

Confidentiality Advisory Group

Minutes of the meeting of the Precedent Set Review Sub Committee of the Confidentiality Advisory Group held on 12 April 2024 via correspondence.

Present:

Name	Capacity	Items
Dr Murat Soncul	Alternate Vice Chair	2a
Dr Harvey Marcovitch	Expert Member	2a
Mr Andrew Melville	Lay Member	2a

Also in attendance:

Name	Position (or reason for attending)
Ms Cathleen Cassidy	Confidentiality Specialist
Mr William Lyse	Approvals Administrator

1. DECLARATIONS OF INTEREST

There were no declarations of interest.

2. NEW PRECEDENT SET REVIEW APPLICATIONS FOR CAG CONSIDERATION

2.a	24/CAG/0058	ARTHUR – Avoiding readmission after hip fracture - version 3.0
	Chief Investigator:	Dr Emma Sutton
	Sponsor:	University Hospitals Birmingham 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 Hospitals Birmingham NHS Foundation Trust set out the purpose of medical research that seeks to determine how avoidable readmission after hip fracture be defined and categorised and the interventions that may be most capable of reducing avoidable readmissions.

A broken hip “hip fracture” is a serious injury. Approximately 75,000 patients in the UK require surgery each year, followed by rehabilitation in hospital and the community. In the UK, hip fracture mortality decreased between 2013 (8.02%) and 2020 (6.5%). In the same period the proportion of people readmitted to hospital within 30 days rose from 12.7% of all hip fracture admissions to 13.8 %, continuing to rise to 14.5% in 2021. While activity to drive healthcare improvement such as the HIPQIP (Hip Fracture Quality Improvement Programme), NHFD (National Hip Fracture Database) and Best Practice Tariff have been implemented, the readmission rate continues to rise. This is a problem as one fifth of people who are readmitted in the UK after hip fracture die during their readmission. Readmission is also extremely expensive for the NHS, with an average length of stay for each re-admission after hip fracture of 8.7 days, with costs per day of hospitalisation between £200 and £400. This creates a total cost of approximately £14 million annually. The applicants plan to build on existing literature to investigate interventions that could reduce readmission following fragility fracture of the hip and how 'avoidable' could be classified.

A variety of Work Packages will be involved. The applicants seek support for Work Package 2, in which researchers will attend staff meetings, including Board rounds and bed capacity meetings. No confidential patient information will be recorded, however patient details may be discussed at the observed meetings.

Confidential information requested

Cohort	Patients aged 65 years and over who have a fragility fracture of the hip.
Data sources	No data sources will be used.
Identifiers required for linkage purposes	No items of confidential patient information are required for linkage purposes.
Identifiers required for analysis purposes	No items of confidential patient information are required for analysis purposes.
Additional information	

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 requested revisions to the patient poster. The CAG highlighted that the poster was too complex and needed to be simplified, and use of terms like system/processes should be avoided. Once finalised, the CAG also requested that the poster was reviewed via a patient’s representative group or patient and public involvement and engagement group. **[Action 1]**

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.	Revise and simplify the language used within the patient poster, avoiding complex terms such as system/processes. Once completed, the amended poster is to be reviewed alongside the patient’s representative group or patient and public involvement and engagement team.	

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

Dr Murat Soncul

24/04/2024

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Signed – Chair

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Date

William Lyse

23/04/2024

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Signed – Approvals Administrator

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Date