpose of this analysis, individuals from the University of Oxford are involved but these individuals either have employment contracts or honorary contracts with the OUH and are acting as agents of OUH when controlling or processing the data under this Agreement.

### **Key contact**

The contact is Eric Budgell, Medical Statistician, [Eric.budgell@ndm.ox.ac.uk](mailto:Eric.budgell@ndm.ox.ac.uk)

### **Purpose of study**

The ARK intervention is a package of strategies developed specifically to help doctors, nurses, pharmacists and patients stop antibiotics in hospital when they are no longer needed. The package includes internet-based education, training, standard systems to help doctors review patients, regular support from pharmacists or infections specialists, and materials for patients themselves. It will be delivered to healthcare professionals involved in antibiotic prescribing or administration in adult inpatients admitted to acute/general medicine in around 40 NHS Trusts and/or Health Boards in the UK. Outcomes will be assessed through routinely collected, anonymised, electronic data from adult inpatients admitted to acute/general medicine in these organisations.

### **The lawful basis for processing**

The lawful basis for collecting, storing, and using these personal data, as defined by the EU General Data Protection Regulation (GDPR) is 'Public Task'. These personal data are used for health and social care research, which is a task in the public interest.

### **Categories of data collected**

The anonymised data is obtained from the individual NHS Trusts and/or Health Boards. The data are routinely collected to them for the purposes of managing patients. The following anonymised data are provided to OUH for the analysis:

- Gender
- Age at this admission (last birthday, integer years)
- Ethnicity

- Index of multiple deprivation score
- Number of overnight admissions in the 12 months prior to this admission
- Any complex admission in the 12 months prior to this admission
- Admission date and time
- Admission source
- Admission method
- Patient classification
- Discharge date and time
- Discharge destination
- Discharge method
- All consultant episodes within each inpatient admission spell where the first or second consultant episode has either a treatment speciality code or a main speciality code from the list above (300, 301, 302, 320, 340, 350, 410, 430, 303, 307, 400, 326): for each consultant episode
  - start and end dates and times (providing the overall admission start and end date-time, i.e. length of stay)
  - Consultant main (contracted) speciality code
  - Treatment speciality code
  - Primary and all other diagnosis codes (as many as are given to enable calculation of the Charlson co-morbidity score, and immunosuppression status)
- Start and end date and time of all critical care periods within the admission (intensive care unit or high-dependency unit) in this spell
- Date and time of next emergency admission (with any speciality code) if within 30 days inclusive of discharge
- Date patient was medically fit/ready for discharge
- Date of death (in-hospital or out of hospital) where this is within 90 calendar days of admission
- For each antibiotic prescribed during [admission date-1, discharge date +2], including antibiotics prescribed at discharge, dose by dose
  - Antibiotic code
  - Start date and time
  - Stop date and time
  - Frequency of administration
  - Route of administration
  - Formulation
  - Dose
  - Dose unit
  - Dates and times of any missed doses (if known)
  - Grade of prescriber
- Sample collection date and time, and result of all tests for Clostridium difficile during [admissiondate-1, discharge date +30]
  - Type of test (glutamase dehydrogenase test, toxin enzyme immunoassay, toxin polymerase chain reaction, cell cytotoxicity assay, etc.)
  - Result (positive or negative)
- Where possible (depending on the existing data linkage within each organisation) sample collection date and time for blood sent for microbiological culture, and any organisms identified, during [admissiondate-1, discharge date +30]
- Where possible (depending on the existing data linkage within each organisation), during [admissiondate-1, discharge date +30] sample collection date and time, and result of all
  - C-reactive protein (CRP), procalcitonin
  - Full blood counts (haemoglobin, neutrophils, lymphocytes, platelets)

- Tests of liver and kidney function (creatinine, bilirubin, urea, alanine aminotransferase, alkaline phosphatase)
- Electrolytes (sodium, potassium)
- Albumin
- (these data will contribute to health economic evaluation)
- Where possible (depending on the existing data linkage within each organisation), during [admissiondate-1, discharge date +30] date and time of all imaging investigations (MRI, CT, ultrasound) (for health economic evaluation)

These data are obtained for all patients admitted under acute/general medical and associated specialities.

### **Details of transfers of personal data**

This study uses existing, routinely collected electronic data. No person identifiable data are used. Data collected are not used for any other purpose. Under no circumstances are data used for marketing purposes nor are they made available or transferred to any third parties outside of the study team.

### **Retention details**

Data are being collected from 2016–2020 and will be retained until December 2030, and then deleted. No person identifiable data are used. The amount of personal (health) data collected is limited to that needed to address the research question, and is obtained, stored (within the NHS N13 firewall) and transferred securely for legitimate purposes.

### **Rights available to individuals**

All patients can request that their NHS records are not released for secondary use (for example, in Hospital Episode Statistics). Patients who have opted out of sending their hospital records to the NHS Digital would not have information included in this study.

This analysis has been approved by the South Central Research Ethics Committee (17/SC/0034) and the Confidentiality Advisory Group of the Health Research Authority (17/CAG/0015).