

General Practice Extraction Service (GPES)

Customer requirement: NHS England – *care.data*

Addendum

Addendum Reference Number: NIC-178106-MLSWX.A0913

September 2013

Version 1.0

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1. Introduction

This document is an addendum to NHS England's existing GPES customer requirement for the *care.data* general practice extract (version 2.1, HSCIC reference NIC-178106-MLSWX), which was recommended to proceed to extraction by the GPES Independent Advisory Group on 27 March 2013. This recommendation to proceed was subsequently endorsed by the Health and Social Care Information Centre (HSCIC).

The endorsed GPES customer requirement limits the range of organisations that are eligible to apply to use the linked data sets (Hospital Episode Statistics and general practice data extracted through GPES, known together as the "Care Episode Service", or CES). This addendum proposes that applications may be considered by the HSCIC from all organisations, subject to their eligibility as determined through the HSCIC's governance processes. Such organisations may include research bodies, information intermediaries, companies, charities, and others.

NHS England does not at this stage seek to change the number or type of data items extracted from general practices using GPES, or the processing that the HSCIC will carry out to link these general practice data to the Hospital Episode Statistics data set in order to form the CES.

This addendum does not propose the disclosure of any personal confidential data (also known as identifying data or identifiable data) from CES by the HSCIC to any audience. All identifiers (such as date of birth and post code) will be removed before any data are disclosed by the HSCIC.

2. Information Governance (IG) assessment

The Health and Social Care Information Centre (HSCIC) Information Governance Assessment of the endorsed March 2013 GPES customer requirement assessed it to be "identifying". The reasons for this assessment were set out in the risk assessment in section 2.3.1 of the Information Governance Assessment.

A new Information Governance Assessment has been completed for this addendum (NIC-178106-MLSWX.A0913), and can be found in this IAG pack.

3. Why an addendum and not a new GPES Customer Requirement Summary?

The detail of the GPES Customer Requirement Summary submitted to the GPES Independent Advisory Group meeting on 27 March 2013 remains the same in this addendum, with the sole exception of the widening of the eligible audience for linked data extractions as set out in Section 4 below.

It is recommended that the Customer Requirement Summary be read before reading this addendum in full. It is available at <http://www.hscic.gov.uk/article/1858/GPES-Independent-Advisory-Group>.

4. Strategic business case

The March 2013 GPES Customer Requirement Summary for *care.data* sought to create a linked data set of general practice and Hospital Episode Statistics data in order to *“ensure that commissioners, providers and researchers can obtain a more complete and balanced picture of the care being delivered to NHS patients, since the information will now be linked across primary and secondary care. An analysis of linked data is essential for commissioning integrated care, which in turn is essential for reducing fragmentation in the NHS.”*¹

Although the *care.data* Customer Requirement Summary makes reference to data for research purposes, it was subsequently clarified by NHS England, and confirmed to the GPES Independent Advisory Group, that the research community was not included at that time.

In the meantime, NHS England and the HSCIC have been approached by a number of organisations that use the HSCIC’s Hospital Episode Statistics (HES) managed extract service to express their disappointment that the original submission only requested access to the data for commissioners. These organisations include Diabetes UK, the Nuffield Trust, Cancer Research UK, University Hospitals Birmingham NHS Foundation Trust, Caspe Healthcare Knowledge Systems (CHKS), the National Cancer Registration Service, and Arthritis Research UK.

Therefore, this addendum requests that access now be granted by the HSCIC to a wider audience, including researchers, on a case by case basis. This access will be managed by the Data Linkage and Extraction Service within HSCIC. (GPES will not manage this applications and approvals process.)

In addition to the benefits of extracting this data for commissioning purposes (as set out in the customer benefits plan from March 2013), NHS England has identified a number of additional benefits that expansion of the audience base is expected to realise, and these are documented in the Customer Benefits Plan for this addendum.

¹Health and Social Care Information Centre, 2013. *General Practice Extraction Service (GPES): Customer Requirement Summary: NHS Commissioning Board: care.data (version 2.1)* [pdf] Available at [http://www.hscic.gov.uk/media/11468/Customer-Requirement-Summary/pdf/care.data_Customer_Requirement_Summary_-_Feb_2013_\(NIC-178106-MLSWX\).pdf](http://www.hscic.gov.uk/media/11468/Customer-Requirement-Summary/pdf/care.data_Customer_Requirement_Summary_-_Feb_2013_(NIC-178106-MLSWX).pdf). [Accessed 12 August 2013].

4.1 How the data will be used by the customer

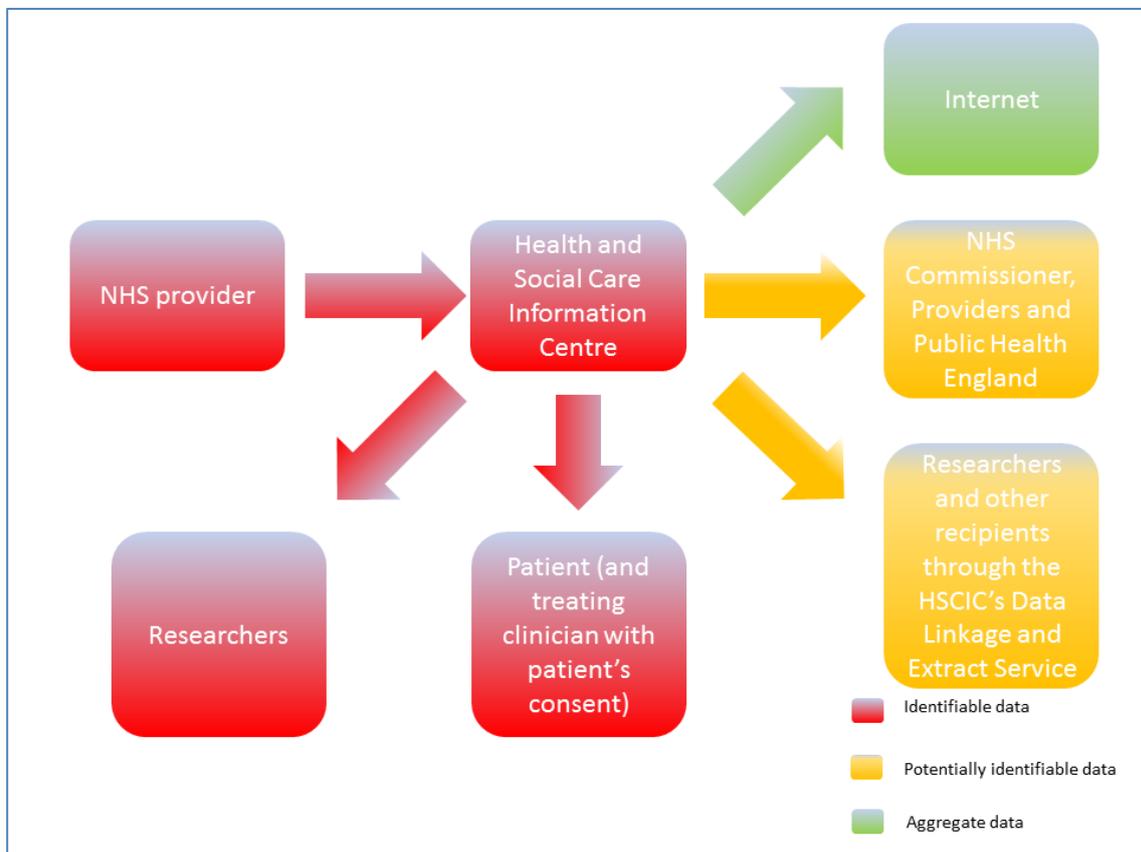
NHS England committed in March 2013 that for the linked general practice and HES data set:

- Outputs of aggregate data would be made (without risk of identification of patients, and with small number suppression, in line with ICO guidance).
- Outputs of potentially identifiable data would be made for commissioning purposes only.
- Outputs of identifiable data would not be made.

Proposed changes under this addendum

This addendum seeks to increase the range of eligible recipients who may apply to the HSCIC for access to CES linked data in the form of disclosures of “potentially identifiable data” in pseudonymous form (i.e., data that could be considered identifiable if published but are considered non-identifying when released into a controlled environment).

This change can be shown through the inclusion of the amber box entitled “Researchers and other recipients through the HSCIC’s Data Linkage and Extract Service” in the following diagram. Under this data flow, “potentially identifiable data” in pseudonymous form can be disclosed by the HSCIC.



4.2 Out of scope of this addendum: providing pseudonymised data for linkage

Identifiable data (as shown by the red flows in the diagrams above) will not be disclosed by the HSCIC under this addendum, even where customers can provide evidence of a legal basis for access to identifiable data such as patient consent or an approval under Section 251 of the NHS Act 2006, which allows the common law duty of confidentiality to be set aside in specific circumstances where anonymised information is not sufficient and where patient consent is not practicable.

Many research customers seek to provide the HSCIC with the demographic details of a cohort of patients about whom they are seeking data, in order for the HSCIC to provide data on those specific patients. Often, the researchers will already have access to other data about the patients, and will be seeking to link those data to data held by the HSCIC. In these circumstances, research customers will often know the identities of the patients in the cohort (e.g., because the patients have consented to be involved in a research initiative), and the patients have consented to the data in their clinical records being accessed by the researchers as part of that research initiative.

The data disclosed by the HSCIC would not be readily identifiable on their own, but might be identifiable to the customer since they could use other data that they hold to re-identify the patients.

In these circumstances, this disclosure of pseudonymised data would be considered to be a flow of "identifiable data" (shown in red in the diagram above), and will therefore be specifically prohibited under this addendum.

4.3 Classification of requests to access the CES linked data set

This addendum details the benefits of widening access to the data extract in pseudonymised form only, for purposes beyond commissioning.

These purposes have been categorised into the following classes:

- Health intelligence
- Health improvement
- Audit
- Health service research
- Service planning, management and improvement

Customers will be asked to provide details of how their application fits within these purposes.

4.4 How NHS England would expect the data to be used

The following list provides details of how NHS England would expect the data to be used:

1. Comparisons of disease prevalence/and or incidence
2. Comparisons of outcomes of different treatments
3. Comparisons of trends over time

Using pseudonymous data to examine different areas of the country, different diseases or conditions or trends over time. (For example, how many people have diabetes in a region? Has the number of people with diabetes increased over time?)

4. Use of data for cohort studies

A cohort study identifies two or more groups of people and follows them over a period of time to see how their exposures affect their outcomes. This type of study is often used to look at the effect of suspected risk factors that cannot be controlled experimentally, for example the effect of smoking on lung cancer, or for assessing the impact of a preventive intervention in real-world settings.

An example could be to compare a group of patients with similar characteristics who have received a specific medication with a group of patients with similar characteristics who have not received this medication.

5. Development of tools that can be used to describe the prevalence and/or incidence of different diseases and conditions, or patterns of care and treatment outcomes:
 - a. Data visualisations
 - b. Clinical dashboards
 - c. Needs assessments
 - d. Intelligence reports

Raw data can take time to interpret and require experts to provide meaningful analysis. When looking at large amounts of data, e.g. patients on a regional basis, it would be impossible to draw conclusions from the data without software and tools. Such tools mean that pseudonymised data can be presented to those planning services, clinicians and patients in a visual and user friendly format. This means that patterns of disease or patient outcomes for example, can be viewed in charts/dashboards in a timely way so that action can be taken to

improve care.

6. Development of tools that can be used to detect historic relationships which can be used to predict future events:
 - a. Predictive risk models
 - b. 'Impactibility' models
 - c. Rules engines
 - d. Risk adjustment techniques
 - e. Resource allocation formulae

Predictive risk models predict the likelihood than an individual will experience an adverse outcome. So they will provide for example, a list of the patients in a GP practice for whom an unplanned hospital admission is most likely so that interventions can be made. (Though this addendum will limit the data available to the design of predictive risk models, since it is out of scope to allow the re-identification of patients, as set out in section 4.2.)

'Impactibility models' look at which interventions are most likely to be effective for different patients.²

Rules engines are computerised tools that automatically detect unnecessary duplication or gaps in care based on evidence based guidelines such as those published by NICE.

Resource allocation formulae ensure that resources are distributed equitably across the NHS based on the needs and characteristics of individual patients.

4.5 Why GPES is the most appropriate service to extract these data

With the GPES customer requirement for *care.data* release 1 proceeding to extraction, it would be a waste of resources to seek identical data for these additional purposes using a different mechanism.

4.6 Benefits realisation

Details regarding the benefits that this requirement will bring to the customer and stakeholders are set out in the Customer Benefits Plan for this addendum (NIC-178106-MLSWX.A0913), as contained in this IAG pack.

² For more details of impactibility models, see Lewis, G.H., 2010. "Impactibility Models": Identifying the Subgroup of High-Risk Patients Most Amenable to Hospital-Avoidance Programs. *Milbank Quarterly*. 2010 June; 88(2): 240–255. Available at <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2980345/>>. [Accessed 27 August 2013.]

5. HSCIC data disclosure process

5.1 The HSCIC's role in handling data

The HSCIC is the “focal point for the collection, linking and secure storage and publication of the core data resources for health and social care...”³

The linked general practice and Hospital Episode Statistics data held in the “Care Episode Service” (CES) will be held by the HSCIC in its Data Management Environment.

The disclosure of data will be managed through the HSCIC's Data Linkage and Extract Service.

The Data Linkage and Extract Service currently handles requests for access to data from a range of data sources, including:

- Hospital Episode Statistics
- Patient Reported Outcome Measures
- Secondary Uses Service Payment by Results
- Mental Health Minimum Data Set
- NHS Registration Data from the Personal Demographics Service
- Cancer Data from the Office for National Statistics
- Mortality Data from the Office for National Statistics

In managing these requests, the HSCIC has a legal responsibility to ensure that:

- There is an appropriate legal basis to permit the release and subsequent processing of data.
- There is an appropriate legal basis for customers to receive the data.
- All necessary approvals are in place.
- Organisations have appropriate arrangements in place to securely handle any data that the HSCIC provides.

5.2 Data to be disclosed

Data are expected to be disclosed from the CES linked data set in three ways:

1. Aggregate data for publication.
2. Standard extracts: cumulative data, delivered on a monthly basis via a subscription service. Users sign up to receive a year's worth of data, delivered in monthly increments.

³Department of Health, 2012. *Informatics: The Future – An organisational summary* [pdf] Available at <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212844/Informatics-the-future_final.pdf>. [Accessed 12 August 2013].

3. Bespoke extracts tailored to the customer's requirements of specified data fields.

This addendum seeks to make linked data available to additional recipients as de-identified data through standard and bespoke extracts. Techniques including pseudonymisation will be used to remove identifiers before data are disclosed by the HSCIC.

Organisations seeking access to the CES linked data set will apply to the HSCIC through the HSCIC's Data Linkage and Extract Service.

The change requested in this addendum is that applications can be made by organisations other than commissioners.

It is out of scope of this addendum to seek to make available personal confidential data (i.e., data in which individuals are identified, or in which there is a high risk of individuals being identified). This remains unchanged from the Customer Requirement Summary for release 1 of the *care.data* general practice extract.

5.3 Additional customer organisations

Examples of additional customer organisations may include:

- Universities and other academic research organisations
- Commercial companies
- Think-tanks
- Medical charities
- Medical Royal Colleges
- Information intermediaries

Each application for data is considered on the merits of the purpose(s) for which the data are being requested, as set out in the purposes and example uses in section 4.3.

5.4 Data Linkage and Extract Service application and approvals process

The application process for the Data Linkage and Extract Service is set out on the data linkage and extract service *applications, approvals and charges* page of the HSCIC website.⁴

5.5 Application form

⁴Health and Social Care Information Centre, 2013. *Data Linkage and Extract Service applications, approvals and charges* [online] Available at <<http://www.hscic.gov.uk/dlesaac>>. [Accessed 12 August 2013].

The application process begins with the completion of the HSCIC's Data Linkage and Extract Service application form by the customer. The application form includes applicant details and details of the requested services. A copy is included for reference as Appendix B to this addendum document, and is published on the HSCIC website.⁵

In addition to completing the HSCIC's Data Linkage and Extract Service application form, applicants for data extracts must also complete the data form(s) relevant to the specific data set(s) being requested. The HSCIC will work with NHS England to develop an appropriate data form (or appropriate data forms) to allow customers to request access to the linked CES data set.

5.6 Approvals process

The HSCIC has a standard application and approvals process for access to linked data. This is managed by the HSCIC's Data Linkage and Extract Service, with support from the Information Assurance directorate.

This process includes an assessment of the level of data required to meet a specific purpose. Where the HSCIC feels that an application for pseudonymised data can be met using anonymised, aggregate data this will be discussed with the customer.

All requests must be approved by the person(s) responsible for the dataset(s) (the "information asset owners" who are HSCIC employees), who may seek advice from the HSCIC Information Assurance directorate as part of the approvals process.

Requests for non-personal confidential data that include data items classified as "sensitive"⁶ must in addition be approved by the Data Access Advisory Group (DAAG). DAAG contains a mixture of HSCIC and external staff.⁷ Minutes of DAAG meetings are published on the HSCIC web site.

Note that the *care.data* general practice extract currently excludes Read codes that were classified as sensitive codes during the review of the general practice data set by clinical experts from the Joint GP IT Committee of the BMA and RCGP. These sensitive codes are not extracted from general

⁵Health and Social Care Information Centre, 2013. *HSCIC Data Linkage and Extract Service Application Form* [Microsoft Word document] Available at <http://www.hscic.gov.uk/media/12003/Data-Linkage-and-Extract-Service-application-form/doc/Application_Form_v_0_11.docx>. [Accessed 12 August 2013].

⁶"Sensitive" data items are a combination of items of health information that are considered especially sensitive (such as the legal status of a person detained under the Mental Health Act), and items that identify the clinicians involved in the patient's care (such as the consultant code). See: http://www.hscic.gov.uk/media/12072/PID-and-Sensitive-Fields-HES-and-MHMDSv1110613/pdf/pid_and_sensitive_fields_hes_mhmds_v1_110613.pdf

⁷ See: <http://www.hscic.gov.uk/daag>

practice clinical computer systems as part of the GPES data extract for *care.data*.

5.7 Managing applications for access to the CES linked data set

The creation of the CES linked data set is expected to increase the volume of applications to the HSCIC through the Data Linkage and Extract Service.

There is not currently a forum that provides independent review and scrutiny of requests for access to linked data that do not include personal confidential data or sensitive data items. The GPES Independent Advisory Group's Terms of Reference focus on its role in reviewing requests to extract data through GPES, rather than reviewing requests to receive data from the CES linked data set.

NHS England and the HSCIC recognise, however, that this addendum proposes broader uses of general practice data by a wider range of recipient organisations, without specifying every possible example of purposes for which the linked CES data set might be used. A purpose-based approach is therefore suggested. The purposes proposed can be found in section 4.3.

As part of the approvals process, each application will be reviewed by the Data Linkage and Extract Service to ensure that it fits in with one of the proposed purposes of use of the data.

Where the HSCIC considers that the purpose of the application falls within one of these purposes, the application will be managed by the HSCIC. The HSCIC is currently considering how applications that either do not fit within these purposes of data disclosure or are cause of concern will be handled. Views from relevant stakeholders will be sought on how such applications could be handled, including the potential need for independent advice. NHS England and the HSCIC are committed to transparency in relation to any approval process for access to the CES linked data set.

5.8 Data re-use agreements

As part of the application process, customers are asked to sign a data sharing contract and a data sharing agreement, which document the conditions of release, handling, and reuse of the data. These include:

- The period of the agreement
- The data requested (including the data specification)
- Any approvals required
- The purpose for which the data are to be used
- Any specific conditions
- Any specific exclusions
- The data transfer method

- Charges
- User obligations
- Audit
- Storage of data
- Data retention
- Data destruction

The HSCIC's template data sharing agreement is available upon request, and work is underway towards its publication on the HSCIC website.

5.9 Charges for access to the CES linked data set

The HSCIC is publicly funded and operates on a cost recovery basis. It does not charge for data itself but it does apply charges to cover the costs of processing and delivering the HSCIC's service.

Current indicative costs for different Data Linkage and Extract Service products are provided in the Data Linkage Extract Service and Service Charges document.⁸ This document will be updated to include details of any charges to be applied for access to the CES linked data set.

5.10 Register of data disclosures

The HSCIC publishes a register of sensitive data disclosures approved by DAAG.⁹

It does not currently publish a register of non-sensitive data disclosed under the Data Linkage and Extract Service. NHS England and the HSCIC are currently undertaking work towards the publication of such a register for the disclosure of general practice data through the CES linked data set.

⁸Health and Social Care Information Centre, 2013. *Data Linkage and Extract Service Charges 2013/14* [pdf] Available at <<http://www.hscic.gov.uk/media/12443/data-linkage-service-charges-2013-2014-updated/pdf/dles-service-charges-2013.pdf>>. [Accessed 12 August 2013].

⁹ Health and Social Care Information Centre, 2013. *DAAG register of approved applications* [Excel spread sheet] Available from <http://www.hscic.gov.uk/daag>. [Accessed 12 August 2013].

6. Appendix A – Acronyms

Purpose of appendix

The purpose of this appendix is to set out the acronyms and abbreviations, with their corresponding terms, used in this document.

Appendix content

Acronym	Description
BMA	British Medical Association
CES	Care Episode Service
DAAG	Data Access Advisory Group
GP	General Practitioner
GPES	General Practice Extraction Service
HES	Hospital Episode Statistics
HSCIC	Health and Social Care Information Centre
IAG	Independent Advisory Group
IG	Information Governance
NHS	National Health Service
RCGP	Royal College of General Practitioners

7. Appendix B – Data Linkage and Extract Service application form

Purpose of appendix

This appendix provides a copy of the HSCIC Data Linkage and Extract Service application form, the original version of which is available at http://www.hscic.gov.uk/media/12003/Data-Linkage-and-Extract-Service-application-form/doc/Application_Form_v_0_11.docx.

HSCIC Data Linkage and Extract Service

Application Form

Introduction

To apply for a data linkage and/or extract product, applicants must complete this form and the data form(s) relevant to the specific data set(s) to be used in the provision of the requested product.

The specific data forms can be accessed via the following weblink:
www.hscic.gov.uk/dlesapplications

Before commencing an application, we recommend that you familiarise yourself with information about the types of data and products available, the eligibility to apply and the terms and conditions of use. Information can be found at www.hscic.gov.uk/dles

Parts One and Two of this form are mandatory for all applicants. Part Three should only be completed if the applicant will be sending data to the HSCIC as part of the requested product. Part Four can be used for providing additional information about or in support of the application if required.

Please complete this form and the relevant data forms giving as much relevant information as possible. Once completed, please send them to enquiries@hscic.gov.uk.

For additional guidance on completing this form, further information about our products, or to provide feedback on the usability of this form please contact us on tel: 0845 300 6016 or by email to enquiries@hscic.gov.uk. We value your feedback.

Part One: Applicant Details

All applicants must complete this part in full.

1.1 Title of the Project

If applicable please provide the name by which the project will be referred to in any publication.

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1.2 Contact Details of Person with Overall Responsibility for the Project

Please enter the contact details of the person leading the project.

Name:	
Organisation name:	
Telephone:	
Email address:	
Registered company/organisation address:	
Postcode:	

1.3 Location of Data Processing/Storage

Please enter the address(es) where the data will be processed and/or stored (if different):

If there are multiple locations, please give details in section 4.1 Additional Information	Address where data will be stored	Address where data will be processed
Address:		
Postcode		

1.4 Person to Receive Data from HSCIC

Data is delivered using a secure electronic file transfer system. Please provide the name and email address of the person who will be responsible for downloading the data from the HSCIC.

Name:		Email:	
		Telephone:	
Address:			
Postcode			

1.5 Person to Submit Data to HSCIC

If you will be supplying data to be linked, please provide the name and email address of the person responsible for sending it to the HSCIC



Name:		Email:	
		Telephone:	

1.6 Other Users

Please list all users who will have access to record level data (Continue the list in section 4.1 if necessary).

NOTE: Only personnel listed will be authorised to have access to the data.

Name	Organisation (if different to applicant)	Job Title	Address

1.7 Details of the legal entity making this application

Please state whether the legal entity is an Academic institution or non-Academic institution. If your application is successful, we will issue a Data Sharing Contract. Please complete the relevant section below indicating the person or entity you wish to be named as the Licensee for this contract.

A. For Academic Use Only

Do you wish the Licensee to be named as a University or Academic Institute and, if so, do you have the required authority to enter a contractual agreement on the behalf of this Institute?

If 'Yes', please specify the name of the University/Academic Institute that should be named as the Licensee.

If you selected 'No', your application will be categorised as 'Private Individual Academic Research' and the applicant named in Section 1.2 will be named as the Licensee for this request.

Yes

Named Licensee:

No

B. For Non-Academic Use	
<p>Can you confirm that your requesting organisation (as specified above in section 1.2) is a legal corporate entity and is able to enter into this contractual agreement as the named Licensee?</p>	<p>Please Confirm:</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>If you have selected 'No', please specify the organisation that should be named as the Licensee for this data request (e.g. the applicant's Hosting Organisation).</p>	<p>Confirmation of the named Licensee:</p>

1.8 Payment Details					
<p>Please provide contact details of the central accounts/finance department to which invoices should be sent.</p>					
<p>Name of Accounts/Finance dept.:</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Email:</td> <td></td> </tr> <tr> <td>Telephone:</td> <td></td> </tr> </table>	Email:		Telephone:	
Email:					
Telephone:					
Address:					
Postcode					
Does your project have tax exemption?	<p>Yes <input type="checkbox"/> - please provide tax exemption certificate []</p> <p>No <input type="checkbox"/></p>				

Part Two: Details of the Requested Service

All applicants must complete this part in full.

2.1 Purpose, Aims and Intended Reuse

Please provide a statement in no more than 400 words explaining the reasons for requesting access to the data including:

- The aims and any relevant background of your project
- The purpose for requesting the data (e.g. research, service evaluation, audit, etc.)
- How the data will be used
- What will be the outputs of your analysis (e.g. peer review journal, etc.)
- What products will be produced (e.g. a research database or resource, etc.)

NOTE: If the purpose is research, the potential value and public interest are important factors taken into account when considering requests.

Further details will be requested if insufficient information is provided and this will delay your application.

2.2 Service Requirements

Please describe the service you require from the HSCIC specifying what data you require the HSCIC to produce and release. Information on the data held by the HSCIC can be found at www.hscic.gov.uk/dles.

For each dataset required, you will need to complete the relevant additional Data Forms which can be found at www.hscic.gov.uk/dlesapplications.

2.3 Territory of Use

Please select the applicable options below to indicate your intended use of the requested data (please select all the relevant options):

Please confirm the "Territory" in which you wish to utilise the data in the end use of products or services supplied by you.

England

<p><i>* Please note that we may require further information for requests to send the data outside of England.</i></p>	<input type="checkbox"/> UK* <input type="checkbox"/> Europe* <input type="checkbox"/> Worldwide*
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2.4 Intended Market of Re-Use	
Please indicate using the options below, the market(s) for which the requested data will be used, re-used or supplied (tick all boxes that apply);	
HSCIC product or service being requested and used by a NHS or Social Care organisation or other public body in pursuance of its own “public task” objective.	<input type="checkbox"/>
HSCIC product or service to be used by any organisation for the purpose of improving the quality of healthcare management and service delivery in England and NOT involving a commercial transaction.	<input type="checkbox"/>
HSCIC product or service to be used by any organisation for the purpose of improving the quality of healthcare management and service delivery in England and involving a commercial transaction.	<input type="checkbox"/>
All other intended uses including Private sector use (please ensure full details are given in Section 2.2)	<input type="checkbox"/>

Please complete sections 2.5 and 2.6 only if the purpose for requesting the data is **research**. If the purpose is not research, proceed to section 2.7.

2.5 About the Research	
Please indicate below which of the following conditions are applicable to your research project by ticking all conditions that apply.	
This question is used to help us direct your request to the most appropriate team	
Uses patient level information	<input type="checkbox"/>
Has the intention to answer a specific research question	<input type="checkbox"/>
Is intended to benefit public health and/or advance medical science	<input type="checkbox"/>
Is undertaken using a structured methodology, set out in a protocol approved by both an appropriate ethics and scientific approval committee	<input type="checkbox"/>

Will be put in the public domain by peer reviewed or web based publication of results to a regulator	<input type="checkbox"/>
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2.6 Ethical Review

Please indicate whether the relevant ethics committee(s) have been consulted.

Yes – please supply the ethics committee response letter(s) and the associated project/study protocol

No – please explain the reasons:

2.7 Information Security Assurance

To provide assurance that good Information Governance practices are being maintained, the Data Recipient can demonstrate and will allow the HSCIC to audit that it: (please tick appropriate box and provide details)

meets or exceeds the Information Governance Toolkit standards required for its organisation type, where applicable	<input type="checkbox"/>	Please provide organisation code and score:
is Certified against international security standard ISO 27002	<input type="checkbox"/>	Please provide certification details:
has other assurance in place	<input type="checkbox"/>	Please provide details:

2.8 Data Protection Act (DPA) Registration Number

Please provide your DPA Registration Number below.

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Please complete sections 2.9 and 2.10 only if the requested service involves the provision of patient confidential data by your organisation to the HSCIC or by HSCIC to your organisation. If the required output is to be a tabulation or pseudonymised extract, these sections are not applicable, in which case proceed to Part Three of this form.

2.9 Patient Consent

If patient consent for the use of their data has been or is intended to be obtained, please briefly describe the consent model including dates when recruitment started and completed or is expected to start or complete. If patient consent will not be sought, please explain the reasons.

NOTE: Evidence of the consent model must be provided when submitting your application including consent forms and any patient information literature.

2.10 Section 251 NHS Act 2006

If consent has not been obtained, please indicate whether support has been obtained under section 251 of the NHS Act 2006.

Yes - please supply a copy of the approval letter

PIAG/ECC/CAG ref number:

No

NOTE: Any requests for identifiable data and/or sensitive data items will be referred to the [Data Access Advisory Group \(DAAG\)](#). You may be contacted about this if we feel it is necessary. The data items classed as sensitive are defined in the Data Forms specific to each Data Set which can be accessed at www.hscic.gov.uk/dlesapplications

Part Three: Data to be supplied by the customer

This part should only be completed if the applicant intends to supply data to the HSCIC for the purpose of matching and/or linkage.

3.1 Data to be Supplied

Please indicate the approximate percentage of records for which each identifier is available and can be supplied within your dataset.

NHS Number [%]	Date of Birth [%]
Surname [%]	Place of birth [%]

Forename(s) [%]	Last known address [%]
Initials [%]	Postcode [%]
Any other name used [%]	Date of death [%]
Sex [%]	Other (please specify) [%]

3.2 Permission to Use the Data

Please indicate whether permission to use the data has been obtained from one or more of the following:

- | | |
|---|---|
| <input type="checkbox"/> Health care professionals
<input type="checkbox"/> Social care professionals
<input type="checkbox"/> Carers | <input type="checkbox"/> Individual patients
<input type="checkbox"/> Other (please specify) [] |
|---|---|

Part Four: Additional Information (optional)

4.1 Please use this space to provide any other relevant information to support your application