ResearchOne

Database Protocol

Date	Version Number	Description	Author
01/06/2011	1.0	Original version approved by NRES North East – Newcastle & Tyneside 1	S.S.R. Crossfield, C.J. Bates, J. Parry
17/04/2012	1.1	Version amended upon REC feedback, approved by NRES North East – Newcastle & Tyneside 1 and National Information Governance Board	S.S.R. Crossfield, C.J. Bates, J. Parry
06/11/2012	1.2	Data transfer amendment; approved by NRES North East – Newcastle & Tyneside 1	S.S.R. Crossfield, C.J. Bates, J. Parry
07.12.2012	1.3	Clarification as to the inclusion of numerics associated with coded data, as advised by the NIGB – approved by NRES North East – Newcastle & Tyneside 1	S.S.R. Crossfield, C.J. Bates, J. Parry

Summary

ResearchOne is an ethically approved pseudo-anonymous clinical research database consisting of information derived from data stored on the TPP SystmOne live environment. The data is drawn from a variety of settings across England, including both primary and secondary healthcare providers. It is amongst the largest such databases in the world, is of exceptionally high quality and offers a unique opportunity for UK medical research on such a broad, comprehensive data set.

The database is used to develop intelligent diagnostic risk algorithms, to produce enhanced decision support systems, to develop a real-time bio-surveillance program, to validate existing health care research and risk methods, and to drive future medical research.

A basic overview of database policy and operation is given below:

- Data held on ResearchOne is non-identifiable. It is not possible for researchers to identify patients, clinicians or providers from the data stored.
- Patient confidentiality drives database policy at all times and ResearchOne is subject to exceptionally high security protocols.
- Almost all live units on SystmOne can consent to contribute their data to ResearchOne, enabling a nationally representative data set from a wide variety of primary and secondary care providers to be established.
- Data is only included if a unit has explicitly consented for the data they have recorded to be used in ResearchOne. A unit can withdraw this consent at any time.
- The database consists of data recorded by many types of healthcare providers, including General Practice, Child Health, Community, Palliative Hospital, Out-of-Hours, A&E and Community Hospital.
- No data recorded at prison units or outside of England is included in the database.
- Up-to-date census variables such as deprivation and rurality indices are included on the database to allow important demographic-based variables to be analysed.
- The database is designed to enable linkages with other ethically approved data sets to be accurate and secure. For example, approval is currently being sought to allow linking to the Hospital Episode Statistics provided by the NHS Trusted Data Linkage Service.
- The database is subject to frequent data quality checks to ensure it remains of the highest standard. This includes comparison with other aggregated sources, for example with national birth rates, death rates and prescribing patterns.
- All research findings from the database are shared with the public, especially SystmOne users, and any risk algorithms produced are distributed under an open-source framework.
- Where appropriate, research findings drive SystmOne product development, for example with the incorporation of new decision support tools.
- All projects undertaken on ResearchOne must have clinical, social or financial benefits to the UK healthcare estate. A highly qualified academic research committee oversees all such projects.
- The establishment and maintenance of ResearchOne are funded entirely by TPP. It is run as a non-profit enterprise.

- The ResearchOne Database Committee (RDC) sets all policy and management decisions, authorises access to the database, and oversees/audits all general database operations. The group consists of representatives from each of the key stakeholders in the project, namely TPP employees (including the clinical director), staff members from a variety of consenting health

care providers, academics from the medical community and patients whose anonymised records are contained on ResearchOne.

- The ResearchOne Project Committee (RPC) assesses all proposed research projects on ResearchOne. The board consists of highly qualified clinicians and academics. Their decisions are driven at all times by the pursuit of high-quality, high-impact research and by the absolute necessity for patient confidentiality.

Proposal aim

The aim of this project is to develop and maintain a clinical database that enables high-quality medical research to be undertaken on data recorded by healthcare professionals across SystmOne. The database includes non-identifiable data of assessed quality from many healthcare settings across all regions of England. Data included in the database is drawn from, for example, General Practice, Child Health, Community, Palliative Hospital, Out-of-Hours, A&E and Community Hospital. This provides a comprehensive data set, representative of the electronic health records of the national population as a whole.

Data security is of paramount importance and we aim to provide exceptionally high security protocols across all areas of the project. On top of the organisation's corporate level security policy a system level security policy has been fully implemented and a risk assessment process is carried out annually. This is compliant with, and driven by, the NHS security standards BS7799/ISO 27002.

Similarly we aim to guarantee confidentiality for patients, clinicians and healthcare providers at all times. All database policies and research proposals are based around this fundamental principle and guided by the NHS Confidentiality Code of Practice.

The research carried out on the database aims to drive improvements in healthcare and its delivery. Amongst the current research goals are:

- The development of intelligent diagnostic risk prediction algorithms.
- The design of new decision support tools for use in clinical practice.
- Investigation into the use of the data for real-time public bio-surveillance.
- Innovative prediction algorithms at the boundary of primary and secondary care.
- Validation of existing medical algorithms and knowledge derived from other data sets (such as QResearch and THIN).
- Driving and informing new clinical trials using existing historical medical data.

Background

Since the introduction of information technology into clinical environments in the 1980s the majority of general practices have adopted electronic clinical information systems and their use across other healthcare provider settings is constantly increasing. As electronic records have become more prevalent throughout the healthcare estate there have been new opportunities for clinical and social research to take place on purpose-built clinical databases.

Throughout the primary care estate the increasing quality of diagnostic coding has led to more powerful, accurate research being undertaken with increasingly important outcomes. Recent results have radically informed healthcare pathways and monitoring techniques used in many areas of medicine. Clinical research databases have also revolutionised the potential of longitudinal studies

that do not depend upon long-term contact with patients but rather consent to track patient records. Such research is now widely accepted in the medical community as the success and popularity of the QRISK algorithms for assessing cardiovascular risk show.

TPP provide SystmOne modules to a variety of healthcare providers and the database contains the electronic records of more than 20 million patients. Of these 60% are active records from SystmOne GP and there are nearly 5 million patients registered at SystmOne Child Health. Integration with the NHS Spine environment to match duplicate demographic details means each of these records is unique. Within SystmOne a patient has a single electronic record that is shared between all their health care providers, increasing the quality of deliverable care and improving efficiency.

SystmOne is the largest primary care patient database in the world and is used by more than 1500 GP practices, 50 Child Health units and 1700 Community units across the UK. The use of SystmOne secondary care and OOH modules is now also rapidly increasing. SystmOne is a state-of-the-art centrally hosted environment with a full disaster recovery solution and is accredited to NHS CFH hosting standards.

There are many advantages to creating an anonymised clinical research database from the data stored on SystmOne:

- The exceptionally high-level of security associated with a centrally hosted environment translates directly to the research database. All data is stored in the same secure data centre as the production environment and subject to the same security and encryption protocols.
- There is no need for any physical data transfer in order to create or update the database, as it can be build in-situ from a current backup of SystmOne.
- The database can be frequently updated with any new or modified information without the need for individual collection from data sources. This is not only more secure but hugely increases the potential for public bio-surveillance.
- There is natively entered clinical and demographic data entered across a variety of health care settings all from SystmOne modules. This not only provides an exceptionally broad data set but also improves data accuracy, consistency and reduces the quality issues associated with data linkage.
- Data is available from both primary and secondary care sources, uniquely allowing almost real-time research to be carried out at this boundary.
- It is one of the largest clinical research databases in the world, offering not only opportunities for new research but for validation of work carried out on other, similar data sets, providing benefit to everyone in the healthcare estate.
- The data is of very high quality. It is periodically assessed both internally and against external aggregated data sources to ensure this.
- The central nature of the system allows both units and TPP to accurately record, audit and monitor the unit consent status for data research.
- The frequency of SystmOne software releases means that research that will benefit patient care or practice efficiency can be provided to clinicians with minimal delay.

The researchers at TPP have strong links to the University of Leeds and a Knowledge Transfer Partnership between the company and the university initiated the project. There are particularly strong links to the Yorkshire Centre for Health Informatics, which offers world-class support by both healthcare professionals and researchers. The centre has done internationally recognised work in many diverse areas of healthcare, ranging from risk prediction algorithms to research into the complex ethical issues involved.

Database policies

Use of the ResearchOne database is in accordance with the following principles of operation:

- The ResearchOne Database Committee (RDC) oversees all development and operation of the database. This includes any development regarding ethical issues.
- Accounts of any database activity are provided to a designated member of the RDC and made transparent to all members. This includes, but is not limited to, any research database updates, any data linkage requests, any faults detected on the servers, any necessary maintenance, any hardware, software or firmware installations/upgrades and any media destruction.
- Monthly audits of database research activity are provided from each approved researcher to a designated individual in the RDC. These are made available to all members of the group and are kept indefinitely. Similarly automatically generated monthly audits of all database access are to be provided by the TPP technical team so that consistency can be checked.
- The methodology and protocols employed to create, update and use the database must be in line with the proposal approved by the Research Ethics Committee (REC).
- The criteria and confidentiality agreement to which researchers are contractually obliged to adhere is governed by the RDC. These criteria are periodically reviewed.
- The TPP corporate level security policy and the database system level security policy should be followed all times for any database use or development.
- The database is to be held in secure centrally hosted data centres governed by the same protocols as the SystmOne production environment.
- Any access, processing or analysis of the data by the ResearchOne team must take place in this secure environment, accessed via a remote connection from the designated secure, fully monitored computers at TPP.
- No data is ever to leave the secure data centres via removable media.
- Anonymous extracts of ResearchOne data that comprises the minimum required dataset for an approved external research project may be provided to through secure electronic transferral.
- Researchers must seek approval from the ResearchOne Project Committee (RPC) as well as any relevant external ethics boards in order to be permitted access to the database for any new research proposal.
- Any proposal with split approval from the RPC will be referred on to the RDC for guidance. Any subsequent dispute among the group will be taken externally to the appropriate ethics body.
- Attempts to identify patients, clinicians or providers by researchers are strictly prohibited and will result in their access to the database being revoked.

Governance

Research governance is the responsibility of the National Information Governance Board for Health and Social Care. The NRES Committee North East – Newcastle and Tyneside are responsible for the ethical approval of the database and the research aims. TPP remain in contact with the both the NIGB and the REC to support any developments, amendments and to aid in the continued monitoring of adherence to protocol.

Custodianship

TPP are NHS accredited to manage patient data and retain custodianship over any data extracted from SystmOne as part of the ResearchOne project.

Security Measures

All research data is stored on servers at a secure centrally hosted data-centre governed by the same strict security measures as the SystmOne live environment. The hosting solution has been fully accredited to the required NHS standards. Physical access to the data centre is strictly controlled as outlined in the TPP corporate level security policy. Obstacles to physical access include identification cards, CCTV and 24-hour security guard surveillance. Only named engineering staff with authentication may gain physical access to the servers with the aim of hardware maintenance; access is absolutely controlled by the TPP technical team.

Database creation is achieved via data extracted from a current SystmOne database backup to the ResearchOne database on a server within the same data centre. There is no physical transfer of data and no data for the ResearchOne database leaves the data centre during this process.

Any access to the ResearchOne database is restricted to remote access from a small number of computers located in the TPP offices. Access, logon details and remote access details are highly restricted and governed by the corporate and system level security protocols. Only senior technical members of TPP can access any of the production environments. Every staff member has been Criminal Records Bureau checked and has signed a confidentiality agreement. The computers are constantly monitored by CCTV, are in a securely locked room and the building guarded at all times by a security team. All network traffic is encrypted to industry-standard levels.

No research data is ever downloaded from the data centre via this remote connection and the use of removable media is strictly prohibited. Any data analysis or additional data processing by the ResearchOne team takes place on the server hosting ResearchOne in the data centre. This includes any work involving third party analytic or statistical software.

Extracts of anonymous data from ResearchOne, in the form of the minimum required dataset for an external research project, will be electronically transferred to researchers. Such projects and the arrangements for data storage, use and disposal must be formally approved by the relevant governance and ethics boards prior to extract. Each extract will contain extract-specific unique identifiers to prevent their linkage.

During database creation an additional link database is created to allow for the possibility of data linkage with approved external data sources (for example, with the Hospital Episode Statistics provided by the NHS Information Centre). This link database is stored in an alternative secure data centre (hosted to the same standards) and the data transfer is over an encrypted secure network. Access to the database requires different login credentials to ResearchOne – these are only held by senior members of the TPP technical team and never given to research staff. This link database contains a table linking a randomly assigned research record identifier from ResearchOne to a strongly encrypted hard local identifier on SystmOne. The encryption key is only held by the designated senior security manger in the TPP technical team. Any access to the link database can only be performed by the TPP technical team and only after a formal request from the RDC.

Confidentiality

The data held on ResearchOne is all pseudo-anonymised and no strong patient or provider identifiers are held at all. This includes information such as full postcodes, nominal details, exact dates of birth, NHS numbers, hospital numbers, local hard SystmOne identifiers or any national identifiers. No clinical narrative or free text, excepting numerics associated with coded data (such

as drug dosages, height, blood pressure) will be stored on the database. This avoids any potential compromise in patient confidentiality.

A unique research identifier is randomly assigned to each patient research record to allow suitable record linkage. This has no reference to any other patient identifier. Similarly every healthcare provider has a randomly allocated identifier. Research staff have no way of identifying patients or providers and the only way of patients being identified is via a local hard SystmOne identifier using the formal link database procedure as described above.

Section 251 support is not formally necessary as patient identifiable data is not included and the pseudo-anonymisation procedure replaces the need to obtain patient consent. Similarly for data linkage to, for example, the Hospital Episode Statistics no identifiable data will be extracted and so no approval from section 251 is required.

Stored data items

The patient data items stored on ResearchOne are as follows:

Demographic Information

- Date of birth (MM/YY)
- Date of death (MM/YY)
- Cause of Death
- Deprivation indices
- Ethnicity
- Gender
- Occupation
- Rurality indices
- Sector-level postcode
- Mid-Level Super Output Area

Clinical Information

- Acute medication
- Alert indicators
- Allergies
- Appointments
- A&E admission / event details
- Care episodes

- Care pathways
- Care plans
- Child at risk entries
- Child health appointments
- Child health scheduling suspensions
- Clinical diagnosis entries
- Clinical numeric entries
- Clinical numeric ranges
- Clinical procedure entries
- Consultation data
- Contacts
- Drug sensitivities
- Healthcare provider types
- Hospital admission / event details
- Hospital discharge details
- Medication end details
- Miscellaneous patient flags
- Out-of-hours cases
- Pathology results
- Recalls
- Referrals in
- Referrals out
- Repeat medication
- Staff roles
- Vaccinations
- Vaccination consents
- Visits
- Waiting list entries

Data linkage

TPP strive to extend the quality of the database as a research resource by linking non-identifiable data acquired from other approved data sources. This includes the Hospital Episode Statistics and death certificate information provided by the NHS Information Centre, as well as rurality and deprivation indicators from the Office of National Statistics. Note that any indicators that are so specific as to compromise confidentiality are never put on the database. All linkage is assessed in line with the NHS Code of Confidentiality and with full attention to security concern. For example, whenever possible the NHS Trusted Data Linkage Service is used.

Research staff

In order to gain any access to ResearchOne, potential research staff must obtain full approval from the RDC. This firstly involves the staff member following all standard company employee protocols and training. The staff member must also have a successful Criminal Records Bureau check and sign the ResearchOne confidentiality agreement as given below. All members of the RDC must then review this application for access, with respect to their approval criteria. They must be in total agreement before full approval is granted.

Once a staff member has been granted full approval they will be given unique database login credentials to the ResearchOne database from a senior member of the TPP technical team. Note that this includes a strong individual password. These login details are to be used by staff members whenever they access the data so that the monthly access audit can be produced for the RDC by the TPP technical team.

Research projects

Research staff members can only access the data to work on projects that have been accredited by the RPC. Whenever a new project is proposed, the RPC must review the proposal in terms of its quality, impact and confidentiality aspects.

The RPC receive a submission from the project's principal investigator, including the list of data items to be accessed, a research hypothesis and an overview of the expected outcomes. If they all agree that the project can or cannot proceed, then the principal investigator and the RDC are informed of the outcome and the details centrally audited. If there is any disagreement, then this is passed to RDC or the REC, as appropriate.

Confidentiality policy section which is signed by the ResearchOne Research Team

Name.....

Address.....

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I acknowledge the following conditions under which I am permitted access to data on ResearchOne

1. The data will be remotely accessed from within TPP using only my own unique login credentials. I will not share these details with any other person.
2. Data access is solely for projects that have approval from all relevant ethics and governance boards and the ResearchOne Project Committee. I will audit all access to the database for each project I am involved in.
3. For projects of which I am the project instigator I shall submit a review to the ResearchOne Project Committee each quarter, and at the end of the project.
4. The ResearchOne Database Committee and TPP reserve the right to monitor and revoke user activity.
5. Changes to a research objective must be accepted by the ResearchOne Project Committee prior to any analysis or data access.
6. Any additional data processing or analysis will only take place on the same secure server as the research database. This includes any analysis using third party analytic or statistical software.
7. No attempt will ever be made to identify patients or healthcare providers.
8. Research findings can be freely published without interference, regardless of the nature of the findings.
9. Where data from the research database contributes toward any published writing the source must be acknowledged and a copy submitted to the ResearchOne Database Committee.
10. No data can leave the secure environment – it is never to be downloaded to a local computer and the use of removable media is strictly prohibited.
11. Aggregated data in the form of anonymous graphs, figures and tables may be used for the purposes of education, presentations and publication.
12. All research I carry out will follow the strict requirements of research governance and the code of confidentiality.
13. Violation of this policy may restrict or deny me from further access to the research database.
14. I have read and understood the ResearchOne Information Governance Policy and ResearchOne Confidentiality Policy and had opportunity to ask questions

Signed.....Date.....

Print name.....

This is a copy of the part of the confidentiality policy which all ResearchOne researchers must sign as part of their accreditation for full approval from the RDC.

Confidentiality policy section for signing by the ResearchOne Technical Team

Name.....
Address.....
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I acknowledge the following conditions under which I am permitted access to data on ResearchOne

1. The data will be remotely accessed from within TPP using only my own unique login credentials. I will not share these details with any other person.
2. Data access is solely for data maintenance that has approval from the ResearchOne Database Committee.
3. The ResearchOne Database Committee and TPP reserve the right to monitor and revoke user activity.
4. Changes to a research objective must be accepted by the ResearchOne Project Committee prior to any analysis or data access.
5. Any additional data processing or analysis will only take place on the same secure server as the research database. This includes any analysis using third party analytic or statistical software.
6. No attempt will ever be made to identify patients or healthcare providers.
7. I will transfer data using secure electronic means where the ResearchOne Project Committee authorises me to provide minimum data extracts for approved external projects.
8. Where authorised by the ResearchOne Project Committee I will prepare minimum datasets for use within the ResearchOne environment by the ResearchOne Research Team.
9. The datasets referred to in points 7 and 8 will be prepared using project-specific unique identifiers and a log of these will be maintained
10. The use of removable media to download data stored on ResearchOne is prohibited.
11. Violation of this policy may restrict or deny me from further access to the ResearchOne database.
12. I have read and understood the ResearchOne Information Governance Policy and ResearchOne Confidentiality Policy and had opportunity to ask questions

Signed.....Date.....

Print name.....

This is a copy of the part of the confidentiality policy which all technical staff must sign.

Confidentiality policy for external researchers

Name.....
Address.....
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I acknowledge the following conditions under which I am permitted access to data extract from ResearchOne

1. The dataset is solely for use on projects that have approval from the ResearchOne Project Committee and relevant ethics and governance bodies.
2. The ResearchOne Database Committee and TPP reserve the right to request information about the usage, storage and disposal of the dataset, and to request its deletion.
3. Changes to a research objective must be accepted by the ResearchOne Project Committee and relevant ethics and governance bodies prior to commencement of any change.
4. Copying or transferral of the dataset is prohibited without the approval of the ResearchOne Project Committee and relevant ethics and governance bodies.
5. No attempt will ever be made to identify patients or healthcare providers.
6. Research findings can be freely published without interference, regardless of the nature of the findings.
7. Where the ResearchOne dataset contributes toward any publication or presentation the source must be acknowledged and a copy of any journal or conference publication submitted to the ResearchOne Project Committee.
8. All research I carry out will follow the strict requirements of research governance and the code of confidentiality.
9. Violation of this policy may restrict or deny me from further access to the research dataset.
10. I will provide a review of data usage and disposal and a project summary to the ResearchOne Project Committee upon completion of the project.

Signed.....Date.....

Print name.....

This is a copy of the confidentiality policy which all external researchers must sign as part of their accreditation for full approval from the RDC.

SystmOne units

All units on SystmOne are provided links to documentation regarding ResearchOne, including this protocol, in a variety of ways. All documentation is accessible via the standard 'F1' help functionality in the system, and on the live, dummy and training environments. Links to all documentation are also provided in the consent task (see later). All documents are provided in a standard Adobe Acrobat pdf format, as is usual on SystmOne. The project has been outlined in the SystmOne magazine, TPP times, and publicised at SystmOne National User Group events. A dedicated section of the TPP website is available for research information and all documentation is also available there.

Hard copies of any documentation are available upon request. In order to increase availability and accessibility of the documents, TPP will strive to facilitate any specific requests from users, for example, if translations of the documentation into other languages are required.

Consent

All English non-prison units using SystmOne are invited to contribute data for research analysis. Units are contacted initially via an electronic task sent centrally to their task inbox on SystmOne. This task outlines the opportunity to become involved in this research and contains informative links to a variety of further documentation regarding ResearchOne, again including this database protocol. The information includes contact details for requesting additional information from TPP, including the opportunity to speak to the data controller directly with any queries. Note that there is high-contrast functionality and JAWS screen reading technology embedded in SystmOne to aid the visually impaired when assessing this proposal. Further, as described above, requests can be made directly to TPP for translation of the information into other languages.

The task contains the details of the consent agreement and an associated task action that gives senior staff members at the unit the opportunity to consent or decline. Only staff members with sufficient access rights, configured to each unit type, are allowed to action the task. Regardless of the decision, the user is presented with an additional dialog asking for confirmation of the response to ensure the desired option was chosen. The task and the action are available indefinitely on SystmOne so that the decision is clearly and electronically audited and accessible by both TPP and the unit. Units are informed that their decision does not affect their statutory rights.

Units are able to withdraw consent at any time. The mechanism for doing this is presented in the initial documentation and can also be found in the help section of SystmOne and on the appropriate section of the TPP website. To withdraw consent the unit must contact TPP via an email sent to a dedicated address. TPP will contact the unit promptly and record the details of the request using the SystmOne contact tracker functionality. This allows both the unit and TPP to see the status of this request at all times. A new task is then sent to the unit so they can confirm withdrawal from the project. During the next ResearchOne update the unit data is removed from the database – it is anticipated that this will always occur within one week of the withdrawal being confirmed.

As with other large databases derived pseudonymously from patient records it is not practical to seek consent from individual patients due to the number of records involved. Units who have direct contact with patients are provided with posters via SystmOne to display in order that patients are aware that their data is to be used pseudo-anonymously for research purposes. Child health units using SystmOne process administrative information for large numbers of children without being in direct contact with patients - it would be unfeasible for consent to be gained from

individual patients in this case. While consent for pseudonymous data is not essential every practicable effort is made to inform the patients and public in general.

Benefits

Healthcare units consenting to ResearchOne are contributing to one of the largest clinical research databases in the world. They are facilitating high-quality, ethical, medical research in the UK, which is of benefit across the healthcare estate. Results of all research are published in peer-reviewed journals, summarised on the research section of the TPP website, and any algorithms published under an open-source framework.

Clinical and administrative decision support systems and risk indicators that come out of the research are incorporated into SystmOne for the benefit of both users and their patients. These benefits may both enhance patient care at a unit and improve their efficiency in delivering effective health care. Contributing units are given the opportunity to be pilot sites for any such developments and to be involved in their elaboration.

ResearchOne also has links into the development of real-time bio surveillance programmes, which can be used, for example, to track the pandemic behaviour of disease. This is of clear benefit to the Department of Health nationally and an important secondary use of clinical data.

ResearchOne Database Committee

The ResearchOne Database Committee represents users, the academic community, the public, the ethics committees, and their respective interests in the database. They oversee all database operations, including database access by research staff. The RDC are also responsible for authorising access to the link database by the TPP technical team, continually assessing confidentiality and security details, granting full approval to proposed research staff, resolving research proposal disputes from the RPC, overseeing the direction of all research undertaken, auditing all database and research activities and requesting updates / rebuilds of the database.

Membership of the group reflects the need to represent the key stakeholders in this project and the need to engage the NHS, different healthcare providers, users, the public, and the academic community. Membership therefore includes representatives of the following:

- TPP
- SystmOne National Users Group (SNUG)
- University of Leeds
- SystmOne users
- Research Ethics Committee
- SystmOne patients
- Chair of the RPC
- Royal College of General Practitioners
- The British Medical Association

ResearchOne Project Committee

The ResearchOne Project Committee is charged with maintaining the academic excellence of all research undertaken on the database. The committee receives research proposals and requests for data access from researchers and assesses them based on the criteria defined by the RDC and by the research aims of ResearchOne. Of particular consideration is the value of research to the

medical community and to the public. The RPC assesses the risks posed by each proposal and refer any disputes to the RDC for advice and guidance.

In the unlikely event that certain combinations of the data stored on the research database might compromise patient or unit confidentiality, the RPC are obliged to prohibit access.

Membership includes representatives with a strong background in healthcare, informatics and medical research. The committee bring a wealth of experience to the project, and includes internationally recognised academic researchers. Such expertise enables the committee to assist the researchers in overcoming technical or academic issues.

Representatives from the following are represented on the RPC:

- TPP clinical staff team
- School of Computing, University of Leeds
- Yorkshire Centre for Health Informatics, University of Leeds

Finance

The financial aspects of running the ResearchOne database are funded entirely by TPP. It is run as a non-profit enterprise.

Further queries

For any enquires, queries or complaints please contact TPP in any of the following ways:

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