

Freedom of Information Act 2000 (FOIA)

Decision notice

Date: 20 June 2012

Public Authority: Guy's and St Thomas' NHS Foundation Trust
Address: Great Maze Road
London
SE1 9RT

Decision (including any steps ordered)

1. The complainant has requested statistics relating to *Pseudomonas* infections from Guy's and St Thomas' NHS Foundation Trust ("the Trust").
2. The Commissioner's decision is that the Trust has provided all the information it holds in relation to the request. He requires no steps to be taken.

Request and response

3. On 30 July 2011, the complainant wrote to the Trust and requested information about "*Pseudomonas Urinary Disease – 1 January 2010 to date*" in the following terms:
 1. *"The number of patients who were known to have had the above disease whilst in St Thomas' Hospital?"*
 2. *Of those listed above how many of them contracted the disease as in-patients with the date of diagnose for each?"*
 3. *How many of the patients listed at 2 above died whilst still infected with the disease whether or not the disease was listed as cause of death?"*
 4. *How many of those listed under 3 above died as a direct result of the disease?"*
 5. *A list of antibiotics prescribed for each of those patients who contracted the disease as in-patients?"*

Separately I would also wish to be supplied with the above information with regard to Page Ward covering the same time period of time."

4. The Trust acknowledged this request on 22 August 2011 and apologised for the delay in responding, assuring the complainant the request would now be processed within 20 working days. However, after receiving no response the complainant chased this up on 23 September 2011. The Trust then responded on 26 September 2011.
5. In its response the Trust explained that it had taken "*Pseudomonas Urinary Disease*" to mean the presence of *Pseudomonas* bacteria in urine samples for the specified period, including patients with the bacteria present who displayed no adverse symptoms and those who displayed infectious symptoms and required treatments.
6. The Trust provided figures for parts 1, 2, 3 and 4 of the request as set out in the table below:

Question number	No of patients	Page Ward
1	250	16
2	166	15
3	52	5
4	0	0

7. In relation to the request for diagnosis dates under part 2, the cause of death requested under part 3 and the information on antibiotics requested under part 5 of the request; the Trust stated this information would need to be manually retrieved and would take more than 18 hours, therefore exceeding the cost limit under section 12 of the FOIA.
8. The complainant wrote to the Trust on 29 September 2011 to ask for an internal review. In particular, she did not accept that it would take 18 hours to supply the remaining information especially just for Page Ward. The complainant therefore asked the Trust to supply the remaining information for Page Ward only.
9. The Trust responded to the refined request on 28 October 2011 and provided two tables of information relating to the patients on Page Ward found to have *Pseudomonas* present in their urine. The tables showed the number of patients from whom the Trust was able to isolate *Pseudomonas* species in urine samples and the date of the urine samples including information on whether the patient was symptomatic, whether the patient died with the bacteria still present and antibiotics prescribed. In a second table a more detailed list of antibiotics prescribed was provided although the Trust had been unable to provide this for all 17 patients identified in part 1 of the request as some information was missing.

10. The complainant remained unhappy with this response and wrote to the Trust again on 8 November 2011. The Trust responded 18 November 2011 indicating there was nothing further it could add.

Scope of the case

11. The complainant contacted the Commissioner to complain about the way her request for information had been handled. The complainant was particularly concerned with the way the Trust had interpreted the requests for information. Specifically she commented that the Trust had taken the request to be for the presence of *Pseudomonas* in urine samples rather than for statistics on patients with *Pseudomonas* Urinary Disease.
12. The complainant was also concerned about the information that the Trust had been unable to provide in response to part 5 of her request and whether the figures provided in response to the other parts of the request included individuals who had the bacteria present prior to January 2010 but were still receiving treatment during the period covered by the request.
13. The Commissioner considers the scope of his investigation to be:
 - To determine the reasons for the Trust's interpretation of the scope of the complainant's request;
 - With regards to part 3; to establish whether the information provided also included patients who had the infection prior to January 2010 and were still being treated during the time period of the request and, if so, whether they still had the bacteria present in their urine when they died
 - With regards to part 2; to establish whether the date of diagnosis is the same as the date of the urine sample or the start date for the administration of the antibiotics or if further information is held showing this and, if so, why this has not been provided.
 - With regards to part 5; to establish what searches the Trust carried out to try and locate the missing information from the table showing the drugs administered to the 17 patients identified in part 1.

Reasons for decision

14. Section 1(1)(a) of FOIA states that:

"any person making a request for information to a public authority is entitled –

a. *to be informed in writing by the public authority whether it holds information of the description specified in the request, and*

b. *if that is the case, to have that information communicated to him."*

15. The Commissioner has considered whether the Trust has complied with this section of the FOIA and has provided all the information it holds in relation to the request.
16. In determining this, the Commissioner firstly wrote to the Trust to establish the Trust's basis for interpreting the request as a request for statistics on the presence of *Pseudomonas* specimens in urine samples rather than for statistics on *Pseudomonas* disease (as the request is worded).
17. The Trust explained that "*Pseudomonas* urinary disease" is not a known medical term; *Pseudomonas* is an organism which can cause infections and not a disease in itself. The Trust therefore interpreted the request as being a request for statistics on the presence of *Pseudomonas* in urine samples as determined by culturing a urine sample. By interpreting the request in this way the Trust argues that it was able to identify all patients with symptomatic *Pseudomonas* urinary tract infections that went on to receive treatments and patients with asymptomatic (had the organism present but were not unwell) contaminated urine samples.
18. The complainant has argued that *Pseudomonas* is a disease and therefore the Trust was wrong to interpret the request in this way. However, the Commissioner is not in a position to question the Trust's assurances that this is not a known medical term and furthermore he has taken account of the definition of *Pseudomonas* in medical dictionaries. *Pseudomonas* is a general term used to refer to any of a number of genus of bacterium. Most commonly *Pseudomonas aeruginosa* can cause infections in humans, most commonly in people who are already ill, often in hospitals.
19. The Commissioner is therefore satisfied that this tends to support the Trust's interpretation of the request and the Trust took steps to clarify this with the complainant and interpret the request in a way which encompassed a broad range of information.
20. In respect of part 1 of the request – the number of patients with the disease on Page Ward – the Trust answered this by providing the number of patients identified as having *Pseudomonas* present in their urine samples within the specified time period.
21. The Commissioner is satisfied that the Trust has responded fully to this part of the request. The request asked for quantitative information (a figure) and the Trust provided this and met its obligation under the FOIA with regards to part 1 of the request.
22. To answer part 2 of the request – how many of the patients identified in (1) contracted the disease and the date of diagnosis – the Trust explained that

the '48 hour rule' applies i.e. an infection diagnosed 48 hours after hospital admissions is considered to have been contracted in the hospital. The Trust therefore provided a figure of 16 patients (out of the 17 identified) in response to part 2 of the request.

23. The complainant had concerns about the way this part of the request had been answered and did not consider that the Trust had specifically provided the date of diagnosis. The Commissioner therefore wrote to the Trust and asked it to clarify if the date the urine sample was taken or the start date for administration of antibiotics was also the date of diagnosis or if this information was held separately and had not been provided to the complainant for a particular reason.
24. The Trust has now confirmed that the date of diagnosis is generally regarded as the date that the sample is collected. The Trust therefore provided this date in the table provided to the complainant. The Commissioner considers this could have been made clearer to the complainant, however as this information was included in the table he is satisfied the Trust complied with this part of the request.
25. Part 3 asked for the number of patients who died whilst still infected with the disease and the Trust confirmed that one patient from the 17 had died with *Pseudomonas* still present in their urine. The Commissioner notes that this was a quantitative question and by providing a figure in response the Trust had complied with this part of the request.
26. The complainant had concerns that this figure did not make it clear whether patients infected prior to January 2010 who were still being treated during the time period of the request and subsequently died, had the bacteria present in their urine. The Trust has explained they consider this to be different to the information requested by the complainant (the number of patients known to be infected as in-patients who died with the bacteria still present in their urine).
27. The complainant had asked for numbers of in-patients contracting the infection *from* January 2010 and the Commissioner therefore accepts the Trust's arguments that information on patients infected prior to January 2010 but still receiving treatment during the time period specified would not be within the scope of the request.
28. Part 5 of the request asked for a list of antibiotics prescribed for each of the individual patients. The Trust provided the complainant with a list of antibiotics prescribed to the 17 patients with some information missing. The Trust acknowledged that drug charts were missing for some of the patients but stated that it had provided all the information it could locate.
29. The Commissioner asked the Trust to explain the scope, thoroughness and results of the searches it carried out to locate the information requested in part 5 of the request. The Trust, having re-examined the request identified

records for a further 4 patients, with records for 2 patients still unable to be located. The Trust explained that in order to identify the antibiotics prescribed for treating the *Pseudomonas* infection in the patients identified it relied on drug charts and patient notes. In the case of the 2 missing records, the Trust was unable to locate the drug charts and the patient notes did not contain any further information on anti-pseudomonal antibiotics prescribed.

30. In attempting to identify the information requested in part 5 a consultant microbiologist performed a review of all drug charts in all patient notes which the Trust considered as being the most robust way of finding out what medication and treatment a patient has received. In addition to try and trace this missing information searches were carried out through networked resourced clinical results. The Senior Clinical Quality Analyst conducted the searches of data held in networked databases recording hospital activity.
31. The Trust has still been unable to identify the drug charts for the two remaining patients and has therefore been unable to provide information on the antibiotics administered to these two patients.
32. Having taken into account the explanations offered by the Trust as well as the submissions put forward by the complainant, the Commissioner considers that the Trust has answered each part of the complainant's requests and has provided all the information it holds.
33. Therefore the Commissioner considers that the Trust has complied with section 1 of the FOIA.

Right of appeal

34. Either party has the right to appeal against this decision notice to the First-tier Tribunal (Information Rights). Information about the appeals process may be obtained from:

First-tier Tribunal (Information Rights)
GRC & GRP Tribunals,
PO Box 9300,
LEICESTER,
LE1 8DJ

Tel: 0300 1234504

Fax: 0116 249 4253

Email: informationtribunal@hmcts.gsi.gov.uk

Website: www.justice.gov.uk/guidance/courts-and-tribunals/tribunals/information-rights/index.htm

35. If you wish to appeal against a decision notice, you can obtain information on how to appeal along with the relevant forms from the Information Tribunal website.
36. Any Notice of Appeal should be served on the Tribunal within 28 (calendar) days of the date on which this decision notice is sent.

Signed

Pamela Clements
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