The impact of **RES**trictive vers**U**s LIbera**L** **T**ransfusion strategy on cardiac injury and death in patients undergoing surgery for **Hip** Fracture (RESULT-Hip)

**Participant Information Sheet**

**(Nearest Relative/Guardian or Welfare Attorney)**

**TELEPHONE**

*This sheet is to help researchers with the process of taking telephone consent from relatives/welfare attorneys. Introduce yourself and explain the purpose of the call. The discussion should include the points listed below. Give the relative/guardian/welfare attorney the opportunity to ask questions.*

**You are invited to consider giving your permission for your relative/ward/person you are consenting for, to take part in a research study. To help you decide whether your relative should take part, it is important for you to understand why the research is being done and what it will involve.**

**We would then ask that you put your own views about the research aside and to consider and take into account, the past and present wishes and feelings of your ward/relative/person you are consenting for, had they been able to consent for themselves.**

*Confirm they are nearest relative or guardian or welfare attorney.*

**Participation**

There is no obligation for them to take part in this study. If you agree, we will give you an information sheet to keep and ask you to sign a consent form at your earliest convenience (and you will receive a written information leaflet at this time). You are free to change your mind at any time without giving a reason.

A decision not to take part will not affect the standard of care your relative receives.

Thank you for your time



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| **What is the purpose of the study?** |
| People with broken hips often need a blood transfusion during their hospital stay. This is because they often have a low blood count (anaemia) before they come into hospital or because of their injury or because they lose blood during the operation to fix their hip. Although some research has been done in this area, doctors are uncertain about the best time to prescribe blood transfusions to people with a broken hip. Most guidelines suggest that prescribing at a lower blood count is better for patients in hospital, and recommended standard treatment is for patients to receive a blood transfusion when their blood count is less than 70-80 g/L. Some doctors think that this level is too low particularly if the participant has a history of heart disease. We are undertaking a study to compare blood transfusion at two different levels of anaemia to see which one is best. Everyone in our hospital with a broken hip will be assessed to see if they can take part in this study. If they become anaemic during their treatment they will be allocated to either receive a transfusion straight away or wait until the blood count falls to a lower level. We will then closely monitor their recovery from surgery including any complications they might have. |
| **Why has your relative been invited to take part?** |
| Your relative has been asked to take part as they have a broken hip (hip fracture). However, they currently lack the capacity to make an informed decision about whether they can take part in a research study. We are therefore asking you as their nearest relative, welfare attorney or guardian if you will give consent on their behalf to join the study. This is permissible under the Adults with Incapacity (Scotland) Act 2000). When making this decision, the Act requires you to put your own views about the research aside and to take into account and consider the present and past wishes and feelings of your relative. |
| **Does my relative have to take part?** |
| No, it is up to you to decide whether they take part in the research or not. If you decide, your relative should take part you are still free to change your mind **at any time** and without giving a reason. Deciding not to take part or withdrawing your relative from the study will not affect the healthcare your relative receives, or their legal rights.  |
| **What will happen to your relative if they take part in the study?** |
| If you agree for your relative to take part in the study, we will monitor their blood count and if they become anaemic (blood count 90g/L or less) in the period between admission and 7 days post surgery, we will use a computer to randomly assign them to one of two groups. If they do not become anaemic then they will not be entered into the study and we will have no further contact with you about the study.The two groups are:

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| --- | --- |
| Lower blood count group | Higher blood count group |
| Participants will receive blood transfusions to treat their anaemia and allow their **red blood cell count to be at a lower level****(between 75 – 90g/L)** | Participants will receive blood transfusions to treat their anaemia and keep their **red blood cell count at a higher level****(between 90- 110g/L)** |

They will receive blood transfusions according to their group until they leave hospital or until 30 days, whichever is soonest.Everyone in the study will have their blood tested at the start to check their haemoglobin level and kidney function. These blood tests will be repeated after they enter the study and we will measure their haemoglobin after every blood transfusion. As much as possible we will take these samples with routine blood tests.Everyone in the study will have blood samples taken when they enter the study and twice more between days 1 and 5 to check their heart. Each blood sample takes about a teaspoon of blood (5ml). The blood samples will be frozen and stored at your hospital for several months before being sent to the University of Edinburgh for testing. The test is very sensitive and is to check the heart. The results of the blood test will be used in our research to find out if it is significant in the setting of a broken hip. We will not be able to share the results of the blood tests with the doctors looking after your relative as they will not be available for about a year after hospital admission and so will not be useful to the doctors managing their hospital care. We would like to keep these blood samples after the end of the study for further research but will only do so with your permission.A heart tracing (known as an electrocardiogram or ECG) will be taken at the start of the study and then repeated once more between days 2 and 5, after your relative has been entered into the study. As well as the blood tests and ECG, a member of the research team will ask your relative a few questions about how they are feeling when they enter the study and twice more between days 1 and 5 to detect if they are at risk of developing delirium (becoming confused). This is called a 4AT test.When your relative enters the study, we will ask you to complete a short questionnaire about the quality of their life before they broke their hip. This questionnaire is repeated at 1 month and 4 months after your relative enters the study to measure how they are recovering. There is also a short health resources use questionnaire for completion at 1 and 4 months after your relative enters the study.If your relative regains capacity they will be asked if they consent to continue with the study and, if they agree, we will contact them by telephone at 1 and 4 months after the date they entered the study to ask them to complete the questionnaires. We will post the questionnaires if we are unable to contact them by telephone.In case your relative is discharged from hospital before regaining capacity, we would like your permission to collect **your** name, address and telephone number so that we can contact you at 1 and 4 months. At 1 month after entry into the studyA member of the research team will telephone you to ask if your relative has regained capacity. If they have, the research team will contact your relative to discuss their continued participation in the study. If they wish to continue, they will be posted a Recovered Capacity consent form for completion and return. They will be asked to complete the two questionnaires by telephone, or by post if they prefer. If they have not recovered capacity, the member of the research team will ask you to complete the two questionnaires on your relative’s behalf either by telephone, or by post if you prefer.At 4 months after entry into the studyIf your relative has not recovered capacity at 1 month after entering the study, we will contact you at 4 months and follow the same procedure as detailed above for 1 month.We will also use information collected in your relative’s medical notes during their hospital stay and for up to four months. All data for the study will be identified by anonymous codes rather than your relative’s name. |
| **What are the possible benefits of taking part?** |
| There are no direct benefits to your relative taking part in this study, but the results from this study might help to improve the healthcare of patients like your relative in the future. |
| **What are the possible disadvantages of taking part?** |
| At the moment there is uncertainty how best to treat anaemia with blood transfusions for people with a hip fracture and either of the approaches used in this study might be used by doctors. Correcting anaemia with blood transfusions (the ‘liberal’ group in our trial) might help heart function and give people more energy to get out of bed. However, any blood transfusion also carries small risks.  These include, breathing problems and rare transfusion reactions (for example a fever or rash). Serious complications are very rare indeed.  We currently don’t know whether a higher or lower blood count level is best for reducing complications overall and improving your relative’s recovery after surgery, which is why we are doing this trial. We will closely monitor what happens to participants in both groups to make sure that we find out about any problems quickly and treat them appropriately. If your relative were to need an emergency blood transfusion, for example due to bleeding, their doctors would be able to give it to them, whatever their blood count. |
| **What if there are any problems?** |
| If you have a concern about any aspect of this study please contact <insert name and contact details here> who will do their best to answer your questions.In the unlikely event that your relative is harmed during the research and this is due to someone’s negligence then you may have grounds for a legal action for compensation against NHS XXXX but you may have to pay your legal costs. The normal National Health Service complaints mechanisms will still be available to your relative (if appropriate). |
| **What will happen if I don’t want my relative to carry on with the study** |
| You are free to withdraw your consent for your relative to participate in this study **at any time** without giving a reason and any study treatment would be stopped. This would not affect the standard of care your relative receives in any other way or their legal rights. The options for withdrawal are:1. Withdrawal from intervention only – permission given to contact participant for follow up questionnaires and to collect information from routine health records for the primary & some secondary outcomes
2. Withdrawal from intervention and any on-going aspects of the trial that require participant contact or completion of questionnaires but permission given to collect information from routine health records for the primary & some secondary outcomes
3. Withdrawal from all aspects of the trial but continued use of data up to that point
 |
| **What happens when the study is finished?** |
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| Your relative will be involved in the study until they have completed their 4-month follow up. We plan to publish the results shortly after all the long term follow ups have been completed, through medical publications, websites, and press releases, individual participants will not be identifiable in any published results. If you have given us permission we will send you a summary of the results at the end of the study We will make a summary of the findings of our study available on our website:<https://www.ed.ac.uk/usher/edinburgh-clinical-trials/our-studies/all-current-studies/RESULT-Hip> |

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| **Who is organising and funding the research?** |
| This study has been sponsored by the University of Edinburgh and NHS Lothian. The study is being funded by the National Institute for Healthcare Research – Health Technology Assessment Programme (NIHR – HTA).  |
| **Who has reviewed the study?** |
| All research in the NHS is looked at by an independent group of people called a Research Ethics Committee. A favourable ethical opinion has been obtained from <<XXXXXXXX>> Research Ethics Committee. NHS Management Approval has also been given. Former patients and relatives and the Lothian Patient Advisory Group also helped us design this trial.  |
| **Researcher Contact Details** |
| If you have any further questions about the study please contact <insert name> on <insert phone number> or email on: <insert email address>.  |
| **Independent Contact Details** |
| If you would like to discuss this study with someone independent of the study please contact <insert contact details>. |
| **Complaints** |
| If you wish to make a complaint about the study please contact:<insert contact details> to be adapted depending on research site. Find below the example for NHS Lothian Patient Experience Team2 – 4 Waterloo Place, Edinburgh, EH1 3EG feedback@nhslothian.scot.nhs.uk 0131 536 3370 |

**Further information on Data Protection arrangements**

All the information we collect during the course of the research will be kept confidential and there are strict laws which safeguard your relative’s privacy at every stage. We will write to your relative’s General Practitioner (GP) to let them know that you have agreed for your relative to take part in the study.

All information and samples will be stored by the University of Edinburgh and the Edinburgh Clinical Trials Unit. They would only be transferred to other researchers after all necessary approvals were in place.

In order to monitor and audit the study we will ask your consent for research representatives from the study sponsors to access your relative’s medical records and data collected during the study, where it is relevant to taking part in this research.

We may link records about your relative with nationally held databases to find out about their health status over a longer period without having to contact them directly, but this would only be done after all necessary approvals were in place. In order to identify your relative on these databases we will collect their Community Health Index (CHI) number (participants in Scotland only) or their hospital number (for all other UK participants). The Community Health Index (CHI) is a population register, which is used in Scotland for health care purposes. The CHI number uniquely identifies a person on the index.

**How will we use information about your relative?**

We will need to use information from your relative’s medical records for this research project.

This information will include your relative’s

* Name and Initials
* Contact details - Address, Telephone number;
* Gender
* Ethnicity
* Date of Birth
* NHS or CHI (Community Health Index) number (participants in Scotland only).

People will use this information to do the research or to check your relative’s records to make sure that the research is being done properly.

People who do not need to know who your relative is will not be able to see their name or contact details. Their data will have a code number instead.

We will keep all information about your relative safe and secure.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that your relative took part in the study.

### **What are your choices about how your relative’s information is used?**

* You can stop your relative being part of the study at any time, without giving a reason, but we will keep information about them that we already have.
* If you choose to stop your relative taking part in the study, we would like to continue collecting information about their health from their hospital and central NHS records. If you do not want this to happen, tell us and we will stop.
* We need to manage your relative’s records in specific ways for the research to be reliable. This means that we won’t be able to let you see or change the data we hold about your relative.
* If you agree for your relative to take part in this study, you will have the option for them to take part in future research using the data saved from this study.

### **Future Studies**

If you agree to take part in this study, you will have the option to take part in future research using your data saved from this study. This research may use your identifiable data and/or blood samples or it may use non-identifiable (anonymised) data. Generally, your data would only be shared with researchers within the United Kingdom. However, some research involves collaborating with researchers in different countries. In these studies, your non-identifiable data may be shared with researchers outside the United Kingdom. We will only share your data with your permission.

### **Where can you find out more about how your relative’s information is used?**

You can find out more about how we use your relative’s information:

* at www.hra.nhs.uk/information-about-patients/ [www.hra.nhs.uk/information-about-patients/](https://www.hra.nhs.uk/information-about-patients/)
* From our leaflet available from **www.hra.nhs.uk/patientdataandresearch**
* by asking one of the research team
* by contacting the Data Protection Officer at either
* University of Edinburgh. Email dpo@ed.ac.uk or call 0131 651 4114
* NHS Lothian : Lothian.DPO@nhs.net or call 0131 465 5444

The impact of **RES**trictive vers**U**s LIbera**L** **T**ransfusion strategy on cardiac injury and death in patients undergoing surgery for **Hip** Fracture (RESULT-Hip)

**PARTICIPANT CONSENT FORM**

**Nearest Relative/Guardian or Welfare Attorney (Scotland)**

**Witnessed TELEPHONE consent**

**Read the statements to the person giving consent and initial box if they verbally agree**

|  |  |
| --- | --- |
|  | Please **initial** box RES = ResearcherWIT = WitnessREL= Relative/WG/WA |
|  | **RES** | **WIT** | **REL** |
|  | 1. I confirm that I have been consulted about my relative’s participation in the RESULT-Hip study. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily.
 | ⬜ | ⬜ | ⬜ |
|  | 1. I understand that my relative will be allocated to one of two transfusion groups (randomised) if their blood count falls to 90g/L or less.
 | ⬜ | ⬜ | ⬜ |
|  | 1. I understand that my relative’s participation is voluntary and that I am free to withdraw my relative at any time without giving any reason and without my relative’s medical care and/or legal rights being affected.
 | ⬜ | ⬜ | ⬜ |
|  | 1. I give permission for the research team to access my relative’s medical records for the purposes of this research study
 | ⬜ | ⬜ | ⬜ |
|  | 1. I understand that relevant sections of my relatives medical notes and data collected during the study may be looked at by individuals from the Sponsor (University of Edinburgh and/or NHS Lothian), from regulatory authorities or from the NHS organisation where it is relevant to my relative’s taking part in this research. I give permission for these individuals to have access to my relative’s data and/or medical records.
 | ⬜ | ⬜ | ⬜ |
|  | 1. I understand that my relative’s personal information (including name, address, date of birth, telephone number and consent form) will be passed to the University of Edinburgh and Edinburgh Clinical Trials Unit for administration of the study.
 | ⬜ | ⬜ | ⬜ |
|  | 1. I understand that my relative’s Community Health Index (CHI) number/hospital number will be collected and passed to the University of Edinburgh and Edinburgh Clinical Trials Unit.
 | ⬜ | ⬜ | ⬜ |
| 1. I agree for my personal information (name, address and telephone number) to be collected and passed to the University of Edinburgh and Edinburgh Clinical Trials Unit for administration of the study.
 | ⬜ | ⬜ | ⬜ |
|  | 1. I agree to my relative’s General Practitioner being informed of their participation in this study.
 | ⬜ | ⬜ | ⬜ |
|  | 1. I understand that data collected about my relative during the study may be converted to anonymised data.
 | ⬜ | ⬜ | ⬜ |
|  | 1. I agree for my relative to provide blood samples for this study which will be used for research purposes.
 |  ⬜  | ⬜ | ⬜ |
|  | 1. I agree to my relative’s identifiable data and/or blood samples being used for future ethically approved studies within the UK.
 | Yes ⬜ No ⬜ | Yes ⬜ No ⬜ | Yes ⬜ No ⬜ |
|  | 1. I agree to my relative’s anonymised data and/or blood samples being used in future studies within the UK.
 | Yes ⬜ No ⬜ | Yes ⬜ No ⬜ | Yes ⬜ No ⬜ |
|  | 1. I agree to my relative’s anonymised data and/or blood samples being used in future studies outwith the UK.
 | Yes ⬜ No ⬜ | Yes ⬜ No ⬜ | Yes ⬜ No ⬜ |
|  | 1. I agree to the University of Edinburgh contacting me at the end of the study with a summary of the study results
 | Yes ⬜ No ⬜ | Yes ⬜ No ⬜ | Yes ⬜ No ⬜ |
|  | 1. I agree for my relative to take part in the above study.
 | ⬜ | ⬜ | ⬜ |

Reason for using witnessed consent:

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The Personal Representative confirmed that they are the Nearest Relative for

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and that no other nearest relative or welfare attorney or guardian exists.

Relationship to participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Or**

The Personal Representative confirmed that they are the Welfare Attorney or Guardian for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Participant)

***Please complete declaration on following page***

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name of person receiving consent)

confirm that I have read and explained the content of *the RESULT-Hip PISCF Nearest Relative/Guardian/Welfare attorney (Scotland) Version 4 03May2023* to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_(name of Nearest Relative/Guardian /Attorney)

and they have had any questions answered.

I confirm that to the best of my knowledge they understand the information and are willing for their relative/ward/person they are consenting for to participate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person receiving consent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person witnessing consent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person witnessing consent (please print)

*(At the nearest relative/ guardian/welfare attorney convenience)*

**Relative /Guardian/Welfare attorney**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person giving consent Date

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Name of person giving consent (please print)