Data Sharing Cost Recovery Policy

This policy governs the recovery of costs incurred through providing third party access to clinical datasets held and processed by the RCoA / HSRC. It applies to data access applications for RCoA/HSRC research projects received from January 2023.

BACKGROUND

Audit, research and quality improvement projects across the RCoA and the NIAA Health Services Research Centre (HSRC) collect large volumes of data to support their outputs. These data are a valuable resource, not only for the projects themselves but for researchers wishing to explore various aspects of healthcare.

There are resource implications for RCoA/HSRC to process the information governance issues that accompany these requests as well as to advise applicants on the quality and content of their research applications, manage local approvals processes, and prepare data files. For projects where the RCoA is processing under instruction of another organisation as data controller (such as HQIP for the National Emergency Laparotomy Audit) then the data controller may level an additional levy to cover the cost of their own review / approval process.

RCoA understands the importance of these data requests and is keen to support requests for data access. We are aware that some of these data collections are funded by our fellows' and members' subscriptions and in some cases public money, and are fully committed to exploiting these data to their maximum potential to support care quality improvements for patient populations.

ESTIMATED COSTS OF MANAGING AN APPLICATION

There are various contractual, governance and data processing requirements of the different projects, it is impractical to provide a standard cost for managing an application. An estimate of cost will be provided to applicants within three weeks of application. Most applications would be expected to incur costs for least 2 days' work and up to 10 days' work, depending on the complexity of the request.

A standard application will normally include:

- Support and advice on completion of data application forms required for 3rd parties (e.g. HQIP, NHS Digital)
- Receipt, processing and review of application including discussion with project clinical leads
- Advising applicants on the viability of their project, utility of data items requested
- Advising applicants on any duplication of effort with other workstreams, either in-house within the project team or as part of existing external collaborations
- Information governance review and advice
- Processing of data
- Secure transfer of data to applicant
- Responding to queries and clarifications
- Review of draft publications

Some applications may also require:

- Meetings to discuss scope and direction of proposed project
- Contribution to drafting of publications e.g. methods sections

*A standard application will **not** include:*

- Costs associated with amendment of the application
- Costs associated with re-preparing data files where applicant has incorrectly specified requirements
- Cost of any processing associated with record-level linkage
- Updates to datasets which may be required as a result of data capture or linkage beyond the time of application

RATES

Applicants should discuss their requirements with the specific programme before bidding for project funding. *Personal (identifiable) data are not normally available.*

Category 1: Applications from individual non-commercial applicants, charities, community interest companies, NHS institutions or Universities

a. *Lead applicant is a named collaborator (e.g. named PQIP, SNAPs or NAP collaborator, or a NELA local lead:*

Rates will be based on estimated workload and charged at £370 + VAT per day – chargeable in half day increments. Where an external contractor/data analyst is required for preparation of data files, this input will be agreed and charged at cost to applicant.

b. *Lead applicant not a named collaborator or local lead*

Rates will be based on estimated workload and charged at £470 + VAT per day – chargeable in half day increments. Where an external contractor/data analyst is required for preparation of data files, this input will be agreed and charged at cost to applicant.

Category 2 Applications from commercial companies or independent sector hospitals

Rates will be based on estimated workload and charged at £940 + VAT per day – chargeable in half day increments. Where an external contractor/data analyst is required for preparation of data files, this input will be agreed and charged at cost to applicant.

Clinical time costs

Any work that requires additional input for clinical backfill time will be agreed and charged separately, based upon the agreed PA rate for the clinician involved.

Applications for aggregated data

While most applications will be for patient level data, some applications will require data aggregated to unit, hospital, regional or national level. Applicants should discuss their requirements in the first instance as data may already be published at that level of aggregation.

Where data are unpublished, then an application should be made to the project. Charges will again be based on the estimated time to process the application, and the daily costs will be charged as described above. In this instance, information governance review time is likely to be less, but time to prepare and release the data may be more significant.

Timing of payments

RCoA/HSRC reserve the right to review and change these costs as required. On receipt of a valid application, the RCoA/HSRC will provide an estimate of costs to the applicant within 3 working weeks; if all parties agree to proceed, a memorandum of understanding (MOU) will be issued for both parties to complete. Once the MOU is signed, the price is fixed and both parties are bound by the terms of the MOU; however, if there is a greater than 3-month delay between the cost estimate being

provided and the applicant signing the MOU, the RCoA / HSRC reserves the right to increase the cost. The applicant will be invoiced and shall pay prior to the commencement of work.

Unfunded applications

While many applications will be part of funded programmes of research, some applications will be from individuals, clinical teams or organisations without dedicated funding available. In these circumstances, and where the applicant has either declared a genuine inability to pay the fees, or other special circumstances apply, the specific project may:

- Reject the application
- Signpost the applicant to appropriate funding sources or collaborators
- Apply a discount to the fees charged
- Waive the application fees.

The decisions taken by RCoA/HSRC will weigh up the perceived benefit of the proposed work to the clinical community, including the capacity and capability of the applicants to complete the proposed work, against the costs to be absorbed by the project. Decisions will be documented and communicated to the applicants in writing. RCoA/HSRC may also, in the interests of transparency, publish an online list of applications and ongoing collaborations. Any decisions to discount or waive fees must be made by the RCoA/HSRC project clinical lead, the appropriate budget holder, the responsible RCoA Director and the Data Controller if this is an external organisation. (e.g. HQIP in the case of the National Emergency Laparotomy Audit)

AUTHORSHIP OF PUBLICATIONS AND ACKNOWLEDGEMENTS

Applicants should discuss authorship of publications with the respective RCoA/HSRC project team. The level of contribution to the publication – in terms of advice, preparation of data or drafting of methods – may warrant inclusion of RCoA/HSRC project team members and clinical leads as authors of the publication.

All publications resulting from project data should acknowledge the project, its commissioners, funders and participants in a specific form of words that will be provided by RCoA/HSRC.