

3i-o WP1 practice website patient opt-out v2.1

The NHS uses information about patients (patient data) to research, plan and improve services, treatment and care patients receive.

These data come from your GP surgery, hospitals and other healthcare providers. The organisation that collects your data is called NHS England.

To help improve services, NHS England shares these data with researchers from universities and hospitals. This type of data-sharing has been happening for many years. Our practice will be sharing patient data with a research team at the University of Leeds for the 3i-o study. The North East Commissioning Service (NECS), who work with NHS England, will be taking data from patient records and linking it to data held by NHS England. It will then be anonymised before transferring the data securely to a secure area on the North East and North Cumbria Secure Data Environment for University of Leeds researchers to access. All data will be anonymised before being received by the research team, so you will not be able to be identified from the data.

All data collected and shared are protected by strict rules around privacy, confidentiality and security. Your data will never be sold or shared with insurance or marketing companies. The Health Research Authority has given Section 251 support for the activity following advice from the Confidentiality Advisory Group (reference no. 25/CAG/0042, IRAS 331542). This means our practice can disclose information to NECS without being in breach of the common law duty of confidentiality. It allows data to be shared for essential activities of the NHS and important medical research.

Study summary:

Patients often receive medicines that they do not want, do not need or that could potentially do more harm than good. This is called overprescribing. It increases the risks of side effects from medicines, hospital admissions and even deaths. Overprescribing also wastes medicines, time and money. Overprescribing is strongly linked to health inequalities, the avoidable and unfair differences in health between different groups of people.

There are many ways to reduce overprescribing. One way is to show clinicians (GPs, pharmacists and nurses) how much they prescribe compared to other clinicians. This is called audit and feedback. The feedback shows those who prescribe more than others so that they can make appropriate changes to reduce this. Most NHS prescribing (and overprescribing) happens in general practice. We have already run a feedback campaign that reduced overprescribing of addictive painkillers in general practice. We are now running a similar campaign to reduce unnecessary antibiotic prescribing. This type of feedback often works in reducing overprescribing.

However, we want to find out if it works without making it more difficult for some people to get the health care they need, making health inequalities worse. For example, people with long term conditions who struggle to access other care, or people with English as a second language who struggle to be understood by the clinicians that they see. Our team at the University of Leeds will look for connected

changes in hospital attendances. This will help us to understand how changes in prescribing can make healthcare better or worse for some people.

More information on the study and research team can be found here:

<https://medicinehealth.leeds.ac.uk/dir-record/research-projects/1793/impact-of-an-intervention-on-inequalities-in-overprescribing-the-3i-o-study>

To opt out of your data being used in this study, please contact the Reception Team to let Dr Sweeting know.