The BPSU Study Application Handbook - Ethics

A guide to gaining approval for your study from the BPSU, ethics committee, and Health Research Authority

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BPSU parent bodies:

Public Health England

RCPCH Royal College of Paediatrics and Child Health *Leading the way in Children's Health*

UCL GREAT ORMOND STREET INSTITUTE OF CHILD HEALTH

with support from:

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Overview

This document provides a step-by-step guide to getting your BPSU approved study through the Health Research Authority (HRA) approval system. You will also require approvals from research ethics committee (REC), the Confidentiality Advisory Group (CAG) of the Scottish Public Benefit and Privacy Panel for Health (PBPP) and local NHS Trust Research and Development (R&D) Department.

This guide includes a list of key contacts, abbreviations and a flowchart of the application process. Additional helpful documents which may be found on the BPSU website www.rcpch.ac.uk/bpsu are also referenced in this document.

Key contacts

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Abbreviations

BPSU SC	British Paediatric Surveillance Unit Scientific Committee
CAG	Confidentiality Advisory Group
HRA	Health Research Authority
IG Toolkit	Information Governance Toolkit
(M)REC	(Multi-centre) Research Ethics Committee
NRES	National Research Ethics Service
MRC	Medical Research Council
Section 251	NHS Act 2006 provision for unconsented data use
R&D	Research and Development (Department within NHS Trusts)
IRAS	Integrated Research Application System
PAC	Privacy Advisory Committee (Northern Ireland)
PBPP	Public Benefit and Privacy Panel for Health and Social Care (Scotland)

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1: Ethics, research governance and confidentiality

Any applications to a research ethics committee (REC) through the Health Research Authority (HRA) should be submitted once final approval by the BPSU Scientific Committee (BSC) has been received. Though there is no reason why you can't prepare the paperwork if you so wish.

Note: the REC will only approve the version of the proforma and study protocol that is submitted to them; further changes should not be made to these during the study without seeking further REC approval to do so through the amendment process. If the REC approves the proforma before the BSC has approved the proforma and the BSC then asks for changes, another submission to the ethics committee would be required.

Outline of BPSU requirements for applicants

The BPSU requires study applicants to obtain and supply evidence:

- HRA approval letter for ethics and R&D site approvals
- multi-centre ethics approval or a statement from the ethics board that ethics approval is not required
- Confidentiality Advisory Group of the Health Research Authority for approval under Section 251 of the NHS Act 2006 (to collect personal data about NHS patients without their consent)
- Public Benefit and Privacy Panel approval (to collect in Scotland personal data about NHS patients without their consent)
- Scottish and Welsh NHS permissions
- through acceptance of your Trusts/Institutions IG Toolkit demonstrate:
  1. Compliance with the eight principles of the Data Protection Act 1998
  2. Compliance with the principles of the Caldicott Principles for Handling Personal Identifiable Data (Caldicott Report 1997 & update 2013)

2: Research ethics application

The Integrated Research Applications System (IRAS) is the single portal through which ethics, CAG, R&D and HRA applications for research studies can be made. Information can be completed once I the online form, this is then automatically duplicated onto the other forms. The IRAS form is then sent to designated research ethics committee (REC) and to HRA. The other forms will have some additional questions to complete (these are not duplicates of the ethics questions so are not automatically completed) should then be sent to the respective organisations that will review them (e.g. CAG and local R&D).

The IRAS website is https://www.myresearchproject.org.uk/signin.aspx

A BPSU study should seek REC approval. It may be that you are informed that REC approval is not required and if this is the case you should seek written confirmation of this. BPSU will not allow a study to commence without such confirmation.

The BPSU office is happy to advise and review forms before submission to the REC. We can also give advice on how to avoid or respond to REC objections.

How am I allocated a REC?

On submission of the IRAS form, you will be contacted with a REC and meeting date. You can request specific RECs and this may be helpful if you wish to choose RECs that have previously reviewed BPSU or paediatric studies. Please contact the BPSU Office or look online at recent BPSU study protocols to find which RECs these are. Those with a particular understanding of BPSU methodology include Central London REC 1, Central London REC 2, North West 7, GM Central and the Scottish MREC.

3: The Integrated Research Applications System (IRAS)

This section will guide you as to what is required by different questions and parts of the IRAS process but you will need to adapt responses so they are appropriate to your study.

The IRAS Filter

The first IRAS form to be completed is the 'form filter'. When you answer questions, new forms are generated that are applicable to your study, such as the HRA-CAG application form. It is important to answer the filter questions correctly or else you may generate forms that you do not require, such as R&D Site Specific Information (SSI) Forms for multiple NHS Trusts, or you may incorrectly define your study as audit or outside the NHS, so not requiring REC approval.

This is how you should answer each question:

Question 1: Your study is research – YES

1. Is your project research?

◉ **Yes** ○ **No**

Question 2: Your study is either 'limited to the use of data' or 'other study' – ticking one or the other of these boxes would be correct and two different forms of Question 2a are generated as shown in the examples below.

If you tick 'Other Study' you will have a longer version of the form to cover a wider range of questions. If you tick the wrong filter question, then the REC may ask for it to be completed again so you have the correct range of questions to answer. Whatever you tick, make sure that the '*HRA*' or use of identifiable data section.

Question 2a: Tick NO where tissue samples are involved and YES for the question to confirm that you will be using identifiable data. Identifiable data are patient data that are not fully anonymised as they contain items such as full date of birth, sex, ethnicity and partial/full postcode. You will be asked in Question 11 of the filter about use of identifiable data without consent.

2. Select one category from the list below:

- ○ Clinical trial of an investigational medicinal product
- ○ Clinical investigation or other study of a medical device
- ○ Combined trial of an investigational medicinal product and an investigational medical device
- ○ Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice
- ○ Basic science study involving procedures with human participants
- ○ Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology
- ○ Study involving qualitative methods only
- ○ Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)
- ◉ Study limited to working with data (specific project only)
- ○ Research tissue bank
- ○ Research database

If your work does not fit any of these categories, select the option below:

- ○ Other study

2a. Please answer the following question(s):

a) Will you be processing identifiable data at any stage of the research (including in the identification of participants)? ◉ Yes ○ No

Question 3 and 3a: Tick the appropriate country for the site at which the investigating team is based. Do not tick all countries as the reporting clinicians are not considered to be researchers, only the lead investigator and team.

3. In which countries of the UK will the research sites be located?*(Tick all that apply)*

- ☑ England
- ☐ Scotland
- ☐ Wales
- ☐ Northern Ireland

3a. In which country of the UK will the lead NHS R&D office be located:

- (●) England
- ( ) Scotland
- ( ) Wales
- ( ) Northern Ireland
- ( ) This study does not involve the NHS

Question 4: BPSU studies should tick NHS R&D Offices, REC and HRA only. This will generate a form for each of these. As there are no 'researchers' in individual NHS Trusts, then the R&D form will be for the lead investigator's NHS Trust only.

4. Which applications do you require?

IMPORTANT: If your project is taking place in the NHS and is led from England select 'IRAS Form'. If your project is led from Northern Ireland, Scotland or Wales select 'NHS/HSC Research and Development Offices' and/or relevant Research Ethics Committee applications, as appropriate.

- [x] IRAS Form
- [ ] NHS/HSC Research and Development offices
- [ ] Social Care Research Ethics Committee
- [ ] Research Ethics Committee
- [x] Confidentiality Advisory Group (CAG)
- [ ] National Offender Management Service (NOMS) (Prisons & Probation)

For NHS/HSC R&D Offices in Northern Ireland, Scotland and Wales the CI must create NHS/HSC Site Specific Information forms, for each site, in addition to the study wide forms, and transfer them to the PIs or local collaborators.

For participating NHS organisations in England different arrangements apply for the provision of site specific information. Refer to IRAS Help for more information.

At question 4 in the project filter select the option for 'IRAS Form'. This generates an application for HRA Approval. Note: HRA Approval includes NHS REC Review where needed so you do not need a separate REC application. It also replaces the need for an NHS R&D Form. - See more at: http://www.hra.nhs.uk/research-community/applying-for-approvals/hra-approval/#2

Questions 5 & 6

. Will any research sites in this study be NHS organisations?

◉ Yes ○ No

5a. Are all the research costs and infrastructure costs (funding for the support and facilities needed to carry out research e.g. NHS Support costs) for this study provided by a NIHR Biomedical Research Centre, NIHR Biomedical Research Unit, NIHR Collaboration for Leadership in Health Research and Care (CLAHRC), NIHR Patient Safety Translational Research Centre or a Diagnostic Evidence Co-operative in all study sites?

Please see information button for further details.

○ Yes ◉ No

Please see information button for further details.

5b. Do you wish to make an application for the study to be considered for NIHR Clinical Research Network (CRN) Support and inclusion in the NIHR Clinical Research Network Portfolio?

Please see information button for further details.

○ Yes ◉ No

The NIHR Clinical Research Network provides researchers with the practical support they need to make clinical studies happen in the NHS e.g. by providing access to the people and facilities needed to carry out research "on the ground".

If you select yes to this question, you must complete a NIHR Clinical Research Network (CRN) Portfolio Application Form (PAF) immediately after completing this project filter question and before submitting other applications. Failing to complete the PAF ahead of other applications e.g. HRA Approval, may mean that you will be unable to access NIHR CRN Support for your study.

6. Do you plan to include any participants who are children?

○ Yes ◉ No

Questions 7 & 8: BPSU studies should (usually) tick NO.

Question 9: This will depend on the project. A supervisor usually takes responsibility for research governance if it is an educational project.

Question 10: This is usually NO.

Question 11: For BPSU studies, the answer is YES and this means that an HRA form is generated and HRA approval must be sought.

Below are further answers to questions that you will be asked when completing the REC/CAG application form:

How does the BPSU reporting system work?

Anonymised notifications are provided to the BPSU office predominantly by members of the Royal College of Paediatrics and Child Health (RCPCH) using the BPSU 'Orange Card' which is sent out to all BPSU respondents every month via email. This card has a list of disorders currently being studied and the clinicians ticks a box if they have seen a case or ticks 'nothing to report' if not. This is called 'active surveillance' as the card is sent out on a regular basis and a response is expected. The BPSU receives the card and informs the study investigator that a case has been reported and passes on the contact details of the notifying clinician. The BPSU records only the number of cases 'ticked' and does not receive details of any case. The investigator sends the 'anonymised' study proforma directly to the clinician reporting a case.

NB: No patient identifiable information is received from the reporting paediatrician by the BPSU.

Why does the BPSU not seek individual patient consent for data collection?

Explain to the REC/CAG/PBPP and HRA that the BPSU reporting methodology has received CAG approval to allow its facilitated studies to collect unconsented patient information. This was justified by the BPSU that to do so would reduce and bias case ascertainment, i.e. certain groups or types of individual might be more likely to refuse consent. In a study of a rare disorder in which the number of cases is small, refusal to contribute data by one or two individuals will result in under-ascertainment of cases and incorrect calculation of incidence. If all the refusals occurred in a single region or were from children who had a less severe disorder, then this would 'bias' the results. To avoid bias, a BPSU surveillance study is undertaken without seeking individual consent and uses limited identifiable data to protect confidentiality.

Why does the BPSU not collect anonymised data only?

Data collection cannot be completely anonymous as it would not be possible to determine if two clinicians, or two sources, had reported the same child. Minimal identifiers are required to match duplicate cases reported to the study. If a laboratory and clinician do not use the same reference number system, then more than one identifier might be needed for matching, e.g. date of birth and sex. A hospital reference number is usually required for the study investigator to refer to if they have a query for the notifying paediatrician. Some identifiers are also important pieces of clinical data in children, for example the exact date of birth is required to calculate age at diagnosis in days or weeks. In studies involving adults, it might be acceptable to know the age to the nearest year, but in studies of neonates or children, this is unlikely to be sufficiently accurate.

What does the proforma contain?

The 'anonymised' proforma asks for clinical details of the case and for minimal identifiers. Proformas are structured so that the front page, which contains information only essential for case verification and de-duplication, can be separated from the remaining pages that contain clinical research data.

How many research sites are involved?

The 'research sites' are sites where the research team is based and data will be analysed. For most BPSU studies, this is only **one** site. NHS Trusts in which there are paediatricians reporting cases are **not** research sites. You will be asked to complete an R&D application for every research site, which will include seeking approval from the R&D Office, so it is important to be clear about which of the sites involved in your study are designated research sites. The HRA approval system will allow you to undertake data collection from all trusts.

How will patient identifiable data be maintained securely?

Patient identifiable data must be held in a secure location (e.g. a locked cabinet in a locked room) and within secure electronic databases, e.g. using password, encryption, firewalls and/or other security measures. The HRA will require details of institutional arrangements for secure electronic data handling, including data that are archived once the study has been completed.

Contributing to an existing disease register
If there is an intention to make reporting clinicians aware of an existing ethics-approved consented register, it must be made clear that **NO** unconsented information collected on a child through the surveillance study can ever be passed to the register. Applications relating to publicising registers would be considered very carefully in relation to governance. BPSU staff can supply with appropriate wording.

How long will patient identifiable data be stored?

Secure archiving of patient identifiable data should occur once the study is completed and destruction of data should take place after a specified time period (currently the MRC recommends data archiving for 20 years to allow re-appraisal of research data and to safeguard against fraud: www.dt-toolkit.ac.uk/resourceindex/data.cfm

The IRAS form will ask you about your Sponsor as all research studies require a sponsor. This is usually the NHS Trust in which the study is taking place but may be the funding body or research institution, it is **not** the BPSU. As it is sometimes a lengthy process to get the sponsor to approve and sign the form, it is worth alerting them early on to the study.

Please confirm how potential participants will be notified about the study and given the opportunity to opt-out of the uses of their data.

You can/will provide information about the study to potential participants. You might highlight the study by producing a public information leaflet (PIL) to be disseminated at hospitals and on the BPSU website. In addition you might design posters and flyers for general dissemination. Some BPSU studies have arranged for posters to be placed

in the relevant hospital departments - could you do that or is it not appropriate for your study? Demonstrate that you have thought about where you should 'put' information so that it is seen by 'affected' families (those whose children may be part of your study). Is there anything else you could/should do?

Any information should clearly state how patient's and their carers can opt-out (the practicalities) of their medical information being used for research. Sometimes the opt-out mechanism is for parents to inform their child's responsible consultant and/or their hospital and ask them to record that their medical information is not to be used for research. If you are expecting patients and carers to use a different mechanism, then explain this in your supporting information. What this mechanism is/who they speak to/how they register opt-out. This doesn't have to be a long explanation. This 'notification' also addresses the data protection principle of fair processing.

Do you have any plans to further test the acceptability of using identifiable patient data without consent; for example through discussions with PPI groups?

CAG will ask you to demonstrate to them that a representative group of parents whose children have the condition would not find it unacceptable for you to undertake this research study without seeking consent. Specifically they are asking you if you explicitly discussed the issue of undertaking the study without consent with your PPI group and what did they say? Did the PPI group feel it was appropriate and were they supportive of you undertaking the study without seeking consent? Or did they suggest parents/patients would only support such a study if consent was sought?

A record/email/letter of support from the PPI group which talks about their opinion on this is always helpful.

Do try to make sure that you address these issues for your study - even if it perhaps means going back and having further discussions with your PPI group or considering if there is more that you could do to ensure that your study information gets to the right audiences.

How will the data be anonymised?

Applicants must think about their 'exit strategy', i.e. when will they anonymise the data and remove identifiers or encrypt them so the data is no longer 'risky'. CAG want a justification for why applicants cannot remove identifiers immediately, information about the data security while they are identifiable (i.e. IG toolkit), and a timeframe and plan for anonymising data or removing identifiers in a staged way. For example, many identifiers can be removed or simplified (e.g. date converted to month/year or ages) as soon as the analyses and follow-up are complete and before archiving.

4: HRA Ethics and Confidentiality Advisory Group Application

HRA – REC Form generated through IRAS

Sections 1 and 2 are completed automatically by data entered into the main ethics form. These concern the study administration and methodology. In completing the main ethics form, you should ensure that the information is suited to the HRA form also by reading and checking these questions on the HRA form. The HRA form is printed off and sent separately to the CAG of the HRA who do not see the ethics application.

An important question in Section 2 is whether the acceptability of using patient identifiable data has been tested. Tick 'YES' as the use of patient identifiable data without consent in a study undertaken through the BPSU has been addressed. The BPSU has evaluated the need for a broad reporting base to achieve complete case ascertainment[1] and reviewed evidence demonstrating a risk of bias when consent is sought for population-based studies.[2]

Possible answers to *Questions 19 and 20* in Section 2 are:

19. What are the potential risks and burdens for research participants and how will you minimise them?

For all studies, describe any potential adverse effects, pain, discomfort, distress, intrusion, inconvenience or changes to lifestyle. Only describe risks or burdens that could occur as a result of participation in the research. Say what steps would be taken to minimise risks and burdens as far as possible.

We are seeking information as a secondary user. There will not be any direct contact with the patient and all information will be derived from the patient's notes by the study respondent.

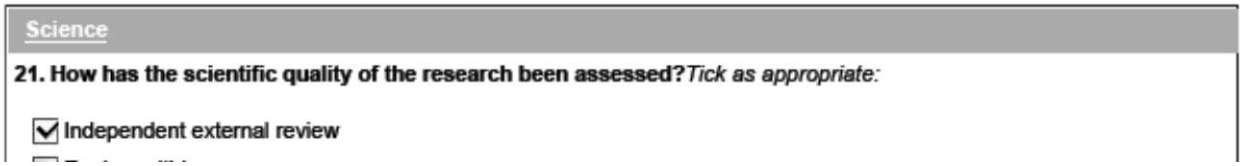
20. What is the potential for benefit to research participants?

Surveillance study only - there will be no direct immediate benefits to the patients whose data will be used in the study who will be managed according to standard national guidelines.

[1] Knowles R, Smith A, Lynn R et al. What is the contribution of notification by specialists to the ascertainment of rare childhood conditions through the British Paediatric Surveillance Unit? *Arch Dis Child* 2006;91(Suppl I):A86-88

[2] McKinney PA, Jones S, Parslow R, et al. A feasibility study of signed consent for the collection of patient identifiable information for a national paediatric clinical audit database. BMJ 2005;330:877-9.

At **Question 21** (Section 2), you should tick 'independent external review':

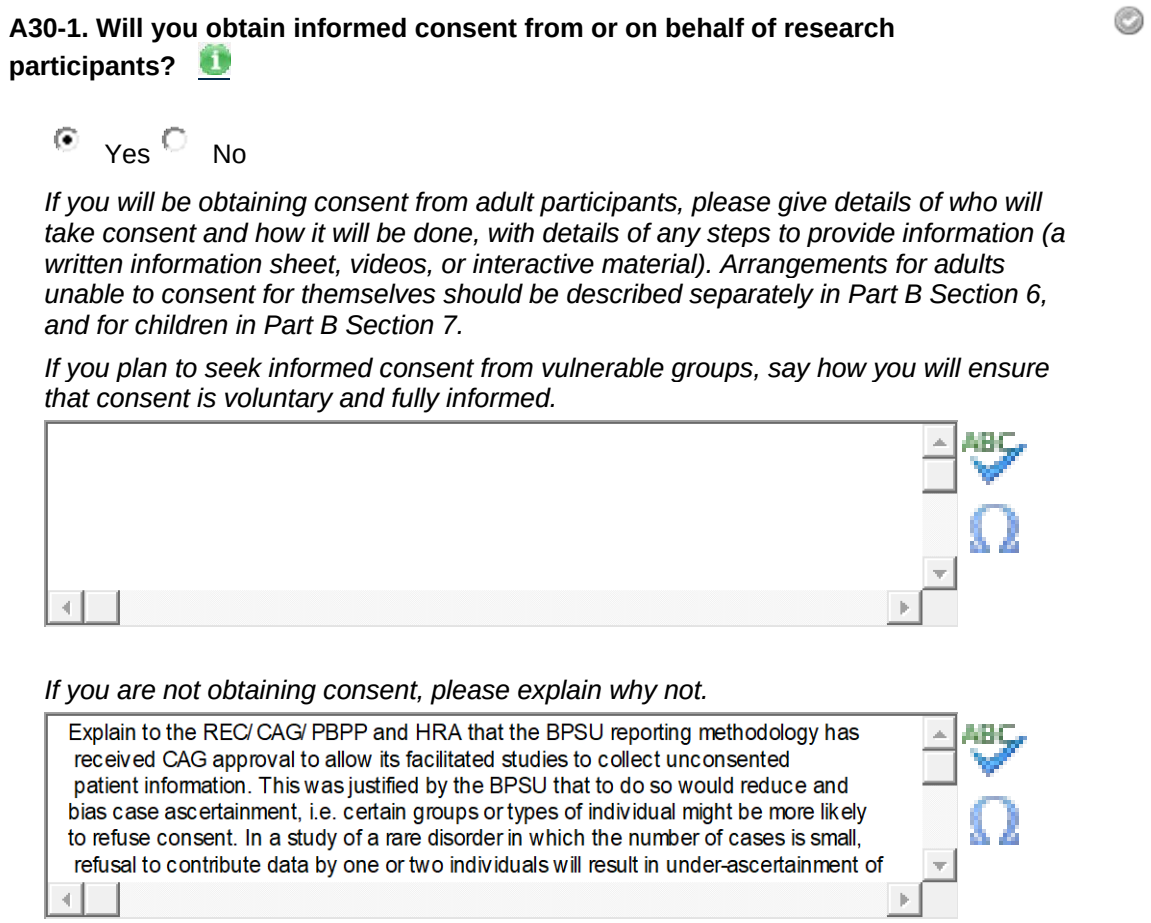

Science

21. How has the scientific quality of the research been assessed? *Tick as appropriate:*

☑ Independent external review

To justify this, state that the application has been submitted to the review process operated by the BPSU, which is a two-stage peer review process including submission of the study protocol and proformas and discussion of these by the BPSU Scientific Committee (comprised of clinicians and lay members).

A27-3. Describe what measures will be taken to ensure there is no breach of any duty of confidentiality owed to patients, service users or any other person in the process of identifying potential participants. ***Indicate what steps have been or will be taken to inform patients and service users of the potential use of their records for this purpose. Describe the arrangements to ensure that the wishes of patients and service users regarding access to their records are respected. Please consult the guidance notes on this topic***


A30-1. Will you obtain informed consent from or on behalf of research participants?

◉ Yes ○ No

If you will be obtaining consent from adult participants, please give details of who will take consent and how it will be done, with details of any steps to provide information (a written information sheet, videos, or interactive material). Arrangements for adults unable to consent for themselves should be described separately in Part B Section 6, and for children in Part B Section 7.

If you plan to seek informed consent from vulnerable groups, say how you will ensure that consent is voluntary and fully informed.

If you are not obtaining consent, please explain why not.

Explain to the REC/ CAG/ PBPP and HRA that the BPSU reporting methodology has received CAG approval to allow its facilitated studies to collect unconsented patient information. This was justified by the BPSU that to do so would reduce and bias case ascertainment, i.e. certain groups or types of individual might be more likely to refuse consent. In a study of a rare disorder in which the number of cases is small, refusal to contribute data by one or two individuals will result in under-ascertainment of

Please enclose a copy of the information sheet(s) and consent form(s).

A30-4. Is there a method in place to record individuals' dissent from the use of their records for research purposes? How will the rights of dissenting patients be respected?

Details on how to opt-out are outlined in the public information leaflet on the BPSU website.

A30-4 All British Paediatric Surveillance Unit (BPSU) studies are advertised on the Royal College of Paediatrics and Child Health (RCPCH) website at the following link: http://www.rcpch.ac.uk/bpsu/currentstudies. Our relevant study information and documents including the public information leaflet will be available to view on this website before the start date, for both clinicians and families of patients. Our research institution (XXXXXXX) will also have information on its webpage directing visitors to the BPSU link.

We also have the full support of lay and charity organisations, including XXXXX and XXXXX, and both organisations will help us in advertising this study on their websites and within their network using the patient information leaflet.

XXXXX provided constructive feedback in the design of our patient information leaflets, and will help us in disseminating study findings into patient friendly formats including lay summaries, information leaflets and online publications. We will work with the press teams of these organisations to help write press releases to disseminate our study into the public domain and make families aware of its importance. We would also envisage that many of the families of children with XXXXX who die during the course of our study would be referred for bereavement services and other support from groups such as XXXXX and XXXXX (latter's letter of support also attached), who can makes these families aware of our study with the public information leaflets, providing a further opportunity for opt-out of the use of their data.

The collection of identifiable data In England and Wales without consent – the CAG (HRA) application approval form

BPSU studies require approval from the CAG of the HRA to collect unconsented identifiable data.

PHE studies: Studies undertaken under the auspices of the PHE may be covered by Section 251 support (approval). Information about this can be found on the PHE website and you can enquire of the PHE representative whether a separate HRA application is required for your study or whether existing PHE support under Section 251 applies to your study.

The CAG application process includes:

1. Completion of an HRA application form on IRAS (this must be printed and sent to the HRA)
2. Completion of an Information Governance Toolkit

   Nb BPSU requires the completion of a BPSU System Level Security Policy (SLSP) – the template is found on the BPSU website: www.rcpch.ac.uk/bpsu/resources

Approved applications are placed on the Section 251 Register, i.e. they are 'supported' under Section 251. Approved applications are reviewed/renewed annually and the implication is that an attempt should be made towards reducing the identifiable data collected or anonymising the data. As BPSU studies are short, most do not have to renew their Section 251 support. If studies are longer, it is usually sufficient to re-state the reasons why anonymisation is not practicable during the coming year.

CAG can only give approval for the collection of identifiable data without consent from across England and Wales. Within Scotland studies requiring collecting identifiable data without consent will need to approach Public Benefits and Privacy Panel (PBPP) Currently there is no such comparable body Northern Ireland.

Fair processing of data

It is important to demonstrate to the CAG that the Data Protection Act requirement of fair processing is met by BPSU studies. Simply this means that:

- The purpose of the study should be to evaluate service provision and clinical practice, and that this is the focus of the surveillance proforma.
- Individuals' data will be handled in a responsible, secure manner in line with the sponsors information governance and security policies (see Appendices F-H).
- Administrator access to patient-identifiable information will be restricted to the individuals listed in section (s).
- With regards to sharing information with patients / families to allow any individual to dissent from their NHS data being used in research or audit, study posters and leaflets will be distributed through the British Paediatric Surveillance Unit to reporting paediatricians and specialists as part of the 'study start' information packs. These specialists will be advised to display the posters within outpatient waiting room or inpatient ward noticeboards and to keep leaflets at outpatient registration desks, so that any hospital patient is aware of the study. They are not expected to hand leaflets to every parent or

patient. The posters and leaflets should describe the study, provide contact details of the research team if further information is sought, and will advise patients / families that as per NIHR / NHS guidance they have the right to dissent to the use of their data in research studies (by letting their specialist know of their choice). (The standard 'public information leaflet' developed for each BPSU study fulfils this purpose adequately).

- The study team should have a plan for managing enquiries – this should include agreement about who handles enquiries and what will they/can they do about them. This does not mean they have to remove children from the study – this should be impossible as the child's data is not identifiable to them. However investigators can suggest that a parent contact their clinician and asks that their child's NHS data is not used in ANY future research (as this is a patient right). Investigators who recognise that they have had several enquiries, should review these and consider whether any of their study processes are unacceptable to patients, parents or the public and might be amended.

Fast-track (proportionate review) application process

The HRA produce a guide to their CAG (Section 251) 'proportionate review' process. This is a fast-track application and approvals process and is appropriate for BPSU studies, *unless these are not using the usual BPSU methodology or are collecting unusually sensitive data,* e.g. related to safeguarding. Essentially, the paperwork to be submitted is the same but the CAG secretariat can review it outside of normal committee meetings and approval is expedited. The CAG have agreed that they will review BPSU studies through the proportionate review process. If there are specific concerns about a study which arise during the secretariat review, then the application may be referred to the main CAG committee for review but this is unlikely for most BPSU studies.

The initial CAG application is completed on the IRAS site, then printed off and sent to the CAG. When submitting paperwork to the CAG for approval, BPSU investigators should attach a covering letter stating clearly that this is a BPSU study and that they wish it to be considered through the proportionate review process. For further information about proportionate review, please see the guide produced by the HRA *for CAG applications*: www.hra.nhs.uk/resources/

Information Governance Toolkit

The Information Governance (IG) Toolkit (www.igt.hscic.gov.uk) is a performance tool produced by the Department of Health (DH) draws together the legal rules and central guidance into a set of information governance requirements. The organisations described below are required to carry out self-assessments of their compliance against the IG requirements.

BPSU study applications for approval under section 251 have to provide evidence that their study and importantly host institution have appropriate security and governance arrangements and can meet IG Toolkit requirements at Level 2. Until recently evidence of IG compliance has included preparation of a system level security policy document (SLSP) to be submitted along with governance documents from your host institution to HRA. This part of the HRA submission is now undertaken through the IG toolkit (www.igt.hscic.gov.uk) but each lead investigator should still prepare an SLSP and provide a copy to the BPSU (see Appendix 6 for information).

NHS trust should be registered on the IG toolkit, to check that they have the satisfactory approvals click here

If your host institution does have "satisfactory" status you will be required to:

- Contact your IG officer at the trust to confirm their submission covers research
- Send your IG officer the study protocol (they may request your BPSU-SLSP also)
- Get written confirmation from the IG officer that the protocol falls with the submission
- Contact the IG-Toolkit office with your confirmation
- They will inform HRA that you fulfill the IG-T requirements
- HRA will then send confirmation to you

N.B. Ask your IG officer for hard copies or links to the host institutions governance policy documents for you records

If your host is not registered on the IG toolkit or has not reached satisfactory status you have 2 options:

1) Seek an institution where you can store your data on and confirm their IG toolkit status has reached the appropriate level of approval and follow the process above.
2) Prepare and submit your own "researchers" IG toolkit.

If you undertake this please follow the process below:

- Discuss with the IG officer submission of your own study on to the IG toolkit
- Speak with IG toolkit office to receive a specific researcher IG toolkit submission form (this is shorter than the institution form).
- With the help of your IG officer identify all the documentation that your host institution has surrounding its governance procedures.
- Submit the application.
- You will then be informed quickly whether the submission meets the "satisfactory" standard.

Once your application has been approved by the IG toolkit system you will get notification from HRA-CAG that the study has received their approval.

Useful contacts within the IG Toolkit office

Vanessa Kaliapermall (vanessa.kaliapermall@nhs.net), Information Governance Delivery Manager. IG Helpdesk Service, Helpdesk (exeter.helpdesk@nhs.net)

Andy Dickinson (andy.dickinson@nhs.net), Subject Matter Expert, IG, Dept of Health Informatics Directorate Informatics Directorate
Tel: 0113 397 4480

Natasha Dunkley (natasha.dunkley@nhs.net), Head of Confidentiality Advice Service, Health Research Authority

Research Governance approval for the collection of identifiable data In Scotland without consent – the PBPP application form

The BPSU methods have been scrutinised by the Scottish Public Benefits and Privacy Panel (PBPP) which have given conditional approval for its studies to mount unconsented surveillance until 2020 (1516-0292/Lynn- Surveillance of rare diseases of childhood through the British Paediatric Surveillance Unit (BPSU): data flows from Scotland).

However PBPP have asked that BPSU applicants complete and submit their application forms. This will be reviewed proportionately and will allow a swift decision to be given. A template has been produced by the BPSU to aid with completion.

PBPP approval will allow clinicians working in Scotland to submit surveillance data to BPSU studies and for relevant bodies such as Health Protection Scotland and Information Services Division to provide Principal Investigators with relevant supplementary routine data to support case ascertainment as required.

This approval is only valid for applications that have also received relevant REC and CAG approvals.

BPSU studies where Scotland is the research site. Here there is a requirement for studies initiated in Scotland to seek CAG approval. In doing so it will allow Scottish researchers to access English data that included potential identifiable items such as NHS number, birth date. It is likely that your health board will not have completed an IG toolkit and thus will not be able to get CAG approval. You will need to discuss this issue with your Board governance team and CAG and if necessary submit your own IG Toolkit. Contact the BPSU office for guidance.

Ethics approvals for Republic of Ireland

In the Republic of Ireland, BPSU studies are considered as audit and applications for ethics approval are not required, however to be regarded as such, they must meet the following criteria:

1. All studies must receive ethical approval from the institution where the principal investigator is based. In addition, studies included in the BPSU must be passed by the UK National Governance Information Board Ethics and Confidentiality Committee.
2. No personally identifiable information is collected on cases reported to IPSU or BPSU. Only minimal identifier information, to exclude duplication, is collected.
3. No additional investigations or therapeutic interventions are requested on cases reported to IPSU or BPSU.
4. Study data must be easily obtainable from normal clinical notes. No additional data is required from cases, or their carer's.

BPSU studies have usually met these criteria in the past, but if you are in any doubt then please discuss your concerns with the Scientific Co-ordinator or Medical Adviser. The UK REC may enquire about ethical approval to undertake the study in Ireland and a copy of the waiver letter is therefore provided in Appendix 5.

5: NHS Trust Governance (R&D Applications for England)

5.1 Applying for Health Research Authority Approval for England; in replace of local R&D Trust approval

In April 2016 the R&D trust approval process changed and this has recently changed once more in order to address the need to have a single UK wide R&d approval process.

Combined IRAS form now replaces separate ethics and R&D application forms on a UK-wide basis .

From 28 June 2017, a combined IRAS form that merges the Research Ethics Committee (REC) and R&D forms will be used across the UK.

Already in place for projects where the lead NHS R&D office is based in England, the single IRAS form should be used for projects where the lead NHS/Health and Social Care (HSC) R&D office is based in Northern Ireland, Scotland or Wales. The streamlined single system is a result of the work of the Four Nations NHS/HSC Compatibility Programme and contributes to making it easier for applicants to undertake research in the NHS/HSC.

Adoption of the single IRAS form UK-wide will save time and effort for applicants and sponsors and help build UK-wide consistency.

For projects led from Northern Ireland, Scotland, or Wales, although a single form will replace the separate REC and R&D forms, this single IRAS form will continue to be separately submitted for ethical review (where applicable) and review against NHS/HSC standards as per current processes.

The single electronic submission of the IRAS form and accompanying documents for both ethical review and for review against NHS/HSC standards will remain in place for projects led from England.

Over the coming year more work will be carried out to further streamline the application process, so that the current submission functionality for projects led from England is extended to projects led from Northern Ireland, Scotland and Wales.

Applications for studies where the lead NHS R&D office is based in England are not affected by this change. Applicants are encouraged to read the advice and guidance within IRAS and to seek support from their lead NHS/HSC R&D office.

Further details on the Health Research Authority (HRA) approval applied for through the IRAS system for England can be found at http://www.hra.nhs.uk/research-community/hra-approval-the-new-process-for-the-nhs-in-england/#sthash.BvKj1zHB.dpuf It replaces the need for local checks of legal compliance and related matters by each participating organisation in England

Site Specific Information (SSI) Forms do not need to be generated and sent to individual NHS Trusts. It is also not necessary for you to inform the NHS Trust when a clinician from that trust returns a form to you.

Trusts will automatically be informed by the HRA that your study has approval. Details of the approval process can be found here: http://www.hra.nhs.uk/resources/hra-approval-nhs-organisation-guidance/

Contact the HRA Approval Programme Team at hra.approvalprogramme@nhs.net if you need more support

The only R&D Department that requires information about the study is that within the NHS Trust where the study investigator is based.

If your study is based in an NHS Trust, your local Trust will require information about your study and will have an R&D governance process for approving or registering your study. You should contact your local NHS Trust R&D department for information and they will probably give local forms to complete. They may also wish to have a copy of your ethics and HRA forms.

If your study is based in a university or non-NHS institution, then there will be different arrangements for registering your study. You will need to enquire locally about these. In many cases, the information that you need to gather for your ethics and CAG applications will also help you to complete any local forms.

Note: The HRA approval forms are generated as part of the IRAS form; however there may be a need to complete the HRA Schedule of Events and Statement of Activities templates. If you are explain that there is only one research site and no additional costs are involved in reimbursing other sites.

5.2 Submitting the HRA Schedule of Events and Statement of Activities templates for non-commercial studies

One aspect of HRA Approval is ensuring that there is clarity on the resource implications for participating NHS organisations and others delivering research within an NHS care setting. The documentation required for submission to the HRA enables participating NHS organisations in England to assess and confirm their capacity and capability to deliver the research.

For non-commercially sponsored studies, the HRA is testing the use of Schedule of Events and Statement of Activities templates (see below) to capture all information around study activities being undertaken at a local level.

See more at: http://www.hra.nhs.uk/resources/hra-approval-applicant-guidance/statement-activities-hra-approval/#sthash.hVXWf5UB.dpuf

Non-commercial sponsors may propose to the HRA that the Statement of Activities is used with participating organisations as a form of site agreement, in line with the criteria and standards published by the HRA. Where the sponsor does not intend to use the Statement of Activities as the site agreement, or where the HRA indicates that this is appropriate, the template(s) of the agreement(s) that the sponsor does intend to use with participating organisations should be submitted to the HRA as part of the submission checklist from IRAS. –

See more at: http://www.hra.nhs.uk/resources/hra-approval-applicant-guidance/statement-activities-hra-approval/#sthash.hVXWf5UB.dpuf

Template: http://www.hra.nhs.uk/documents/2016/05/statement-activities-word-template.docx

The BPSU Office is able to offer advice on ethics and governance applications.

5.3 Applying R&D NHS Permissions Approval for Scotland and Wales and Northern Ireland

HRA R&D NHS permissions site specific approval now covers Scotland, Wales and Northern Ireland. HRA will notify their counterparts in Scotland and Wales and Northern Ireland that surveillance will be taking part. The permissions offices for each country may contact you.

Scotland NHS permissions office can be contacted on
E: nhsg.nrspcc@nhs.net , Tel: 01224 552690

Wales NHS Permissions and me - Ann.Parry@wales.nhs.uk ; Research-permissions@wales.nhs.uk

Please note that you still may be contacted by individual R&D offices in Trusts enquiring about the study. If so let the BPSU office know.

Appendix 1: Abbreviations and useful web addresses

Abbreviation	Organisation	Web links
CAG	Confidentiality Advisory Group (of the HRA)	www.hra.nhs.uk/resources/confidentiality-advisory-group/
GROS	General Register Office for Scotland	http://www.nrscotland.gov.uk/
HES	Hospital Episode Statistics	www.hesonline.nhs.uk
HRA	Health Research Authority	www.hra.nhs.uk http://www.hra.nhs.uk/resources/hra-approval-nhs-organisation-guidance/
HRA APT	HRA Approval Programme Team	hra.approvalprogramme@nhs.net
IC	NHS Information Centre	www.hscic.gov.uk
IGT	NHS Information Governance Toolkit	www.igt.hscic.gov.uk
IRAS	Integrated Research Applications System	www.myresearchproject.org.uk
	NHS Research Ethics Scotland	nhsg.nrspcc@nhs.net
ISD	Information and Statistics Division (Scotland's ONS)	www.isdscotland.org
MRIS	Medical Research Information Service (NHS Information Centre)	https://www.england.nhs.uk/2013/07/consultation-hosp-data/
ONS	Office for National Statistics	www.ons.gov.uk
PBPP	Public Benefit and Privacy Panel for Health and Social Care (Scotland only)	www.informationgovernance.scot.nhs.uk
PAC	Privacy Advisory Council (Northern Ireland)	http://www.privacyadvisorycommittee.hscni.net/
SLSP	System Level Security Policy	www.rcpch.ac.uk/bpsu/resources
UKCRC	UK Clinical Research Collaboration	www.ukcrc.org/regulation-governance
Other useful web links		
	Research database forms (and other example forms from IRAS) and e-learning module	www.ukcrc.org/regulation-governance/integrated-research-application-system
	MRC Data and Tissue Toolkit	www.dt-toolkit.ac.uk/home.cfm
	MRC Personal Information for Medical Research Guidance	www.mrc.ac.uk/pdf-pimr.pdf

Appendix 2: Ethical approval in Ireland

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National Office Health Protection
Health Service Executive
31/33 Catherine Street
Limerick

Tel: (061) 483347
Fax: (061) 464205

12TH. February 2010

Re: Need for ethical approval for participation in IPSU and BPSU studies.

To whom it may concern,

Paediatricians in Ireland provide data to surveillance studies organised by both the Irish Paediatric Surveillance Unit (IPSU) and the British Paediatric Surveillance Unit (BPSU). These studies require paediatricians to report on a monthly basis on any new case of a number of conditions listed on the IPSU and BPSU surveillance cards. Studies accepted for inclusion in both surveillance systems must meet a number of strict criteria, namely:

1. All studies must receive ethical approval from the institution where the principal investigator is based. In addition, studies included in the BPSU must be passed by the UK National Governance Information Board-Ethics and Confidentiality Committee.
2. No personally identifiable information is collected on cases reported to IPSU or BPSU. Only minimal identifier information, to exclude duplication, is collected.
3. No additional investigations or therapeutic interventions are requested on cases reported to IPSU or BPSU.
4. Study data must be easily obtainable from normal clinical notes. No additional data is required from cases, or their carers.

Based on the above, it is clear that IPSU and BPSU studies are a form of audit or surveillance, and do not represent interventional research. Therefore, provision of data to IPSU or BPSU studies does not require ethical approval from the institution where the paediatrician providing the data is based. Likewise, national level ethical approval is not required for IPSU studies, or participation in BPSU studies by paediatricians based in the Republic of Ireland, provided the criteria listed above have been.

Yours sincerely,

DR. KEVIN KELLEHER
ASSIST. NATIONAL DIRECTOR FOR POPULATION HEALTH – HEALTH PROTECTION
MEDICAL REGISTRATION NUMBER 19719