Health Research Authority

Minutes of the meeting of the Sub Committee of the Confidentiality Advisory Group

June 2018

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1. NEW AMENDMENTS

Reviewers:

Name	Capacity
Dr. Tony Calland	Chair
Ms. Kathryn Murray	Senior Confidentiality Advisor

Study title: **Cluster randomised trial of the clinical and cost effectiveness of the i-gel supraglottic airway device versus tracheal intubation in the initial airway management of out of hospital cardiac arrest - Airway Management in cardiac arrest patients (AIRWAYS2)**
CAG reference: **14/CAG/1030**
Protocol number: **2.0**
IRAS Project ID: **159391**
REC reference: **14/SC/1219**

Context

Purpose of Application

This application from University Hospitals Bristol NHS Foundation Trust set out the purpose of reviewing patient confidential information regarding patients who have had an out of hospital cardiac arrest (OHCA) to establish the most effective method by ambulance staff to restore breathing: the placement of a breathing tube (intubation) or by the insertion of a supraglottic airway device (SAD).

The study will be a randomised controlled trial (RCT) in four English NHS ambulance services. It will recruit adult OHCA patients who have suffered a cardiac arrest that is not due to injury. Paramedics who agree to take part will be divided into two groups and given structured education on CPR and rescue breathing. One group will be required to use the i-gel and the other intubation as the first method of rescue breathing in all cases of OHCA that they attend during the study. Patients will be followed up hospital, and 3 and 6 months later, to find out the quality of life of survivors and the NHS resources used during their hospital stay and subsequently.

Patient confidential data will be obtained from the ambulance service regarding OHCA patients who are initially admitted to hospital alive. Personal identifiers of survivors will be used for verifying survival status

with NHS Digital. NHS Digital use the collected identifiers to provide the NHS number so that all identifiers can be erased however, NHS number, date of birth and postcode will be retained to then seek consent.

A recommendation for class 3, 4 and 6 support was requested to select and contact patients to seek their consent, to link patient identifiable information obtained from more than one source and to allow access to an authorised user for one or more of these purposes.

Confidential Patient Information Requested

Access was requested to name, NHS number, hospital number, date of birth, date of death, postcode and ethnicity.

Clarification Regarding the Retention of Patient Identifiers

The Applicant advised in their email response dated 8 December 2014 that the potential indefinite retention of patient identifiers was only intended where patients had consented (options A and B). The Applicant recognised however that the consent process did not specifically reference the retention of identifiers.

The Applicant therefore decided that identifiers from all patients would only be retained until the data had been validated and locked.

Amendment Request

This amendment requested support to extend the duration of support to enable confidential patient information to be retained for an additional period of six months from the date which the study database is locked in May 2018.

Confidentiality Advisory Group Advice

The amendment was shared with the Chair for consideration. It was explained within the documentation that the applicants were still awaiting HES and ONS data from NHS Digital which was required to enable the proposed health economics analysis for the project to be undertaken. The applicants explained that it was anticipated that the study database would need to be locked down prior to the release of this additional data. It was recognised that, in extending the duration of support which was in place for the project, the HES and ONS data could be linked with the trial database upon release, to enable the required analysis to be undertaken. The applicants had confirmed that confidential patient information would be removed from the study dataset following linkage of HES and ONS data.

The Chair was assured by the rationale provided by the applicants, recognising that this was a long-standing project with a strong public interest. In recommending support for the extension to the duration of support provided under the Regulations, the linkage required to enable study analysis would be achieved. The Chair was content to provide a recommendation of support to the proposed amendment.

Confidentiality Advice Team Conclusion

In line with the considerations above, the Sub-Committee agreed that the minimum criteria under the Regulations appeared to have been met for this amendment, and therefore advised recommending support to the Health Research Authority.

Specific Conditions of Support

1. Confirmation of suitable security arrangements via IG Toolkit submission. **(Confirmed – Version 14.1, 2017/18 satisfactory: South Western Ambulance Service NHS Trust code RYF, University of Oxford - Medical Sciences Division, Nuffield Department of Population Health**

- Health Economics Research Centre, University Hospitals Bristol NHS Foundation Trust by email 14 June 2018).

2. Confirmation of a favourable opinion from a Research Ethics Committee. **(Confirmed – REC favourable opinion was issued on 08/03/2018).**

Reviewers:

Name	Capacity
Dr. Patrick Coyle	Vice Chair
Ms. Kathryn Murray	Senior Confidentiality Advisor

Application title: **The National Confidential Inquiry into Suicide and Safety in Mental Health**
CAG reference: **PIAG 4-08(d)/2003**

Context

The original application considered by PIAG in 2003 detailed a national study of adverse incidents within the NHS psychiatric services which aimed to improve the clinical care provided.

Amendment Request

The amendment requested support to change the name of the inquiry to 'The National Confidential Inquiry into Suicide and Safety in Mental Health'. The amendment also sought support to reduce the level of information collated in relation to reported homicide cases.

Confidentiality Advisory Group Advice

The amendment requested was forwarded to the Vice Chair who acknowledged that the proposed change in name reflected the increased focus of the inquiry into suicide. This had also led to the proposed reduction in data gathered in relation to reported homicide cases. Support was recommended for both elements of the amendment proposal.

Confidentiality Advisory Group Conclusion

In line with the considerations above, the Vice Chair agreed that the minimum criteria under the Regulations appeared to have been met for this amendment, and therefore advised recommending support to the Health Research Authority.

Specific Conditions of Support

1. Confirmation of suitable security arrangements via IG Toolkit submission. **(Confirmed – Version 14.1, 2017-18, reviewed satisfactory by NHS Digital email 05.06.2018).**
2. Confirmation of a favourable opinion from a Research Ethics Committee. **(These amendments have been submitted as non-substantial amendments to REC/Assessment and do not require REC review).**

Reviewers:

Name	Capacity
Dr. Patrick Coyle	Vice Chair
Dr. Murat Soncul	Alternate Vice Chair
Ms. Kathryn Murray	Senior Confidentiality Advisor

Application title: **National Maternity and Perinatal Audit**
CAG reference: **16/CAG/0058**

Context

Purpose of Application

This application from the Royal College of Obstetricians and Gynaecologists set out the purpose of delivering a new Healthcare Quality Improvement Partnership (HQIP)-commissioned national, prospective, clinical audit of maternity services in England, Scotland and Wales, in order to improve the quality of services and the outcomes achieved for mothers and newborns.

The commissioned audit programme consists of three phases of work:

1. An 'organisational survey' to collect provider-level information on service delivery and the organisation of maternity care, which will contribute to a better understanding of the care provided to pregnant women.
2. A continuous prospective clinical audit that produces information for maternity units to monitor patterns of care and maternal and perinatal outcomes.
3. A series of in-depth topic-specific, time-limited audits ('sprint audits'), predominantly focusing on specific types of maternal and neonatal outcomes.

Most maternity units in the UK already use electronic maternity information systems (MIS) to capture demographic and clinical information related to each pregnancy and delivery under their care. These databases cover antenatal booking through to postnatal care. Although each MIS collects slightly different information, there is sufficient similarity between MISs to allow a minimum dataset to be developed.

In order to collect data covering a four-year period, for the first extract the applicants will request delivery data for the two previous financial years. Data on deliveries occurring between April 2014 and March 2016 will be requested in 2016, with refreshed data extract for the 2016-17 and 2017-18 periods requested in 2017 and 2018 respectively.

The data collected from English MIS systems will be linked to Hospital Episode Statistics (HES) maternity data from 2017, pending approval from the Health and Social Care Information Centre (HSCIC) Data Linkage and Extract Service. The HES data will in turn be linked to the Office for National Statistics (ONS) birth and death register. These linkages will be repeated annually and will enable the applicants to calculate case ascertainment for English births, and to examine additional processes and outcomes of maternity and perinatal care, including maternal and neonatal hospital readmission. A similar linkage exercise is planned for the data collected from Welsh MIS systems using the Patient Episode Database for Wales (PEDW), pending approval from the Welsh Information Services Division.

Additional data linkages are planned as part of a series of topic specific 'sprint audits'. The linked MIS-HES/PEDW-ONS data will be further linked with data from the Intensive Care National Audit and Research Centre (ICNARC), the RCPCH's National Neonatal Audit Programme (NNAP) and Public

Health England's surveillance systems (SCSS and LabBase2) to investigate maternal and neonatal intensive care admissions and blood-stream infections, respectively. This information will be released in a link anonymised format.

A recommendation for class 1, 4, 5, and 6 support was requested to cover disclosure of confidential patient information from English & Welsh NHS trusts to the Royal College of Obstetricians and Gynaecologists, in order to link this data with data contained in other national databases.

Confidential Patient Information Requested

Access was requested to the following identifiers:

- Baby's date of birth
- Baby's time of birth
- Mother's postcode
- Mother's date of birth
- Mother's NHS number
- Baby's NHS number

- Identifiers used for risk adjustment during data analysis:
- Mother's Ethnicity
- Mother's socioeconomic status (Index of multiple deprivation (IMD) category).

Amendment Request

The amendment includes two requests as follows:

1. In original application stated that "[ONS birth register] data will provide validated birth details and validated date of death for mothers and newborns in England and Wales." However, in discussion with NHS Digital, it has been confirmed that the ONS birth register cannot provide all of this information. The applicants have requested that linkage with PDS birth notification data is also supported, in order to calculate case ascertainment for mothers.

2. The applicants are seeking additional linkage with Mental Health Minimum Data Set (MHMDS), Mental Health and Learning Disabilities Data Set (MHLDDS), Mental Health Services Data Set (MHSDS) and Improving Access to Psychological Therapies (IAPT) dataset. The amendment request is for ongoing linkage of the NMPA dataset with the mental health datasets described. Since the NMPA is commissioned until June 2019 in the first instance, the applicants will initially link the NMPA dataset between 1 April 2014 and 31 March 2017, and then propose to link the NMPA dataset between 1 April 2017 and 31 March 2018 during 2019.

Confidentiality Advisory Group Advice

The amendment was considered by the Vice Chair who recognised the ongoing public interest in the overall application activity and was content to provide a recommendation of support to the amendments.

Confidentiality Advisory Group Conclusion

In line with the considerations above, the Vice Chair agreed that the minimum criteria under the Regulations appeared to have been met for this amendment, and therefore advised recommending support to the Secretary of State for Health and Social Care.

Specific Conditions of Support

Confirmation of suitable security arrangements via IG Toolkit submission. **(PENDING - Royal College of Obstetricians and Gynaecologists, Version 14.1, 2017/18, reviewed grade satisfactory – confirmed by NHS Digital email)**.

Reviewers:

Name	Capacity
Dr. Patrick Coyle	Vice Chair
Ms. Kathryn Murray	Senior Confidentiality Advisor

Application title: **ADDITION - 10 year follow up**
CAG reference: **16/CAG/0024**
IRAS project ID: **160001**
REC reference: **14/EE/1129**

Context

Purpose of application

This application from the University of Cambridge set out the purpose to understand the effect of intensive treatment of multiple risk factors in the course of diabetes. People with diabetes have an increased risk of developing cardiovascular disease (heart attack or stroke). However, there can be a delay between the onset of diabetes and a person experiencing symptoms, making it difficult to detect early. If people with diabetes were found earlier in the disease trajectory and treated before symptoms developed, the risk of them suffering from an early death or cardiovascular disease would be reduced.

This study aims to collect 10 year follow up information on cardiovascular events and risk factors, treatment and mortality for the cohort of 1,212 participants of the ADDITION study who enrolled in the UK. This will allow an assessment of the long-term effects of the differences in treatment during the first five years after diagnosis. The researchers plan to contact all ADDITION participants in the UK with a self-report questionnaire to assess health behaviour and patient-reported outcomes. Prior to sending any questionnaires, the participant list will be cross-checked with available records to minimise the risk of sending questionnaires to participants who are deceased. Each centre will also search medical records already held to collect data on intermediate biochemical and clinical measures, medication and health service use. Where an event is identified, relevant clinical information (such as death certificates, post mortem reports, medical records, hospital discharge summaries, electrocardiographs and laboratory results) will be collated. Data will be collected over a 9-12 month period. A research assistant with necessary NHS permissions will also collect primary end point data from medical records. Where possible, and with the practice's permission, this will be collected remotely through System one using the Diabetes Research Network's clinical system access. For practices not on this system, staff will travel to site to collect this data. S251 support is not requested for this element as the participants consent to access medical records had been obtained.

Section 251 support was requested to obtain up to date address details for all participants in order to inform them of the 10 year follow up (and if they wish, speak to the study team about the study), invite to fill in questionnaires and to update the study team of their current GP practice in order to complete the follow up.

Consent to participate in the study had been obtained in writing at the point of screening, including consent to collect data through medical records and consent to use information for future related projects. Participants were also consulted on the proposed 10 year follow up plans and feedback from participants who attended the 5 year follow up was overwhelmingly supportive of this. An information sheet will be included in the questionnaire confirming the nature of the 10 year follow up and reiterating the participants right to withdraw. Participants will be informed that refusal to take part in the study further will not influence their normal medical care and that their participation is completely voluntary. Participants can contact the team via email or telephone on the telephone numbers provided in the cover letter accompanying the questionnaire.

The applicant submitted two separate applications in parallel as each relate to different IRAS ID's, REC approvals and different cohorts. Please see the linked application 16/CAG/0026 - ADDITION Plus – 10 year follow up, IRAS ID 173399.
S251 support was requested to allow the disclosure of name, NHS number, GP practice code, address and postcode, date of birth and date of death, cause of death, to the researchers in order to contact the cohort. ONS and HES data will be requested from the HSCIC.

A recommendation for class 2, 4, and 6 support was requested to obtain and use information about past and present geographical location, to link patient identifiable information obtained from more than one source and to allow access to an authorised user for one or more of the above purposes.

Confidential Patient Information Requested

Access was requested to name, NHS number, GP practice code, address and postcode, date of birth and date of death, cause of death.

Amendment Request

The amendment requested support to link the HES/ONS data (which the applicant is already receiving with support) to existing records gathered as part of the wider study. This will include the follow-up information provided direct from GP practices. This linkage will be facilitated by use of the study ID.

The applicants will also be requesting data from the HQIP MINAP (Myocardial Ischemia National Audit Project, facilitated by NICOR) and SSNAP (Sentinel Stroke National Audit Programme, currently facilitated via the Royal College of Physicians). The applicant's confrimed that no confidential patient information will be requested with this extraction as this extraction would not be linked to the other datasets.

The purpose of undertaking the linkage is to see whether it would be possible to facilitate the ongoing follow-up of this historic trial cohort by administrative means (i.e. NHS Digital), rather than contacting GPs for further information when the 15 years follow-up comes round.

Confidentiality Advice Team Advice

The amendment was considered by the Vice Chair. It was acknowledged that this was a longer term study of an existing cohort with diabetes and consideration was being undertaken to see how further longer term study of the same cohort can be achieved in an easier and less labour intensive manner. The Vice-Chair acknowledged that to date, the follow-up study had been relying on a trawl of primary care data, supplemented with data from HES and ONS. It was recognised that this primary care source was difficult because it required a great deal of researcher time to extract and track down patients who had relocated or changed GP.

The Vice Chair acknowledged that the amendment proposed linking patients already studied with additional routinely collected HES data and data from national audits (HQIP databases MINAP and SSNAP) to assess if this administrative data would yield sufficient data compared with primary care data extract. The outcome of this assessment would inform future longer term follow-up, which may not require use of primary care notes. The Vice Chair agreed that this was a reasonable aspiration, which was within the public interest and was content to provide a recommendation of support to the amendment.

Confidentiality Advice Team Conclusion

In line with the considerations above, the Vice Chair agreed that the minimum criteria under the Regulations appeared to have been met for this amendment, and therefore advised recommending support to the Health Research Authority.

Specific Conditions of Support

1. Confirmation of suitable security arrangements via IG Toolkit submission **(Confirmed – University of Cambridge, School of Clinical Medicine, Version 14.1, 2017/18, satisfactory as per NHS Digital email, 29/05/18).**
2. Confirmation of a favourable opinion from a Research Ethics Committee **(REC favourable opinion in place – no amendment required).**

Reviewers:

Name	Capacity
Ms. Clare Sanderson	Alternate Vice Chair
Ms. Kathryn Murray	Senior Confidentiality Advisor

Application title: **A Study of the Natural History of Renal Disease in TSC2/PKD1 Contiguous Gene Deletion Syndrome.**
CAG reference: **16/CAG/0118**
IRAS project ID: **10073**
REC reference: **10/MRE09/2**

Context

Purpose of Application

This application from the University of Cardiff set out the following detail. Tuberous sclerosis (TSC) is a rare, genetic condition that causes benign growths to occur in various body organs, particularly the brain, skin, kidney and heart. Other features of tuberous sclerosis include kidney (renal) cysts, seizures and intellectual impairment. Two causative genes have been identified, TSC1 and TSC2. Adjacent to TSC2 on chromosome 16, lies the gene PKD1. This gene is responsible for 85% of Autosomal Dominant Polycystic Kidney Disease, a genetic condition that causes multiple renal cysts to occur, usually in adulthood. Renal cysts are a well-recognised feature of tuberous sclerosis. There is a small subgroup of patients with tuberous sclerosis who have a more severe form of renal cystic disease, often with early or congenital onset. A gene deletion involving both TSC2 and PKD1 was described in 1994, known as the TSC2/PKD1 contiguous gene deletion syndrome.

The applicant aimed to determine the natural history of renal disease by a follow up study of these patients. This would provide important prognostic information for patients at diagnosis and help guide their management.

A recommendation for class 4 and 6 support was requested to cover the relevant activities specified in the application, in relation to deceased patients.

Confidential Patient Information Requested

Support was requested solely in relation to deceased persons and would involve requesting name, date of birth, date of death and NHS number, in order to identify and access medical notes at the respective health boards where the patient was registered. Where the referring Physician identifies a potential patient that is deceased, the applicant will ask to be informed that an eligible but deceased patient has been identified.

For those participants who were alive, this would follow a consent-based approach where the referring physician or GP or hospital doctor would be contacted and make the approach to the participant. This latter aspect fell outside the CAG remit.

Participants would consist of two groups:
1) Patients with TSC2/PKD1 contiguous gene deletions
2) Patients with exclusive TSC1 or 2 gene alterations, not involving PKD1 (control group).

Amendment Request

The amendment request an extension of the study end date to 31 August 2019, due to delays in recruitment.

Confidentiality Advisory Group Advice

The amendment requested was considered by the Alternate Vice-Chair who noted that the extension to the duration of support was required due to the delays experienced in recruitment. Recommending support for the amendment request would enable the applicants to achieve the recruitment target which had been set out within the initial application. The Alternate Vice-Chair was content to provide a recommendation of support to the amendment.

Confidentiality Advisory Group Conclusion

In line with the considerations above, the Alternate Vice-Chair agreed that the minimum criteria under the Regulations appeared to have been met for this amendment, and therefore advised recommending support to the Health Research Authority.

Specific Conditions of Support

1. Confirmation of suitable security arrangements via IG Toolkit submission (**Confirmed – Cardiff University, V14.1, 2017/18 – NHS Digital email 08 June 2018**).
2. Confirmation of a favourable opinion from a Research Ethics Committee (**Confirmed in place for the study, and not required for this amendment**).

Reviewers:

Name	Capacity
Dr. Murat Soncul	Alternate Vice Chair
Ms. Gillian Wells	CAG Lay Member
Ms. Kathryn Murray	Senior Confidentiality Advisor

Study title: **Prehospital Assessment of the Role of Adrenaline: Measuring the Effectiveness of Drug administration In Cardiac arrest.**
REC reference: **14/CAG/1009**
IRAS project ID: **147538**
REC Reference: **14/SC/0157**

Context

Purpose of Application

This application from the University of Warwick set out the purpose of a trial to work out how safe and effective adrenaline is as a treatment for patients who suffer out of hospital cardiac arrest. Data in relation to 8,000 patients who have been treated for cardiac arrest was requested. All surviving patients would be invited to take part in the follow up and consent obtained to access data.

A recommendation for class 1, 2, 4 and 6 support was requested to cover access to confidential patient information in order to identify patients to seek consent from and to access mortality, HES, ICNARC and NICOR data in relation to deceased patients.

Confidential Patient Information Requested

Access was requested to Name, Address, Post Code, Date of Birth, NHS Number, gender in order to carry out linkages and seek consent. Date of death, Date of birth and gender would be retained for analysis purposes.

Amendment Request

This amendment sought support for linkage of the study cohort with the Patient Episode Database Wales (PEDW) held by NHS Wales Informatics Services (NWIS). This would enable the proposed trial follow-up procedures to be achieved for the cohort of Welsh patients included in the study. Support was requested to allow the flow of confidential patient information to NWIS to enable linkage with the PEDW dataset, to enable the return of patient-level hospital data required for analysis.

Confidentiality Advisory Group Advice

The amendment was shared with a sub-committee of the CAG for consideration. The applicants had explained within the documentation that, at the point of initial application, it was not known that the HES database held by NHS Digital did not contain information in relation to Welsh patients. The subsequent clarification led to the submission of the amendment to enable the follow-up which was proposed within the application to be undertaken for the full patient cohort included in the study.

The sub-committee recognised that linkage with PEDW as an additional data source would enable the applicants to complete the follow-up required as part of the study aims. Evidence was provided from NWIS to show support in principle for the data linkage, together with a copy of the Caldicott: Principles

into Practice report to confirm the IG assurance. The sub-committee was content to provide a recommendation of support to the amendment.

Confidentiality Advisory Group Conclusion

In line with the considerations above, the sub-committee agreed that the minimum criteria under the Regulations appeared to have been met for this amendment, and therefore advised recommending support to the Health Research Authority.

Specific Conditions of Support

1. Confirmation of suitable security arrangements via relevant submission. **(Confirmation – CPiP Assurance report received, showing 94% compliance; University of Warwick Clinical Trials Unit v14.1, 2017/18 reviewed as satisfactory confirmed 11/06/18).**
2. Confirmation of a favourable opinion from a Research Ethics Committee **(Confirmed – issued 03 April 2018)**.

Reviewers:

Name	Capacity
Dr. Patrick Coyle	Vice Chair
Ms. Kathryn Murray	Senior Confidentiality Advisor

Application title: **ADDITION Plus- 10 year follow up**
CAG reference: **16/CAG/0026**
IRAS project ID: **160001**
REC reference: **14/EE/1129**

Context

Purpose of application

This application from the University of Cambridge set out the purpose to understand the effect of intensive treatment of multiple risk factors in the course of diabetes. People with diabetes have an increased risk of developing cardiovascular disease (heart attack or stroke). However, there can be a delay between the onset of diabetes and a person experiencing symptoms, making it difficult to detect early. If people with diabetes were found earlier in the disease trajectory and treated before symptoms developed, the risk of them suffering from an early death or cardiovascular disease would be reduced.

This study aims to collect 10 year follow up information on cardiovascular events and risk factors, treatment and mortality for the cohort of 1,212 participants of the ADDITION study who enrolled in the UK. This will allow an assessment of the long-term effects of the differences in treatment during the first five years after diagnosis. The researchers plan to contact all ADDITION participants in the UK with a self-report questionnaire to assess health behaviour and patient-reported outcomes. Prior to sending any questionnaires, the participant list will be cross-checked with available records to minimise the risk of sending questionnaires to participants who are deceased. Each centre will also search medical records already held to collect data on intermediate biochemical and clinical measures, medication and health service use. Where an event is identified, relevant clinical information (such as death certificates, post mortem reports, medical records, hospital discharge summaries, electrocardiographs and laboratory results) will be collated. Data will be collected over a 9-12 month period. A research assistant with necessary NHS permissions will also collect primary end point data from medical records. Where possible, and with the practice's permission, this will be collected remotely through System one using the Diabetes Research Network's clinical system access. For practices not on this system, staff will travel to site to collect this data. S251 support is not requested for this element as the participants consent to access medical records had been obtained.

Section 251 support was requested to obtain up to date address details for all participants in order to inform them of the 10 year follow up (and if they wish, speak to the study team about the study), invite to fill in questionnaires and to update the study team of their current GP practice in order to complete the follow up.

Consent to participate in the study had been obtained in writing at the point of screening, including consent to collect data through medical records and consent to use information for future related projects. Participants were also consulted on the proposed 10 year follow up plans and feedback from participants who attended the 5 year follow up was overwhelmingly supportive of this. An information sheet will be included in the questionnaire confirming the nature of the 10 year follow up and reiterating the participants right to withdraw. Participants will be informed that refusal to take part in the study further will not influence their normal medical care and that their participation is completely voluntary. Participants can contact the team via email or telephone on the telephone numbers provided in the cover letter accompanying the questionnaire.

The applicant submitted two separate applications in parallel as each relate to different IRAS ID's, REC approvals and different cohorts. Please see the linked application 16/CAG/0024 - ADDITION – 10 year follow up, IRAS ID 160001.

S251 support was requested to allow the disclosure of name, NHS number, GP practice code, address and postcode, date of birth and date of death, cause of death, to the researchers in order to contact the cohort. ONS and HES data will be requested from the HSCIC.

A recommendation for class 2, 4, and 6 support was requested to obtain and use information about past and present geographical location, to link patient identifiable information obtained from more than one source and to allow access to an authorised user for one or more of the above purposes.

Confidential patient information requested

Access was requested to name, NHS number, GP practice code, address and postcode, date of birth and date of death, cause of death.

Amendment Request

The amendment requested support to link the HES/ONS data (which the applicant is already receiving with support) to existing records gathered as part of the wider study. This will include the follow-up information provided direct from GP practices. This linkage will be facilitated by use of the study ID.

The applicants will also be requesting data from the HQIP MINAP (Myocardial Ischemia National Audit Project, facilitated by NICOR) and SSNAP (Sentinel Stroke National Audit Programme, currently facilitated via the Royal College of Physicians). The applicant's confirmed that no confidential patient information will be requested with this extraction as this extraction would not be linked to the other datasets.

The purpose of undertaking the linkage is to see whether it would be possible to facilitate the ongoing follow-up of this historic trial cohort by administrative means (i.e. NHS Digital), rather than contacting GPs for further information when the 15 years follow-up comes round.

Confidentiality Advisory Group Advice

The amendment was considered by the Vice Chair, who acknowledged that the same amendment had recently been considered and supported for the linked study 16/CAG/0024 for the ADDITION – 10 year Follow-up project. It was acknowledged that this was a longer term study of an existing cohort with diabetes and consideration was being undertaken to see how further longer term study of the same cohort can be achieved in an easier and less labour intensive manner. The Vice-Chair acknowledged that to date, the follow-up study had been relying on a trawl of primary care data, supplemented with data from HES and ONS. It was recognised that this primary care source was difficult because it required a great deal of researcher time to extract and track down patients who had relocated or changed GP.

The Vice Chair acknowledged that the amendment proposed linking patients already studied with additional routinely collected HES data and data from national audits (HQIP databases MINAP and SSNAP) to assess if this administrative data would yield sufficient data compared with primary care data extract. The outcome of this assessment would inform future longer term follow-up, which may not require use of primary care notes. The Vice Chair agreed that this was a reasonable aspiration, which was within the public interest and was content to provide a recommendation of support to the amendment.

Confidentiality Advisory Group Conclusion

In line with the considerations above, the Vice Chair agreed that the minimum criteria under the Regulations appeared to have been met for this amendment, and therefore advised recommending support to the Health Research Authority.

Specific Conditions of Support

1. Confirmation of suitable security arrangements via IG Toolkit submission **(Confirmed – University of Cambridge, School of Clinical Medicine, Version 14.1, 2017/18, satisfactory as per NHS Digital email, 29/05/18).**
2. Confirmation of a favourable opinion from a Research Ethics Committee **(REC favourable opinion in place – no amendment required).**

2. APPLICATIONS

Reviewers:

Name	Capacity
Ms Sophie Brannan	CAG Lay Member
Dr Tony Calland MBE	Chair
Dr Patrick Coyle	Vice Chair
Professor Barry Evans	CAG Member
Dr Rachel Knowles	CAG Member
Dr Simon Kolstoe	CAG Member
Professor Jennifer Kurinczuk	CAG Member
Dr Harvey Marcovitch	CAG Member
Mr Andrew Melville	CAG Lay Member
Mrs Diana Robbins	CAG Lay Member
Ms. Kathryn Murray	Senior Confidentiality Advisor

Application title: **Renal Replacement Anticoagulant Management**
CAG reference: **18/CAG/0070**
IRAS project ID: **236515**
REC reference: **18/SC/0204**

Context

Purpose of Application

This application from the Intensive Care National Audit & Research Centre (ICNARC) set out the purpose of medical research which aims to study the effects of two anticoagulants, heparin and citrate, on patients who are undergoing continuous renal replacement therapy (CRRT). CRRT is often used in intensive care units when a patient is suffering from an acute kidney injury which prevents their kidneys working properly. CRRT is a machine which takes over the kidney functions until the patient's own kidneys recover. Traditionally heparin is added to the patient's blood as it enters the CRRT machine to prevent it from clotting. Recently, citrate anticoagulation is being used as it may be more controllable and cheaper. Both heparin and citrate anticoagulation therapies are associated with different risks for the patients and it is currently unknown whether either form of anticoagulation is more effective.

Detailed electronic health records are available for all patients admitted to UK ICUs. The applicants will use these records to identify adult patients treated in 184 non-specialist adult ICUs in England that needed at least one day of CRRT between 01/04/2009 and 31/03/2017. By surveying these ICUs to see which have swapped to citrate anticoagulation and when this changeover occurred, the applicants will examine the effects of changing from heparin to citrate on patients' well-being.

Confidential patient information will be released by ICNARC and the UK Renal Registry to NHS Digital to facilitate linkage with HES and ONS datasets. Linked records will be returned to the applicants in a pseudonymised format by study ID for analysis.

The applicants will look at patients' survival, degree of sickness and how fast they recover. Analysis will also be undertaken to measure the cost of the two types of anticoagulation so we can assess the cost/benefit trade-off for both types of anticoagulation.

The ICNARC Case Mix Programme operates with support under the Regulations under reference: PIAG 2-10(f)/2005.

A recommendation for class 2, 4 and 6 support was requested to cover activities as described in the application.

Confidential Patient Information Requested

Cohort

All patients aged 16 and over, admitted to an adult or general ICU in England and Wales, which participates in the ICNARC case mix programme, between 01/04/2009 and 31/03/2017. Patients would have been in receipt of CRRT for at least one calendar day during the ICU stay. It is estimated that 85,000 patients would be included within the project.

The following items of confidential patient information are requested for the purposes described:

- NHS number – linkage,
- Date of birth – linkage and analysis,
- Date of death – linkage and analysis,
- Postcode – linkage and converted to LSOA for analysis,
- Gender – analysis,
- Ethnicity – analysis.

Confidentiality Advisory Group Advice

The applicants provided a written response to the request for further information detailed within the provisionally supported outcome, which was considered in correspondence.

1. **Clarify whether Welsh patients would be included within the project. If so, confirm whether linkage was also intended with the PEDW dataset, maintained by NWIS, to follow up this sub-cohort of patients. Confirmation would be required that NWIS had provided agreement in principle to the linkage.**

The applicants confirmed that Welsh patients would be included in the project. It was explained that data would be linked with the PEDW dataset through Secure Anonymous Information Linkage (SAIL) with NWIS acting as a trusted third party. The applicants explained that they had held a scoping call with SAIL regarding this and data linkage had been agreed in principle, subject to all relevant approvals. The applicants confirmed that they were in the process of completing an application to be considered by the Information Governance Review Panel. It was explained that ICNARC and SAIL had successfully linked datasets previously and were currently in the process of linking case mix programme and PEDW datasets on a separate project.

The applicants stated that an amendment will be made to the RRAM protocol to include accessing PEDW data through data linkage with SAIL.

The Confidentiality Advice Team sought clarity around this point as the revised protocol document had not been provided as part of the response submission.

The applicants confirmed that the data linkage via NWIS and SAIL did not form part of the current proposal. It was confirmed that an amendment would be submitted at the appropriate point in future when agreements were in place and data linkage had been finalised with SAIL.

The Chair received this response and was assured that the applicants were aware of the required amendment process to extend support to this wider linkage in future. No further issues were raised in this area.

2. **Patient Notifications and Dissent – further work is required in this area to address the following points:**
    a. **The proposed website text should be revised, with input from patient and public representatives, to ensure the language is accessible to a wide audience,**

The applicants provided a revised draft of the website text which had been drafted in collaboration with patient and public representatives.

    b. **Additional contact details should be provided as part of the dissenting mechanism in order to provide patients with additional information, should they no longer be able to recall who had provided their historic care,**

It was confirmed that patients could dissent to the use of their data in the project through the completion of a Data Subject Request Form (a copy of which was provided for information) and returning it by email or post to ICNARC. The request form would be displayed on the RRAM study page and would also be linked to the text, so it can be easily found by patients.

    c. **The information around dissent should also be made more prominent within the document,**

The applicants explained that this point was discussed with the patient and public representatives, it was decided that the use of subheadings would make the information around dissenting more prominent within the text. A section under the subheading 'Can I opt out?' had been added to the text.

    d. **Information should also be displayed on the websites of the UK Renal Registry and associated charity to raise the profile of the study,**

Information regarding the study would be placed on the UK Renal Registry website. This would provide a brief description of the study and provide links to the RRAM study documents and the ICNARC website. The applicants further explained that they were also currently in discussion with ICU steps regarding the information being provided in some form on their website.

    e. **Patient and public representatives should be approached to discuss a wider communications strategy for the project – feedback should be provided on any additional suggestions agreed to widen the publicity of the project.**

After discussion with study patient and public representatives, the applicants agreed that social media – the ICNARC twitter account– would be used to widen the publicity of the project by 'tweeting' project milestones and updates. It was clarified that the applicants were not in control of the Twitter accounts for the other organisations involved in the study; however, they were discussing the possibilities of advertising the RRAM study through these wider social media networks.

The Chair received the response and supplementary documentation and was assured by information provided. It was commented that documentation referenced the linkage via SAIL; however, this was not yet confirmed. It was agreed that the patient information materials should be revised to explain that this linkage is intended in the future. The Chair was assured that, as required change was so minor, the applicants would be asked to undertake this revision as a condition of support.

Confidentiality Advisory Group Advice Conclusion

The CAG agreed that the minimum criteria under the Regulations appeared to have been met and that there was a public interest in projects of this nature being conducted, and therefore advised recommending support to the Health Research Authority, subject to compliance with the specific and standard conditions of support as set out below.

Specific Conditions of Support (Final)

1. Patient information materials should be revised to explain that the linkage to be undertaken is intended in the future.
2. Favourable opinion from a Research Ethics Committee **(Confirmed – 17/04/2018).**
3. Confirmation from the IGT Team at NHS Digital of suitable security arrangements via Information Governance Toolkit (IGT) submission **(Confirmed – ICNARC, Version 14.1, 2017/18, confirmed reviewed grade of satisfactory via website update, NHS Digital undertaking wider processing).**

Reviewers:

Name	Capacity
Mr Andrew Melville	CAG Lay Member
Prof. William Bernal	CAG Member
Ms Clare Sanderson	Chair
Ms. Kathryn Murray	Senior Confidentiality Advisor

Application title: **The effect of remote ischaemic preconditioning and glyceryl trinitrate on peri-operative myocardial injury in cardiac bypass surgery patients (ERIC-GTN study)- a four arm randomised controlled trial**
CAG reference: **18/CAG/0029**
IRAS project ID: **120058**
REC reference: **13/LO/0980**

Context

Purpose of Application

This application from University College London sets out the purpose of medical research with a focus on Remote Ischaemic Preconditioning (RIPC) a phenomenon known to protect the heart against ischaemia reperfusion injury. This is an established randomised control trial with four arms comparing the infusion of GTN or a placebo saline infusion during coronary artery bypass surgery.

Information has emerged indicating an increased mortality rate in one arm of the study one year post follow up. The initial trial protocol does not allow follow up of patients after discharge, so the patients consented into the study did not provide informed consent for this access to additional data.

The study is ongoing but new information on the outcomes of the study would be in the public interest and requires further analysis.

A recommendation for classes 1 and 6 support was requested to cover activities as described in the application.

Confidential Patient Information Requested

Cohort

All patients enrolled into the ERIC study up to one year post consent and surgery. 260 patients.

Data from trial case report forms and medical records will be reviewed to identify cause of death and the trial arm the patient was randomised to.

The following items of confidential patient information will be released to the non-clinical research team:

- Hospital ID - linkage
- Date of Birth – linkage and converted to age for analysis
- Date of Death MM/YY – analysis
- Gender - analysis
- Ethnicity - analysis

- Lifestyle analysis – analysis.

Confidentiality Advisory Group Advice Conclusion

The CAG agreed that the minimum criteria under the Regulations appeared to have been met and that there was a public interest in projects of this nature being conducted, and therefore advised recommending support to the Health Research Authority, subject to compliance with the specific and standard conditions of support as set out below.

Specific Conditions of Support (Final)

1. Patient Notification and Dissent – information should be included on the Hatter Institute website to inform patients and the public around the additional follow-up which is not included in the study. Study results should also be disseminated via this forum.
2. Favourable opinion from a Research Ethics Committee. **(Confirmed – 30 April 2018).**
3. Confirmation from the IGT Team at NHS Digital of suitable security arrangements via Information Governance Toolkit (IGT) submission. **(Confirmed - University College London Hospitals NHS Foundation Trust show a reviewed grade of 80% satisfactory on Version 14.1, 2017/18 Bart's Health – show a reviewed grade of 77% satisfactory on Version 14.1, 2017/8).**

Reviewers:

Name	Capacity
Dr Malcolm Booth	CAG Member
Dr Patrick Coyle	Vice Chair
Mr Anthony Kane	CAG Lay Member
Dr Harvey Marcovitch	CAG Member
Ms. Kathryn Murray	Senior Confidentiality Advisor

Application title: **Improving diagnosis and management in dementia with Lewy bodies using the CPFT Research Database (CRATE).**
CAG reference: **18/CAG/0015**
IRAS project ID: **239236**
REC reference: **18/EE/0029**

Context

Purpose of application

This application has been submitted by the University of Cambridge on behalf on the Cambridgeshire and Peterborough NHS Foundation Trust sets out the purpose of medical research which aims to improve the diagnosis and management of care for patients with dementia with Lewy Bodies. Using the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Research Database (CRATE) the Lewy-CRATE project will identify a cohort of ~1,000 dementia with Lewy bodies (DLB) cases and several thousand non-DLB disease dementia controls to allow a detailed examination of their characteristics and outcomes.

Once the patient cohort has been identified, linkage will be undertaken with HES and ONS datasets held by NHS Digital. The linked dataset will be returned to the Cambridgeshire and Peterborough NHS Foundation Trust at which stage this will be pseudonymised. Researchers at the University of Cambridge will access the pseudonymised dataset in order to examine the patterns of early predictors, presentations and symptoms associated with DLB to facilitate early diagnosis. This will inform the development and testing of a natural language processing App to aid diagnostic decision making for clinicians in real time. The applicants assert that by linking with both local and national databases, more detail will be gathered about the full course of the disease from the early stages onwards, identify risk factors for disease development, and look at what might be changed to prevent worse outcomes.

The project is in partnership with a similar study which is being undertaken by King's College London and the South London and Maudsley NHS Foundation Trust – it was noted that the grant which was secured to fund the project was a joint collaboration between all organisations; however, there will be no linkage/disclosure of confidential patient information between the two project arms. The KCL/SLaM project has sought its own relevant approvals. The CAG consideration here relates only to the University of Cambridge and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) element.

A recommendation for class 1, 4, 5 and 6 support was requested to cover activities as described in the application.

Confidential Patient Information Requested

Cohort

- Patients (male and female) aged 50 years and over,
- Diagnosis of dementia, dementia with Lewy bodies, cognitive impairment, or Parkinson's Disease from 2005 onwards within the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) CRATE research database,
- It is estimated that approximately 500 patients with dementia with Lewy bodies (DLB) would be identified and 12,500 patients within the non-DLB disease dementia controls.

The patient cohort will be established via the CPFT CRATE database – confidential patient information will be shared with NHS Digital in order to link with HES and ONS mortality data.

The following items of confidential patient information are required for the purposes as set out:

- NHS number –linkage,
- Date of birth – linkage and analysis (01/MM/YY format),
- Postcode – linkage and analysis (LSOA format),
- Date of death – analysis (MM/YY format),
- Sex – linkage and analysis,
- Ethnicity – analysis.

Confidentiality Advisory Group Advice

A Sub-Committee of the main CAG considered the applicant's written response to the request for further information detailed in the provisionally supported outcome in correspondence.

1. **Patient and Public Involvement and Engagement – further information is required in this area to address the following points:**
   a. **Provide an overview of the engagement activity undertaken with the patient and public representatives appointed to the study,**

The applicants provided evidence of support from two carers groups for the project and two Research Network Monitors from the Alzheimer's Society had also provided feedback for the study. It was further explained that the study was funded by the Alzheimer's Society Biomedical Grant; the review process for these grants has a high-level of PPI input sought by the Alzheimer's Society when considering grant applications. As part of the review process, the grant application for this proposal was reviewed by 34 lay reviewers and fully supported by these individuals.

The response was received by the Sub-Committee and no further issues were raised in this area.

   b. **The use of confidential patient information without consent as described in the application should be tested with the patient and public representatives and an overview of the outcome of this discussion provided for consideration,**
   c. **If the responses given were negative, the CAG will take this into account when considering whether support can be recommended, or whether further actions are necessary.**

The applicants explained that two Research Network Monitors assigned to the project from the Alzheimer's Society had reviewed the protocol. It was explained that the protocol was well received by both monitors and described as comprehensive and adequate. No issues regarding the use of confidential patient information without consent were raised by either monitor. It was confirmed that the Monitors had asked for the outcomes of the project to be reworded slightly so that they were clearer and for the description around the project's place within the Research Network to be clarified – evidence of this was provided for consideration. An overview of the extensive patient and public involvement activity which supports the Cambridge and Peterborough NHS Foundation Trust (CPFT) CRATE research database was also provided for information.

The response was received by the Sub-Committee and no further issues were raised.

2. **Patient Notifications and Dissent – further information is required in this area to address the following point:**
   a. **Provide a copy of the project-specific text which will be included on the Trust website in order to raise the profile of the study,**

The applicants provided a copy of the text which was currently displayed on the University website for information purposes. It was clarified that similar information would be included on the Trust website, with additional signposting to the Trust webpage containing information about the research uses of patient records within the CPFT Research Database and how patients can opt-out of their information being included in the databases.

The Sub-Committee received the response and no further issues were raised.

   b. **Clarify whether a project specific opt-out will be operated. If so, provide an overview of how this would be managed and patient objection respected.**

The applicants clarified that as the project will be conducted within the CPFT Research Database, all procedures for patient notification and dissent will be conducted in line with the guidelines set out for the database, including the principle of "consent or anonymise". It was explained that patients within CPFT were free to opt-out of their records being used for research purposes. Information about the research uses of patient records and how patients can opt-out of their information being included in the databases are published on the Trust's website which is publicly accessible. The electronic opt-out mechanism is available to all CPFT mental health staff to operate for their patients, and patients can also contact the Research Database Manager directly to opt out. It was also confirmed that information about the project will be included on the CPFT website as described above and publicised on the CPFT Twitter feed.

The Sub-Committee received the response and no further issues were raised.

Confidentiality Advisory Group Advice Conclusion

The CAG agreed that the minimum criteria under the Regulations appeared to have been met and that there was a public interest in projects of this nature being conducted, and therefore advised recommending support to the Health Research Authority, subject to compliance with the specific and standard conditions of support as set out below.

Specific conditions of support

1. Patient and Public Involvement and Engagement – a report would be required at the time of first annual review to address the following points:
   a. Provide an overview of the additional activity which has been undertaken in this area with the local dementia carers group and the study-appointed patient and public representatives,
   b. If the responses given are negative, the CAG will take this into account when considering whether support should continue, or whether further actions are necessary.
2. Favourable opinion from a Research Ethics Committee. **(Confirmed – 30 May 2018)**
3. Confirmation from the IGT Team at NHS Digital of suitable security arrangements via Information Governance Toolkit (IGT) submission. **(Confirmed – Cambridgeshire and Peterborough NHS Foundation Trust, V14.1, 2017/18 confirmed as satisfactory in direct email from NHS Digital dated 13 June 2018).**

Reviewers:

Name	Capacity
Dr Tony Calland	Chair
Mr Anthony Kane	CAG Lay Member
Ms. Kathryn Murray	Senior Confidentiality Advisor

Application title: **Lung cancer screening study using low dose CT to support the development of blood tests for early cancer detection**
CAG reference: **18/CAG/0054**
IRAS project ID: **232691**
REC reference: **17/LO/2004**

Context

Purpose of Application

This study from University College London sets out the purpose of medical research to investigate the feasibility of introducing low dose computed tomography (LDCT) screening to a group of adults at high risk of lung cancer. Potential participants will be identified from their GP records by a member of the UCLH study team, attending individual practices, as current or ex-smokers between the ages of 55 and 80 years. Potential participants will be sent an invitation letter. A sub-group of patients will also be sent a separate paper questionnaire on screening uptake. Potential participants' information, including age, sex, ethnicity, smoking status, and index of multiple deprivation score and rank, will be collected and linked to LHC attendance data. By analysing those who attend and those who do not, the applicants hope to understand what factors might influence whether or not a participant attends a LHC. Uptake is one of the primary objectives for this study and it is essential to understanding the population impact of a future UK LDCT screening programme. The application has been made to the CAG in order to allow the research team access to GP record systems in order to identify and invite potential participants to the study.

A recommendation for class 1, 3, 5 and 6 support was requested to cover activities as described in the application.

Confidential Patient Information Requested

Cohort

1. Individuals aged 55 to 80 years within the North Central and North East London area, who meet either of the following criteria:
a. Have a history of at least 30 pack years of smoking (or at least 20 years duration), and if former smokers, have quit in the past 15 years
b. 6-year lung cancer risk of ≥1.3%.

A maximum of 100,000 patients from 600 GP practices will be invited to recruit 25,000 participants. If the enrolment figure is not achieved, the applicants state that there are further 25-50,000 patients in the geographical region who will be eligible.

In addition, all individuals eligible for invitation to the initial Lung Health Check appointment will be included in the uptake study (pseudonymised data on demographic characteristics and smoking status, and the screening uptake and behaviour questionnaire).

The following items of confidential patient information will be extracted from GP records for the purposes as described:

- Full Name and Title – to facilitate invitation,
- Date of Birth – translated to age for analysis,
- Full Address – to facilitate invitation,
- NHS Number – for linkage (undertake with consent),
- Gender – analysis,
- Ethnicity – analysis.

Confidentiality Advisory Group Advice

A sub-committee of the CAG considered the applicant's written response to the below request for further information in correspondence.

1. **GP Poster – revise the information included within the poster to include detail around the research purposes near the beginning of the document. The reference to UCLH researchers should also be revised to make it clear that their involvement is for research purposes.**

The applicants provided a revised GP poster (which was renamed 'patient notification poster') to include details about the research purposes at the beginning of the document, and to make clear that the involvement of UCLH staff is for research purposes.

The Sub-Committee received the revised document and raised no further queries.

2. **Revise the study specific website text to ensure that the language is suitable and accessible to a wider patient audience.**
3. **Participant Information Letter – revise the document to make the research purposes clear and explain that data will be retained for this purpose.**

The applicants provided the revised documentation for review.

The Sub-Committee received the documentation and raised no further issues.

Confidentiality Advisory Group Advice Conclusion

The CAG agreed that the minimum criteria under the Regulations appeared to have been met and that there was a public interest in projects of this nature being conducted, and therefore advised recommending support to the Health Research Authority, subject to compliance with the specific and standard conditions of support as set out below.

Specific Conditions of Support (Final)

1. Favourable opinion from a Research Ethics Committee (**Confirmed – 27 February 2018**).
2. Confirmation from the IGT Team at NHS Digital of suitable security arrangements via Information Governance Toolkit (IGT) submission (**Confirmed – by email from NHS Digital dated 05 June 2018 in respect of Version 14.1, 2017/18 for the following:**
    - CFH Docmail Ltd
    - University College London
    - University College London Hospital NHS Foundation Trust
    - Amazon Web Services.

Reviewers:

Name	Capacity
Dr Murat Soncul	Alternate Vice Chair
Ms Gillian Wells	CAG Lay Member
Ms. Kathryn Murray	Senior Confidentiality Advisor

Application title: **Long Term follow up of the ASCO Trial into Electronic Records (LATER)**
CAG reference: **18/CAG/0044**
IRAS project ID: **178835**
REC reference: **18/SS/0016**

Context

Purpose of Application

This application from Barts Health NHS Trust set out the purpose of medical research to investigate the relation between types of retinoblastoma, a cancer of the eye occurring in children, mutation and the rates of occurrence of second primary tumours. The study will link retrospective patient data held by Barts Hospital, Great Ormond Street Hospital and the Royal London Hospital with National Registry of Childhood Tumours – now part of the Richard Doll Archive, and within the Public Health England Cancer Registration system. Once linked, the database will be pseudonymised prior to analysis taking place.

A recommendation for class 1, 4 and 6 support was requested to cover activities as described in the application.

Confidential Patient Information Requested

A retrospective patient cohort will be identified from records held at Barts Hospital, Great Ormond Street Hospital and the Royal London Hospital. Patients would be aged up to 15 years at the time of diagnosis. It is estimated that there will be around 600 patients included within the study.

The following items of confidential patient information are required for the purposes as set out below:

- Name – linkage,
- Hospital ID – linkage,
- NHS number – linkage,
- Date of birth – linkage and in a pseudonymised format for analysis,
- Date of death – pseudonymised for analysis,
- Gender – analysis.

Confidentiality Advisory Group Advice

The Sub-Committee reviewed the applicant's written response to the request for further information requested via the provisionally supported outcome in correspondence.

1. **Provide a revised copy of the patient notification material to include clear information around how a patient can raise an objection to the use of their data within the study. An overview should be provided around how the dissent mechanism would be operated.**

The applicants provided a revised document, which included a clearer over of the patient dissenting mechanism.

The document was received and no further issues were raised by the Sub-Committee.

2. **Consideration should be given to widening the communications strategy for the project by utilising the patient notification mechanisms of the participating Trusts. An overview of the additional communication plans should be provided, or a strong rationale to support why this is not possible.**

The applicants confirmed that the patient notification material would be made available in the retinoblastoma clinics (Royal London Hospital and Great Ormond Street), and also via the websites of both the participating Trusts, namely Barts Health NHS Trust through the Retinoblastoma Unit website and the Great Ormond Street Hospital for Children NHS Foundation Trust, in addition to the CHECT website and newsletter.

The Sub-Committee received the response and were assured by the wider communications strategy – no further issues were raised in this area.

3. **Provide a planned overview for additional patient and public involvement and engagement plans, with reference to testing the acceptability of using confidential patient information for the project purposes without consent.**

The applicants explained that they planned to conduct a survey to gauge the views of interested parties. Information would be displayed in the retinoblastoma clinics, and on the CHECT website/newsletter, in order to promote the survey to a wide audience of potential responders. The applicants clarified that the notice and survey were written with the input of the consultant clinical geneticist for retinoblastoma (Dr Elisabeth Rosser – Great Ormond Street Hospital) to ensure that it was 'user friendly' and would be comprehensible to most patients/carers.

The Sub-Committee received the response and it was agreed that feedback from the survey was required as an interim report within three months of support coming into effect. An overview would be required around the number of responders, together with an overview of the feedback which was provided. It was noted that if the responses given were negative, the CAG would take this into account when considering whether support should continue, or whether further actions are necessary.

Confidentiality Advisory Group Advice Conclusion

The CAG agreed that the minimum criteria under the Regulations appeared to have been met and that there was a public interest in projects of this nature being conducted, and therefore advised recommending support to the Health Research Authority, subject to compliance with the specific and standard conditions of support as set out below.

Specific Conditions of Support (Final)

1. Provide an interim report within three months of the date of this letter around the findings of the patient and public engagement survey. This should provide an overview of the number of responses received together with any feedback provided. If the responses given were negative, the CAG will take this into account when considering whether support can continue, or whether further actions are necessary.
2. Favourable opinion from a Research Ethics Committee. **(Confirmed – issued 19/03/2018)**
3. Confirmation from the IGT Team at NHS Digital of suitable security arrangements via Information Governance Toolkit (IGT) submission. **(Confirmed – Bart's Health NHS Trust, Version 14.1, 2017/187, confirmed reviewed grade of satisfactory by NHS Digital email 13/06/2018).**

Reviewers:

Name	Capacity
Ms Sophie Brannan	CAG Lay Member
Dr Murat Soncul	Alternate Vice Chair
Ms. Kathryn Murray	Senior Confidentiality Advisor

Application title: **Retinoblastoma gene mutations and risk of secondary primary tumours**
CAG reference: **18/CAG/0056**
IRAS project ID: **216615**
REC reference: **18/LO/0490**

Context

Purpose of Application

This application from Barts Health NHS Trust set out the purpose of medical research to investigate the relation between types of retinoblastoma, a cancer of the eye occurring in children, mutation and the rates of occurrence of second primary tumours. The study will link retrospective patient data held by Barts Hospital, Great Ormond Street Hospital and the Royal London Hospital with National Registry of Childhood Tumours – now part of the Richard Doll Archive, and within the Public Health England Cancer Registration system. Once linked, the database will be pseudonymised prior to analysis taking place.

A recommendation for class 1, 4 and 6 support was requested to cover activities as described in the application.

Confidential Patient Information Requested

A retrospective patient cohort will be identified from records held at Barts Hospital, Great Ormond Street Hospital and the Royal London Hospital. Patients would be aged up to 15 years at the time of diagnosis. It is estimated that there will be around 600 patients included within the study.

The following items of confidential patient information are required for the purposes as set out below:

- Name – linkage,
- Hospital ID – linkage,
- NHS number – linkage,
- Date of birth – linkage and in a pseudonymised format for analysis,
- Date of death – pseudonymised for analysis,
- Gender – analysis.

Confidentiality Advisory Group Advice

The Sub-Committee reviewed the applicant's written response to the request for further information requested via the provisionally supported outcome in correspondence.

4. **Provide a revised copy of the patient notification material to include clear information around how a patient can raise an objection to the use of their data within the study. An overview should be provided around how the dissent mechanism would be operated.**

The applicants provided a revised document, which included a clearer over of the patient dissenting mechanism.

The document was received and no further issues were raised by the Sub-Committee.

5. **Consideration should be given to widening the communications strategy for the project by utilising the patient notification mechanisms of the participating Trusts. An overview of the additional communication plans should be provided, or a strong rationale to support why this is not possible.**

The applicants confirmed that the patient notification material would be made available in the retinoblastoma clinics (Royal London Hospital and Great Ormond Street), and also via the websites of both the participating Trusts, namely Barts Health NHS Trust through the Retinoblastoma Unit website and the Great Ormond Street Hospital for Children NHS Foundation Trust, in addition to the CHECT website and newsletter.

The Sub-Committee received the response and were assured by the wider communications strategy – no further issues were raised in this area.

6. **Provide a planned overview for additional patient and public involvement and engagement plans, with reference to testing the acceptability of using confidential patient information for the project purposes without consent.**

The applicants explained that they planned to conduct a survey to gauge the views of interested parties. Information would be displayed in the retinoblastoma clinics, and on the CHECT website/newsletter, in order to promote the survey to a wide audience of potential responders. The applicants clarified that the notice and survey were written with the input of the consultant clinical geneticist for retinoblastoma (Dr Elisabeth Rosser – Great Ormond Street Hospital) to ensure that it was 'user friendly' and would be comprehensible to most patients/carers.

The Sub-Committee received the response and it was agreed that feedback from the survey was required as an interim report within three months of support coming into effect. An overview would be required around the number of responders, together with an overview of the feedback which was provided. It was noted that if the responses given were negative, the CAG would take this into account when considering whether support should continue, or whether further actions are necessary.

Confidentiality Advisory Group Advice Conclusion

The CAG agreed that the minimum criteria under the Regulations appeared to have been met and that there was a public interest in projects of this nature being conducted, and therefore advised recommending support to the Health Research Authority, subject to compliance with the specific and standard conditions of support as set out below.

Specific Conditions of Support (Final)

1. Provide an interim report within three months of the date of this letter around the findings of the patient and public engagement survey. This should provide an overview of the number of responses received together with any feedback provided. If the responses given were negative, the CAG will take this into account when considering whether support can continue, or whether further actions are necessary.
2. Favourable opinion from a Research Ethics Committee. **(Confirmed – issued 19/03/2018)**
3. Confirmation from the IGT Team at NHS Digital of suitable security arrangements via Information Governance Toolkit (IGT) submission. **(Confirmed – Bart's Health NHS Trust, Version 14.1, 2017/187, confirmed reviewed grade of satisfactory by NHS Digital email 13/06/2018).**

Reviewers:

Name	Capacity
Dr Harvey Marcovitch	CAG Member
Ms Clare Sanderson	Alternate Vice-Chair
Ms. Kathryn Murray	Senior Confidentiality Advisor

Application title: **The eLIXIR project/ eLIXIR: Early Lifecourse data Cross-Linkage in Research: a Multidisciplinary partnership - linked data for research into maternal and child health**
CAG reference: **18/CAG/0040**
IRAS project ID: **229566**
REC reference: **18/SC/0086**

Context

Purpose of Application

This application from the South London and Maudsley NHS Foundation Trust set out the purpose of medical research which aims establish a unique life course approach to mental and physical health disorders by combining maternal, infant and child clinical data into a single database. Approval is sought to link data from three Trusts: South London and Maudsley NHS Foundation Trust (SLAM), Guys and St Thomas NHS Foundation Trust (GSTT) and King's College Hospital NHS Foundation Trust (KCH) to create a data platform with linked mental healthcare and hospital records for pregnant women, infants and children.

The initial stage proposed in this application will involve a bringing together maternity data from Guys and St Thomas NHS Foundation Trust and King's College Hospital NHS Foundation Trust, neonatal/paediatric data from Guys and St Thomas NHS Foundation Trust and King's College Hospital NHS Foundation Trust and South London and Maudsley NHS Foundation Trust mental healthcare data.

A recommendation for class 1, 4 and 6 support was requested to cover activities as described within the application.

Confidential Patient Information Requested

Cohort

- The population base is pregnant women, aged 16 upwards, and children receiving care from KCH and GSTT and people receiving mental health care from SLAM.
- This covers a catchment of around 600,000 residents predominantly residing in Lambeth and Southwark.

The following data items are required from the three Trusts in order to facilitate linkage and creation of the eLIXIR specific cohort. It is stated that the SLAM Clinical Data Linkage Service requires this data items as a minimum to ensure data linkage can be achieved:

- Name,
- NHS number,
- Hospital Number – this will be replaced with study-ID in database,
- Date of birth,
- Postcode,

- Full Address.

The following will be required as part of the research database for analysis:

- Sector-level postcode – translated into Lower Super Output Area or deprivation scoring for analysis,
- Sex,
- Ethnicity,
- Month and year of death.

Researchers would only receive access to a de-identified dataset for analysis.

Confidentiality Advisory Group Advice

The Sub-Committee considered the applicant's written response the request or further information, as detailed in the provisionally outcome, in correspondence.

1. **Confirm whether it is intended to continue adding to the database, by including the new birth cohort for each year which the project continues.**

The applicants confirmed that it was the intention to refresh the database on a quarterly basis, which would include adding any new pregnancies recorded on BadgerNet maternity and neonatal admissions recorded on BadgerNet neonatal to the cohort each time. It was confirmed that the applicants intended to continue adding to the database by including the new birth cohort for each refresh and each year the project continues.

The response was received and no further issues were raised.

2. **Clarify whether mothers aged under 16 and their children would be included within the database and whether there were any additional requirements to manage the inclusion of this patient cohort.**

It was confirmed that mothers or pregnant women under age 16 would not be included within the database, or offspring from mothers who are under 16 at the time of inclusion. Therefore there would be no additional requirements to manage the inclusion of this patient cohort.

The clarification was received and no further issues were raised.

3. **Revise the Terms of Reference for the database Oversight Committee to include the assessment of the ethics and medical purpose of proposed applications to data extracted from the database for a research proposal.**

The applicants confirmed that the Terms of Reference for the database Oversight Committee would be revised to include the assessment of ethics and medical purpose for each proposed research project and application for data extraction. It was confirmed that the eLIXIR security model document had been updated to include this requirement and a copy of the document was provided for review.

The Sub-Committee received the response and the supporting document and were satisfied with the revision made. No further issues were raised in this area.

4. **Patient Information Materials – the following revisions should be made to the documents:**
    a. **A number of means of communication should be offered to facilitate patient dissent, i.e. telephone, email, postal.**

The document was revised to include an email and postal address, together with contact telephone number.

b. A header should be added to the information leaflet, to ensure patients are aware that this is an information leaflet in relation to a research study,

A header was added to the documentation which stated that the information leaflet was in relation to a research study.

c. The study posters should be revised to include information around the patient objection mechanism.

Opt-out details were included within the poster and a revised document provided for review.

The Sub-Committee received the response together with the revised documentation and no further issues were raised in this area.

5. Provide further information around the related biobank project and confirm whether there is the intention to provide linkage with the research database.

The applicant explained that the overarching ELIXIR project encompassed both the data linkage and biobank projects. The biobank project aimed to establish a Research Tissue Bank to assist in accomplishing the overarching aims of eLIXIR. These include providing insight into mechanisms underlying common and less common disorders of pregnancy and neonatal health and their longer term effects on the health of the mother and child, for example, gestational diabetes, pre-eclampsia and preterm birth, and some rarer outcomes such as foetal death (stillbirth) and congenital malformations. Similarly, ELIXIR also seeks to address complications in the child e.g. neonatal death, complications related to prematurity e.g. respiratory distress syndrome and their relationship with maternal health, metabolism and interactions with maternal environmental exposures, including therapeutic drugs, on neonatal outcomes. Through the biobank, the applicant explained the aim was to achieve additional mechanistic insight into longer term complications through for example, evaluation of the neonatal epigenome.

Samples would be from women attending Guys and St Thomas' Foundation Trust for antenatal care and their infants. An extra sample of blood will be collected at the time of routine venepuncture from pregnant women when they attend for antenatal care. Surplus blood from routine samples obtained from infants admitted to the neonatal intensive care unit (NICU) will be collected. In the community setting, and in NICU, extra blood spots will be collected at the time of the Guthrie test (collected on a Whatman card) from infants. This is a routine heel prick test performed by health care professionals on all infants to exclude metabolic disorders.

Women will be asked for consent to give their own blood samples and blood spots from their infants when they are born. They will also be asked for their consent for these blood samples to be linked with medical records. The research database will provide the mechanism by which blood samples will be linked with medical records. A copy of the biobank protocol was provided for information purposes.

The Sub-Committee received the response and no further issues were raised in this area.

Confidentiality Advisory Group Advice Conclusion

The CAG agreed that the minimum criteria under the Regulations appeared to have been met and that there was a public interest in projects of this nature being conducted, and therefore advised recommending support to the Health Research Authority, subject to compliance with the specific and standard conditions of support as set out below.

Specific Conditions of Support (Final)

1. Support is extended to the linkage of the South London and Maudsley NHS Foundation Trust CRIS dataset together with BadgerNet maternity and neonatal data sources from Guys and St Thomas

NHS Foundation Trust and King's College Hospital NHS Foundation Trust only. Linkages with wider data sources would need to be submitted as an amendment for consideration.

2. A report is required at the time of first annual review to provide feedback on the following points:
   a. The applicants are asked to consider how potentially diminishing returns may impact on the quality of the database and what steps may be taken to mitigate against this,
   b. Clarification is required of the intended exit strategy for the project, should additional funding beyond the initial three year project not be received. Confirmation should be provided around how the destruction of confidential patient information would be handled in this circumstance,
   c. Provide an update around how the Oversight Committee is ensuring that all data releases conform to the ICO Code of Practice for Anonymisation,
   d. Provide an update at the on the outcomes of the additional patient and public involvement and engagement activity which was scheduled. It was noted that if the outcomes were negative that the CGA would take this into consideration when considering whether support can continue or if further action is required,
   e. Planning should begin around a communication strategy for the children within the cohort, who become adults – feedback should be provided around progress made in this area for consideration by the CAG.
3. Favourable opinion from a Research Ethics Committee. **(Confirmed – 22/03/2018).**
4. Confirmation from the IGT Team at NHS Digital of suitable security arrangements via Information Governance Toolkit (IGT) submission. **(Confirmed – South London and Maudsley NHS Foundation Trust shows a reviewed grade of 91% satisfactory on Version 14.1, 2017/18 by NHS Digital 14/06/2018).**