**Article:**
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# Table 1. Summary of primary care data-sharing studies compared and recruitment strategies used

| Recruitment | Study | Recruitment | Experience |
|---|---|---|---|
| Method 1<br>Opt-in | An interrupted time series analysis of depression case finding in coronary heart disease and diabetes (data collected in 2011).[6] | All practices in Leeds, UK, were approached to take part in a time-series analysis of case-finding in depression. A one-off letter of invitation for them to opt-in to the study was sent to practices with the annual IT contract and data sharing agreement from the primary care trust. | Low input required with this single opt-in approach. The invite was bundled with other mandatory documentation about data sharing with the local IT service provider. This produced a good return based on the relatively low resource use required. |
| Method 2<br>Mixed opt-in and opt-out | Opioid prescribing for chronic, non-cancer pain (2012). | All practices in Leeds and Bradford, UK, using the SystmOne electronic record module were approached with a combination of letters, emails and phone calls inviting practices to opt-in to sharing data on opioid prescribing. Practices who had not responded at all were sent an additional opt-out letter. If they did not opt out at this stage their data was included in analysis. | Multiple contacts with practices to encourage opt-in was producing poor recruitment despite being time and resource intensive. Discussion with steering group and ethics committee suggested a change to an opt-out period for those not responding to earlier requests, optimizing recruitment and preventing compromise of the study quality and validity. |
| Method 3<br>Opt-out | Adherence to clinical guideline recommendations (2013).[7] | A random selection of practices in West Yorkshire, UK, using the SystmOne electronic record module were approached for the study. Selected practices were sent emails and letters via recorded delivery inviting them to take part in the study and they only needed to reply if they did not wish to share data on measures of clinical guideline use. | Based on earlier experience this study used an opt-out recruitment process. Reminder letters stated that if no response during the opt-out period then practice data would be used, although they could choose to opt out of the study at any future point. Less resource use required compared to intensive mixed strategy. Well received by the ethics committee as an appropriate method. |