# The use of freedom of information requests in medical audit and research

The ability to evaluate and audit clinical activity throughout the UK is difficult for a variety of logistical, practical and political reasons. As a public organization, the effective and efficient working of the NHS is of societal interest. The Freedom of Information Act 2000 affords a mechanism to collect data that are of public interest and this article examines how these can be used for medical audit and research.

## The Freedom of Information Act

The Freedom of Information Act 2000 entitles members of the public to request information from public authorities. It offers the public previously unrivalled access to the workings of public bodies, simplifying accountability and transparency (Information Commissioner's Office, 2016). Other aims of the Act were explicitly to:

> **'increase public participation in government, improve government decision-making, and the public's trust in, and understanding of, government'.**

Public authorities have created administrative structures to deal with these requests, and previously submitted requests are available online to avoid work duplication. The expected response time written into the Freedom of Information Act is 20 days from the day after receipt of the question (Burgess, 2015).

The Act has been thoroughly used by journalists, with revelations about MP's expenses and Prince Charles's 'black spider memos' to government ministers resulting from freedom of information requests (Information Commissioner's Office, 2015). While many feel that freedom of information requests are a drain on the time of already stretched public services, the Act may have improved the transparency and discussion between public organizations. Fatima Zohra, Corporate Information Manager at Westminster Council, explained in the *Guardian* that staff have been more ready to share information between departments since the Act: 'There has been a sea change of attitudes and this has meant a lot more openness' (Dowell, 2010). Like government departments, hospital trusts are also prone to silo working, with auditing of standards completed internally bar a few national reportable audits. Could the Freedom of Information Act help to reduce this, allowing individual trusts to better gauge how they are performing on national standards relative to others?

## Potential of freedom of information request use in medicine

Freedom of information requests can be used where useful data are held by public bodies. Requests have been previously used to obtain clinical trial data from the European Medicines Agency, with considerable time taken for information to be forthcoming (Doshi and Jefferson, 2016). Information about clinical commissioning group activities has also been obtained by freedom of information request, with a 65–85% response rate (Brooker et al, 2015). The activity of clinical commissioning groups in comparison to specialty-specific guidance has also been assessed (Soni-Jaiswal et al, 2015). A small study investigating the reasons for litigation in ear nose and throat surgery used freedom of information requests to identify common areas of liability from the NHS Litigation Authority (Metcalfe et al, 2015). Over 1000 claims were identified in this freedom of information study.

Freedom of information requests are best used where data are accurately collected, with as close to 100% completion as possible. National standards where units and individual hospitals are mandated to collect specific data points therefore lend themselves best to freedom of information collection to compare performance between trusts.

## Compliance with best practice tariffs

The use of best practice tariffs has accelerated under the current government, and is thought to be important for 'reducing unexplained variation and universalising best practice' in health care (Department of Health, 2011). Freedom of information requests surrounding best practice tariffs would allow researchers to identify and understand such variation, where it exists.

Best practice tariffs currently exist in surgery, specifically for hip fracture surgery, primary total hip and knee replacements, and day case procedures. Best practice tariffs for medical conditions include transient ischaemic attack, stroke and renal dialysis. Smaller specialties have also adopted best practice tariffs, including ophthalmology for cataracts, and paediatrics for diabetes (NHS Networks, 2012). Freedom of information requests offer inquisitive trusts or research units access to this data from other trusts and hence allow comparison of performance across these domains.

## Compliance with specialty-specific standards

Specialty-specific standards may also offer important national comparisons, and are useful within specialty departments. These standards are affiliated with specialty-specific bodies. Examples of the success of freedom of information requests have included analysis

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of major trauma centres' compliance with the British Orthopaedic Association Standards for Trauma 2 (2008), regarding timely clearance of the cervical spine in major trauma situations.

A survey of the 26 major trauma centres in England revealed a paltry 10% compliance rate (three out of 26 centres) when asked whether an audit of these standards had ever been carried out in the 7 years since their inception. This is alarming as it appears that the majority of major trauma centres have not demonstrated adherence to a major national guideline, although this is in the process of being rectified (A Ray, unpublished data, 2016).

## Evaluation of compliance with National Institute for Health and Care Excellence guidance

The National Institute for Health and Care Excellence (NICE) compiles best-practice evidenced guidelines for the UK, and freedom of information requests would allow quick and effective analysis of compliance with NICE standards. Although data to assess this are not mandatory for trusts to collect, many do to determine their performance against best practice across a wide variety of domains.

Examples have included analysis of compliance with NICE Quality Statements for national major trauma centres. A recent pilot study had a response rate of 100% from the UK-wide major trauma centres. This pilot asked whether the NICE Quality Statement 2: Verbal and written information on VTE prevention was being monitored by trusts since its introduction. The data revealed the percentage compliance with the Quality Statement, dates of the relevant audits, and numbers of patients involved for each major trauma centre (M Shrotri, unpublished data, 2016). This very easily gave a national picture of compliance with the standard.

## Recommendations for clinicians using freedom of information requests

- Make requests which have either yes/no answers, or require simple single data points. Difficult questions will receive difficult answers
- The request may not be answered by a clinician, so explain medical terms or offer different possible terms, e.g. pulmonary embolus or deep vein thrombosis or venous thromboembolism
- Complex questions may result in data being incorrectly identified
- Time to useful data extraction may be longer than the recommended 20 days, so plan ahead early in projects. Possible delays include administrative difficulties and clarifications being required regarding specific questions and inclusion criteria.

## Conclusions

Access to national data in medicine by specific trusts and research groups is difficult. Freedom of information requests provide a potential solution to this problem, allowing individual trusts to gauge their success at a national level. Potential areas for this analysis includes NICE guidelines, best practice tariffs and specialty-specific standards.

Freedom of information requests may also form the basis of research, allowing groups to access data that may not otherwise be available. Posing questions in a clear and useful manner is critical to successful data collection. Some concerns have been raised about the administrative commitment required to fulfil multiple requests. The intelligence collected from freedom of information requests can be used to inform and improve safety and quality for patients, which the authors would argue clearly is in the public interest. **BJHM**

### KEY POINTS

- Freedom of information requests have utility in medical research and audit.
- National standards with mandated reporting lend themselves best to freedom of information collection.
- Careful phrasing of questions can improve information yield and reduce the burden on those providing information.


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