

# Tracking anti-microbial resistance across care settings in Liverpool (TRACS- Liverpool) - Part 1

<b>Submission date</b> 09/12/2021	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 17/12/2021	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 30/03/2022	<b>Condition category</b> Infections and Infestations	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

This mixed methods study is the first stage of a programme of research looking at how antimicrobial resistance is acquired and transmitted within care settings in Liverpool. Antimicrobial resistance (AMR) threatens the effectiveness of antibiotics that are widely used in modern medicine. Some resistant bacteria pose a particular threat, namely a group called Enterobacterales. These bacteria become resistant to antimicrobials when they acquire genes that enable the bacteria to produce enzymes that destroy antibiotics. People frequently carry these resistant bacteria without knowing. But in some cases they cause illness that can be life threatening or untreatable.

Although we understand how people can acquire these bacteria – either through direct exposure, such as swallowing them, or through exposure to antibiotics; it is less clear when and how these resistant bacteria are transmitted.

We know that people requiring frequent hospital admissions, or who live in long term care facilities are at particular risk of acquiring resistant bacteria.

We also know that rates of antimicrobial resistance are higher in the north-west than in the rest of the UK.

In order to be able to accurately plan and explore the problem of antimicrobial resistance locally we first need to understand it.

### Who can participate?

Health professionals working in institutions that operate in Merseyside with knowledge and experience relevant to the research questions.

### What does the study involve?

We will interview up to 50 key informants from local health and care organisations in order to gain a deeper understanding of how the hospital and care systems work locally. These participants will be identified by their key roles within health and care settings across Liverpool and will be invited to take part accordingly.

We will compare this information with specific datasets about antimicrobial resistant infection rates from selected local hospitals.

Combining these different sources of information will allow us to identify how and where potential transmission may be occurring. We can then accurately plan how to explore this further in the next stage of the research.

What are the possible benefits and risks of participating?

None

Where is the study run from?

Liverpool School of Tropical Medicine (UK)

When is the study starting and how long is it expected to run for?

October 2021 to September 2022

Who is funding the study?

UKRI Strength in Places Fund (UK)

Unilever (UK)

Who is the main contact?

Maria Moore, maria.moore@lstmed.ac.uk

## Contact information

### Type(s)

Public

### Contact name

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Scientific

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## **Additional identifiers**

### **Clinical Trials Information System (CTIS)**

Nil known

### **Integrated Research Application System (IRAS)**

309060

### **ClinicalTrials.gov (NCT)**

Nil known

### **Protocol serial number**

Sponsor 21-089, IRAS 309060, CPMS 51757

## **Study information**

### **Scientific Title**

Tracking anti-microbial resistance across care settings in Liverpool (TRACS-Liverpool) Part 1: informing the design and development of an observational cohort study

### **Acronym**

TRACS - Liverpool: Part 1

### **Study objectives**

Rationale for the study:

1. To inform the development of survey questions for a future longitudinal cohort study.
2. To inform the development of the sampling and recruitment strategies for the longitudinal cohort study.
3. To estimate rates of ESBL-E/CPE acquisition and infection in two Liverpool acute hospitals to inform sample size calculations.
4. To scope and document relevant routine and secondary data sources on local ESBL-E/CPE transmission
5. To document key informants' perspectives on the acceptability of the Part 2 study and how to improve it.
6. To map facility infrastructure, describe patient journeys within and between care facilities, and suggest how these might affect ESBL-E/CPE acquisition and prevention.
7. To review and summarise infection control policies for ESBL and CPE and suggest how these might be linked to protection from or acquisition of ESBL/CPE

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Approved 16/02/2022, North West - Greater Manchester South Research Ethics Committee (3rd Floor, Barlow House, 4 Minshull Street, Manchester, M1 3DZ; +44(0)207 104 8143; gmsouthrec@hra.nhs.uk), ref:22/NW/0032

### **Study design**

Observational cohort study

### **Primary study design**

Observational

### **Study type(s)**

Other

### **Health condition(s) or problem(s) studied**

Infection control

### **Interventions**

Following enrolment participants will undertake a single semi-structured interview with the research team. This may be online or face-to-face. This will complete their involvement in the study.

### **Intervention Type**

Other

### **Primary outcome(s)**

1.1. Estimate rates of ESBL-E/CPE acquisition and infection in two Liverpool acute hospitals, using readily available routine data sources at a single time point

Measured using interviews at a single time point:

2.1. Scope and document relevant routine and secondary data sources on local ESBL-E/CPE transmission.

2.2. Document key informants' perspectives on the acceptability of the Part 2 study and how to improve it.

2.3. Map facility infrastructure, describe patient journeys within and between care facilities, and suggest how these might affect ESBL-E/CPE acquisition and prevention.

2.4. Review and summarise infection control policies for ESBL and CPE and suggest how these might be linked to protection from or acquisition of ESBL/CPE

### **Key secondary outcome(s)**

There are no secondary outcome measures

### **Completion date**

30/09/2022

## **Eligibility**

### **Key inclusion criteria**

1. Male or female aged 18 years or above
2. Health professionals working in institutions that operate in Merseyside
3. Having knowledge and/or experience to share on the research questions
4. Able to facilitate access to relevant data required in the study
5. Willing and able to give informed consent for participation in the study

**Participant type(s)**

Health professional

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Key exclusion criteria**

1. Not willing or available to participate in the study

**Date of first enrolment**

01/02/2022

**Date of final enrolment**

30/04/2022

**Locations****Countries of recruitment**

United Kingdom

England

**Study participating centre****Royal Liverpool Hospital**

Liverpool University Hospitals Foundation NHS Trust

Prescot Street

Liverpool

United Kingdom

L7 8XP

**Study participating centre**

**NHS Liverpool CCG**  
2 Renshaw Street  
Liverpool  
United Kingdom  
L1 2SA

## Sponsor information

**Organisation**  
Liverpool School of Tropical Medicine

**ROR**  
<https://ror.org/03svjbs84>

## Funder(s)

**Funder type**  
Government

**Funder Name**  
UK Research and Innovation

**Alternative Name(s)**  
UKRI

**Funding Body Type**  
Government organisation

**Funding Body Subtype**  
National government

**Location**  
United Kingdom

**Funder Name**  
Unilever

**Alternative Name(s)**  
Unilever Global, Unilever PLC, U

**Funding Body Type**  
Government organisation

## Funding Body Subtype

For-profit companies (industry)

## Location

United Kingdom

# Results and Publications

## Individual participant data (IPD) sharing plan

Data sharing statement to be made available at a later date.

## IPD sharing plan summary

Data sharing statement to be made available at a later date

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">HRA research summary</a>			26/07/2023	No	No