

Row ID	Organisation Name	Type of Data Provided	Data provided to customer: Identifiable, Pseudonymised, Anonymised, aggregated-anonymised	Sensitive or Non-Sensitive	Legal Basis for Provision of Data	Purpose
1	CPRD	Data Linkage and Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Section 251 (ECC: 5-05 (a)/2012) approval is in place for the flow of identifiable data to the HSCIC which is then linked before a pseudonymised output is returned to the customer. Health and Social Care Act 2012	CPRD seeks to enhance the research capability and value of its primary care database by adding details of relevant (matched) secondary care events from the HSCICs HES database. The new enhanced data will be made available to CPRD customers for use in academic research, pharmacovigilance, drug monitoring, and health outcomes analysis. CPRD operates within the MRHA, a UK Trading Fund organisation.
2		Data Linkage and Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Section 251 (ECC: 5-05 (a)/2012) approval is in place for the flow of identifiable data to the HSCIC which is then linked before a pseudonymised output is returned to the customer. Health and Social Care Act 2012	
3		Data Linkage and Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Section 251 (ECC: 5-05 (a)/2012) approval is in place for the flow of identifiable data to the HSCIC which is then linked before a pseudonymised output is returned to the customer. Health and Social Care Act 2012	
4		Data Linkage and Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Section 251 (ECC: 5-05 (a)/2012) approval is in place for the flow of identifiable data to the HSCIC which is then linked before a pseudonymised output is returned to the customer. Health and Social Care Act 2012	
5		Data Linkage and Bespoke Extract; ONS Mortality	Identifiable	Sensitive	ONS Data Controller approval under Section 42(4)	
6	University College London	Data Linkage and Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Informed Patient Consent Health and Social Care Act 2012	Study: CATCH trial (Catheter Infections in Children) ICH Depts from University College London and Liverpool University will use the data to follow up on patient studies for 6 months post randomisation and University of Wales Bangor will be using the data for a health economic analysis.
7		Data Linkage and Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Informed Patient Consent Health and Social Care Act 2012	
8		Data Linkage and Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Informed Patient Consent Health and Social Care Act 2012	At Bangor, we will be analysing the costs per blood stream infection averted and assessing the impact of death on intervention effect and costs (and hence cost-effectiveness), we will undertake a sensitivity analysis by excluding those subjects who have died. At London, they will be looking at the 30 day mortality rates.
9		Data Linkage and Bespoke Extract; ONS Mortality	Pseudonymised	Sensitive	ONS Data Controller approval under Section 42(4) Informed Patient Consent	The aggregated data publications will also avoid small cell sizes so as to prevent any deductive disclosure. ICH Depts from University College London and Liverpool University will use the data to follow up on patient studies for 6 months post randomisation and University of Wales Bangor will be using the data for a health economic analysis. There will be no selling or sharing of information beyond the publication of the aggregated results in international scientific journals.
10	IMS	Data Linkage and Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	IMS Health has been granted s251 approval for identifiable data extracted from hospital pharmacy systems to be sent from hospitals to the HSCIC for linkage to HES. The HSCIC return a pseudonymised output to IMS Health (who therefore receive no identifiable data). IMS have confirmed that national ethics approval has been granted by the NRES Committee South West-Bristol, and approval has been given by the Caldicott Guardian and R&D offices of all NHS Hospital Trusts from which data are received.	<p>Purpose: This database will for the first time allow researchers an insight into the interaction between disease, treatment and prescribing across primary and secondary care, enabling more informed analysis of the impact of services and pharmaceuticals. [Note added 28/3: The data are onwardly released only in aggregate form]</p> <p>Products: Products will be both syndicated and customised depending on the needs of the different customers</p> <p>Commercial activity: The main customer for these products will be the pharmaceutical industry. Services will also be offered to the NHS Trusts that provide information, regulatory bodies and other organisations involved in pharmaceutical research and policy formulation.</p>

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					Health and Social Care Act 2012	<p>Further to the above purpose, the right to use or re-use includes the following non-exclusive rights:</p> <ul style="list-style-type: none"> - Use only within the Field and the Territory; - Publishing the material in any medium, including featuring the data on websites which can be accessed via the Internet or via an internal electronic network or on an Intranet; - Authorising users and subscribers who use the licensee's electronic or digital products to access the material; - Translating the data into another language or converting to Braille or other formats for people who are visually impaired; - Copying material from the information asset for research or study; - Copying by libraries; <p>In each case, only to the extent permitted by GPRD's Department of Health Patient Information Advisory Group approval</p>
11		Data Linkage and Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	<p>IMS Health has been granted s251 approval for identifiable data extracted from hospital pharmacy systems to be sent from hospitals to the HSCIC for linkage to HES. The HSCIC return a pseudonymised output to IMS Health (who therefore receive no identifiable data). IMS have confirmed that national ethics approval has been granted by the NRES Committee South West-Bristol, and approval has been given by the Caldicott Guardian and R&D offices of all NHS Hospital Trusts from which data are received.</p> <p>Health and Social Care Act 2012</p>	
12		Data Linkage and Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	<p>IMS Health has been granted s251 approval for identifiable data extracted from hospital pharmacy systems to be sent from hospitals to the HSCIC for linkage to HES. The HSCIC return a pseudonymised output to IMS Health (who therefore receive no identifiable data). IMS have confirmed that national ethics approval has been granted by the NRES Committee South West-Bristol, and approval has been given by the Caldicott Guardian and R&D offices of all NHS Hospital Trusts from which data are received.</p> <p>Health and Social Care Act 2012</p>	
13	Public Health England	Bespoke Extract; HES Inpatient	Identifiable	Non-Sensitive	ECC: 5-04(L)/2011	Using evidence to reduce risk of healthcare acquired infection following primary hip replacement.
14		Bespoke Extract; ONS Mortality	Identifiable	Sensitive	ONS Data Controller approval under Section 42(4)	
15		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
16		Bespoke Extract; PROMS	Pseudonymised	Sensitive	ECC: 5-04(L)/2011 Health and Social Care Act 2012	
17	Ardentia	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Ardentia Limited intend to use the data to provide analysis and insight using information derived from the data and aggregate linkage to other data sources within potential services, including Benchmarking, Activity Flow, Data Quality, Consultancy and Comparative analysis, tabulations etc.
18		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
19		Standard Monthly Extract Service; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	

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20	BUPA Health Dialog	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Sensitive	DAAG: 310112-a Health and Social Care Act 2012	To assist the NHS and Bupa Group companies in the UK to improve the quality of healthcare management and service delivery in England by benchmarking performance against national trends. This request is for the sensitive field Consultant code to be supplied in a HES monthly managed extract. The data is used to enable BUPA Health Dialog to analyse patterns of variation among consultants within a treatment specialty. Productivity measurements and benchmarking reports will then be produced and used to inform healthcare organisations that are working with BUPA to try to improve the quality of healthcare delivered to patients.
21		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Sensitive	DAAG: 310112-a Health and Social Care Act 2012	
22		Standard Monthly Extract Service; HES A&E	Pseudonymised	Sensitive	DAAG: 310112-a Health and Social Care Act 2012	
23		Standard Monthly Extract Service; PbR APC Episodes, PbR APC Spells, PbR OP, PbR A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
24	CHKS Ltd	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	CHKS Limited uses HES data to supplement data that are received directly from NHS Trusts. The data are aggregated to provide benchmarks and comparative performance across a wide range of indicators. The whole HES dataset is also used to analyse market share of individual trusts and PCTs. CHKS also uses the data to provide analysis and commentary on trends in healthcare. CHKS will also use some of these data to provide services to hospitals and commissioners in Wales, Scotland and Northern Ireland and in the provision of epidemiological studies to the pharmaceutical industry. No individuals, doctors, hospitals or patients are identified.
25		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
26		Standard Monthly Extract Service; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
27		Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
28		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
29		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
30	Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		
31	Care Quality Commission	Standard Monthly Extract Service; HES Inpatient	Identifiable	Sensitive	DAAG: OC/HES/019 NIGB Approval 070510-5-e notes the additional powers under s64 of the Health and Social Care Act of 2008 for CQC to receive specific identifiable data	With respect to HES and MHMDS, CQC's principal aims are to provide: patients and users of services with clear assessments of the safety, quality, efficiency and effectiveness of the services they receive; patients, the public and health & social care professionals with the sound and fair information about health and social care, both at a national and local level.
32		Standard Monthly Extract Service; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
33		Standard Monthly Extract Service; HES Outpatient	Identifiable	Sensitive	DAAG: OC/HES/019 NIGB Approval 070510-5-e notes the additional powers under s64 of the Health and Social Care Act of 2008 for CQC to receive specific identifiable data	
34		Standard Monthly Extract Service; HES A&E	Identifiable	Sensitive	DAAG: OC/HES/019 NIGB Approval 070510-5-e notes the additional powers under s64 of the Health and Social Care Act of 2008 for CQC to receive specific identifiable data	
35		Standard Monthly Extract Service; ONS Mortality	Identifiable	Sensitive	DAAG: OC/HES/019 NIGB Approval 070510-5-e notes the additional powers under s64 of the Health and Social Care Act of 2008 for CQC to receive specific identifiable data	
36	Harvey Walsh	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The data will be used with the NHS and Pharma for service delivery. We will use it for business intelligence tools.
37		Standard Monthly Extract Service; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	

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38		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
39		Standard Monthly Extract Service; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
40	Lightfoot Solutions UK Ltd	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>The data will be used by Lightfoot's own consultants and/or our associate organisations to produce standard reports as well as bespoke analysis of emerging trends in the data using Lightfoot's sfn (signalsfromnoise) SPC based performance management software. The reports and this analysis will be offered as a commercial service to NHS Trusts and other NHS and public sector organisations.</p> <p>In addition, we will offer these organisations the ability to access the system for a fee in order to undertake analysis using the sfn system. These services will be provided solely to NHS and related public sector organisations in the UK.</p> <p>The data will be used to undertake analysis of trends utilising Lightfoot's sfn (signalsfromnoise) SPC based performance management software.</p> <p>The data will be loaded into the sfn system using Lightfoot's proprietary ETL (Extract, Transform and Load) routines. The sfn system will then be configured with appropriate measures and dimensions (data views) that will enable analysts to undertake root cause analysis of the trends that are identified by the SPC based trend analysis that is produced by the sfn system.</p> <p>The output of the analysis will be provided to NHS Trusts and other NHS and related public sector organisations with the objective of assisting them to better understand the factors underlying activity and performance.</p> <p>NHS Trusts and other related public sector organisations will also be able to undertake their own analysis of the data using sfn for a fee.</p> <p>The data will be used as the underlying source data for the SPC based analysis that is undertaken by the sfn system.</p> <p>The output from the system consists of SPC charts, Pareto charts, Benchmark charts and Dashboards. These charts can be tailored to the needs of particular organisations and organisational sub groups.</p> <p>A full description of the sfn system can be provided if required.</p>
41		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
42		Standard Monthly Extract Service; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
43	MedeAnalytics	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>MedeAnalytics international and/or parent company MedeAnalytics Inc. provides a service to a number of NHS trusts. These customers supply their own 'lead data' and we are required to provide modules that allow them to access (benchmark) their data against comparable national datasets. The HES data requested will allow us to meet the majority of their requirements.</p> <p>The benchmarking data will be provided at aggregate level for key performance indicators - for example, the average length of stay per peer group average mortality rates for specific conditions) Onos preventing the ability to access individual patient level records. The data will be used to feed the competitive analysis we provide to NHS clients. There are no plans for any re-use beyond that over the next 12 months</p> <p>Raw HES data is not shared. Aggregated statistical comparisons from the data will be shared with this NHS trusts in context to their organisations performance</p>
44		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
45		Standard Monthly Extract Service; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
46	Northgate	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>The data will be used for incorporation into Northgate's information solutions to provider information on the management of healthcare delivery and utilisations of resources to organisations NOT limited to just those delivery healthcare in England. The market may also include commercial organisations.</p>
47		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
48	Nuffield Trust	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>The data will be used for the purposes of health services research, for the benefit of the NHS in England. Specific projects include:</p> <p>1) Evaluations of the impact of innovations in health and social care on hospital utilisation. Such</p>
49		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	

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50		Standard Monthly Extract Service; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>projects include the Whole System Demonstrator of telecare and telehealth, the Integrated Care Pilots, and the Partnership for Older People Projects (POPPs), all of which are funded by the Department of Health in England.</p> <p>2) Research studies involving the surveillance of patterns in hospital admission at primary care trust level in England, aimed at identifying areas where innovation in service delivery is taking place.</p> <p>3) Research studies relating to hospital utilisation at the end of life.</p> <p>4) Research studies relating to the level of competition in the English NHS.</p> <p>The results of the analyses will be made available in reports to the Department of Health, in peer-reviewed academic journals, and to the wider public through Nuffield Trust publications. We will comply with the NHS IC's Small Numbers Special Terms and Conditions and publish only aggregated data with the minimum counts.</p> <p>We will perform statistical analysis using statistical software including SAS. For example, the evaluation strand outlined in section (1) above will involve analysis on several outcome measures, risk adjustment and the construction of control groups.</p> <p>We will not sell or trade the data we have requested.</p>
51	University Hospital Birmingham NHS Foundation Trust	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Sensitive	DAAG: 240412-a Health and Social Care Act 2012	<p>Quality and benchmarking analysis. We wish to publish analysis/research that we have done using HES data in an international journal.</p> <p>DAAG approval granted for sensitive fields Consultant Code, Local Patient ID, Code of Patient's Registered or Referring General Medical Practitioner and Person Referring Patient.</p> <p>The ability to link ONS records to HES episode level data sets is required in order to form analytical overviews relating to post discharge mortality. Specifically such overviews would relate to standardised post discharge mortality monitoring within distinct clinical cohorts and bespoke long term survival monitoring.</p> <p>The output of such analytics will allow the identification of trends pertinent to the conduct of clinical reviews of pathways within distinct patient groups. The output of these analytics will be used to increase the understanding of patient outcomes within University Hospitals Birmingham and other NHS organisations.</p>
52		Standard Monthly Extract Service; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
53		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Sensitive	DAAG: 240412-a Health and Social Care Act 2012	
54		Standard Monthly Extract Service; HES A&E	Pseudonymised	Sensitive	DAAG: 240412-a Health and Social Care Act 2012	
55		Standard Monthly Extract Service; ONS Mortality	Identifiable	Sensitive	ONS Data Controller approval under Section 42(4)	
56	General Health Care Group (BMI)	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>GHG/BMI is a provider of NHS care to both the primary and secondary care area. At present we work with over 110 PCTs and have 56 BMI sites offering Choose and Book services. GHG/BMI are working closely with the NHS to both improve and look at new pathways to support the ever increasing need for efficiency and deliver value for money services. By GHG/BMI having access to this data, it will allow us to complete analysis when looking at services closure to relevant community settings. It will also let us look at the other ways of working, and partnering with other services to make sure patients experience and care is at the front of the decision making process.</p>
57		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
58	AQuA (NHS Organisation)	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>AQuA intend to use the data internally for research and development purposes. Additionally it will be used by AQuA in the development, delivery and support of programmes and products across the public sector health and social care economy. AQuA will not profit from the provision of HES data to it's clients.</p> <p>To understand variations in mortality rates between our member organisations when compared to their peers, to +I benchmarks, To use quantitative analysis as a stimulation for discussion and deeper review of working practices within hospitals (and the wider health economy), in order to identify opportunities for improvement.</p>
59		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
60		Standard Monthly Extract Service; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
61		Standard Monthly Extract Service; ONS Mortality	Identifiable	Sensitive	ONS Data Controller approval under Section 42(4)	
62	McKinsey and Co.	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>The data will be extracted/used by a group of analysts employed by the company who have signed this agreement.</p> <p>We intend to use this data as part of our consulting services for clients. The majority of these clients will be NHS clients in England, and the data is used to research performance and outcomes, and identify improvement opportunities. The data is used to populate PowerPoint charts and Excel models provided to clients as part of these services.</p>
63		Standard Monthly Extract Service; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
64		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
65		Standard Monthly Extract Service;	Pseudonymised	Non-	Health and Social Care Act 2012	

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66		HES A&E		Sensitive		The clients with whom we work will only have access to summarised non patient identifiable data that results from the work that we do with them. The data will be used to aid decision making on the part of our clients, but we will not share data with them in the complete format that we receive it. We will only share summary data and subset data with clients, to aid decision making
		Standard Monthly Extract Service; PbR APC Episodes, PbR APC Spells, PbR OP, PbR A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
67	BMJ Publishing Group Ltd	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	We will be taking on individual projects from NHS providers, commissioners, central NHS bodies, medical royal colleges, medical organisations, private sector providers and charities who will be seeking insight from the APC, OP and A&E data. a) We will analyse and interpret the data on their behalf and provide them with a summary of our findings. This could take the form of a written report, Excel spreadsheet(s) of data tabulations or a data visualisation of the findings. Potential project areas include healthcare planning, clinical audit, benchmarking, performance improvement, medical research, policy development, public health and health surveillance and monitoring. The organisation commissioning individual projects would usually use the findings to improve the service they provide to patients. The projects are often required urgently and it is both impractical and uneconomical to make a separate application for each project. Our focus will be predominantly on helping clinicians to understand the activity data, identified as an issue by the Information Centre and the Academy Of Medical Royal Colleges in 'Hospital Episode Statistics (HES): Improving the quality and value of hospital data'. b) We will be creating a series of products to NHS providers, commissioners, central NHS bodies and private sector providers who wish to have an innovative and user friendly interface to the APC, OP and A&E data. These products will include the ability to do status reporting, benchmarking, comparisons and data analysis on a variety of data sources including the APC, OP and A&E data. These products will be predominantly be designed by clinicians for direct use by clinicians although inevitably some management use of the products is also expected. The clinicians using these products would use them to help improve patient care. Our focus will be on ensuring the information needs of clinicians are met and to develop innovative ways of exploiting data for the benefit of health services, both identified as issues in the Information Revolution consultation
68		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
69		Standard Monthly Extract Service; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
70	AstraZeneca	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Insights into national and local secondary resource usage. Epidemiological, patient pathway and resource use studies Sharing with the NHS to look at local outcomes and service provision Inclusion in health economic and environmental models and analyses, which may take the form of (but not exclusive to) Excel-based tools, PowerPoint presentations, Word report or web-based applications.
71		Standard Monthly Extract Service; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
72		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
73		Standard Monthly Extract Service; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
74	Clatterbridge Hospital	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	1: England - this is NON-IDENTIFIABLE extract containing all episodes. It is used for the same purposes list below when no linkage or geographical mapping is needed. It also facilitates analysis of procedures or diagnoses which are excluded from the extracts below.
75		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
76		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	2: Cancer - this extract is used to build a range of identifiable and non-identifiable data sources which are used to provide data to support the National Cancer Program. Requests using HES data are alone use only the non-identifiable sources, the identifiable data is used for linkage purposes (to update dates of death from the batch tracing service, to link to other databases e.g.: National Radiotherapy Dataset, in line with ECC approvals), and for geographical mapping purposes using the full postcode to correctly allocate the patient within a range of geographical boundaries. Outputs are in the form of tabulations, containing no identifiers. Some tabulations including small numbers are shared using a non-disclosure agreement previously approved by DAAG. NatCanSAT is in discussion with the IC regarding sharing individual identifiable records with the National Cancer Intelligence Network which will become part of Public Health England.
77		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
78		Bespoke Extract; ONS Mortality	Identifiable	Sensitive	ONS Data Controller approval under Section 42(4)	
79		Bespoke Extract; PROMS	Pseudonymised	Sensitive	Health and Social Care Act 2012	
80		Bespoke Extract; SUS PBR	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	

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						failure to support NHS Improvement's work in streamlining pathways or these patients, to support the National Specialised Commissioning Team's work on congenital heart disease in adults and children, and to produce tabulations of non-identifiable data to support the development of a National CVD strategy. Tabulations including small numbers are shared using a non-disclosure agreement previously approved by DAAG.
81	Clatterbridge Hospital	Bespoke Extract; HES Inpatient	Identifiable	Sensitive	Section 251 approval CAG 1-06(FT2) 2013 DAAG approval ref 310112-a	This extract is used to build a range of identifiable and non-identifiable data sources which are used to provide data to support the National Cancer Program. Requests using HES data are alone use only the non-identifiable sources, the identifiable data is used for linkage purposes (to update dates of death from the batch tracing service, to link to other databases e.g.: National Radiotherapy Dataset, in line with ECC approvals), and for geographical mapping purposes using the full postcode to correctly allocate the patient within a range of geographical boundaries. Outputs are in the form of tabulations, containing no identifiers. Some tabulations including small numbers are shared using a non-disclosure agreement previously approved by DAAG. NatCanSAT is in discussion with the IC regarding sharing individual identifiable records with the National Cancer Intelligence Network which will become part of Public Health England.
82		Bespoke Extract; HES Outpatient	Identifiable	Sensitive	Section 251 approval CAG 1-06(FT2) 2013 DAAG approval ref 310112-a	
83	Clatterbridge Hospital	Bespoke Extract; HES Inpatient	Identifiable	Sensitive	Section 251 approval CAG PIAG 4-09(g)2003 DAAG: 310112-b	This extract is used to support the National Cardiovascular Disease Program. This year the extract has been used to assemble episode and spell records into pathways for stroke and for procedures following myocardial infarction and for analysis of heart failure to support NHS Improvement's work in streamlining pathways or these patients, to support the National Specialised Commissioning Team's work on congenital heart disease in adults and children, and to produce tabulations of non-identifiable data to support the development of a National CVD strategy. Tabulations including small numbers are shared using a non-disclosure agreement previously approved by DAAG.
84		Bespoke Extract; HES Outpatient	Identifiable	Sensitive	Section 251 approval CAG PIAG 4-09(g)2003 DAAG: 310112-b	
85		Bespoke Extract; HES A&E	Identifiable	Sensitive	Section 251 approval CAG PIAG 4-09(g)2003 DAAG: 310112-b	
86		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
87	Public Health England (National Cancer Intelligence Network)	Data Linkage and Bespoke Extract; HES Inpatient	Identifiable	Sensitive	Section 251 approval PIAG 03-(a)/2001) is in place for the flow of identifiable data to the HSCIC which is then linked before a pseudonymised output is returned to the customer. Health and Social Care Act 2012	This HES extract will be used by all cancer registries to both support the registries' cancer registration processes and for analyses through the National Cancer Data Repository (NCDR). Analysis leads to production of information and publications such as peer-reviewed research papers, grey literature reports, reports for NHS organisations and information for service commissioners. Registries will use these data to compare cases, diagnoses and treatments between HES and the cancer registration datasets, filling gaps in existing cancer registration records and prompting new registrations. The registries will continue to use HES provider and local patient identifier data to identify further sources of registration information for cancer registrations made only on the basis of death certificates and will continue to investigate the characteristics of episodes in the HES extract that do not link to cancer registration records. These episodes will be used to improve the cancer registration process. For analytical purposes, these data will be used within the NCDR - a national dataset comprising of cancer registrations linked to other data sources related to the treatment or care of these patients. More information is available from http://www.ncin.org.uk/collecting_and_using_data/national_cancer_data_repository/default.aspx . The latest version of this repository is a combined national database comprising linked data from cancer registries' regional records, IP HES, the Office for National Statistics national registry and National Clinical Audit data and will be made available to others under our data sharing sublicensing agreement with the HSC IC. The repository provides the basis for cancer intelligence, combining the strengths of the component datasets. The NCDR has enabled new and innovative analysis to improve our understanding of cancer and patient pathways, and helped to identify areas for improvement. Analytical outputs have included cancer incidence by ethnic group (derived from HES) for twenty-one different cancer sites; which patients receive major resections (using treatment information from HES) and novel research into variations in clinical practice, including analysis of 30 day post-operative mortality. Many cancer patient outcomes such as survival are affected by co-morbid conditions and the registries will continue to use diagnostic information from HES to produce and develop analyses incorporating co-morbidity, which may help explain continuing inequalities in outcomes. The extract being applied for will enhance the NCDR and allow new analysis of cancer from referral through diagnosis, co-morbidities, treatment and recurrence. More accurate and more detailed information about the different stages of the cancer pathway is required to identify gaps
88		Data Linkage and Bespoke Extract; HES Outpatient	Pseudonymised	Sensitive	Section 251 approval PIAG 03-(a)/2001) is in place for the flow of identifiable data to the HSCIC which is then linked before a pseudonymised output is returned to the customer. Health and Social Care Act 2012	
89		Data Linkage and Bespoke Extract; HES A&E	Pseudonymised	Sensitive	Section 251 approval PIAG 03-(a)/2001) is in place for the flow of identifiable data to the HSCIC which is then linked before a pseudonymised output is returned to the customer. Health and Social Care Act 2012	

Row ID	Organisation Name	Type of Data Provided	Data provided to customer: Identifiable, Pseudonymised, Anonymised, aggregated-anonymised	Sensitive or Non-Sensitive	Legal Basis for Provision of Data	Purpose
						and variations in cancer services provision and to support NHS cancer commissioning. Data from HES are vital to continue our greater understanding of cancer.
90		Bespoke Extract; HES Inpatient	Identifiable	Non-Sensitive	Informed Patient Consent	The PHE Respiratory Diseases Department is responsible for the surveillance, control and prevention of respiratory diseases, including national surveillance for influenza, Respiratory Syncytial Virus (RSV) and other respiratory diseases. As such the department collects a range of epidemiological data on a number of respiratory diseases.
91	Public Health England	Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>However, a number of these surveillance systems lack the key items of information of public health importance critical to understand the burden of disease due to these infections and thus inform the development of vaccination and other intervention programmes. However some of the datasets hold personal identifiable information such as date of birth, patient name, NHS number. As such we wish to link these data sets with HES data. The patient identifiable HES data will only be used for linkage, once this has been completed, this data will be removed from the dataset.</p> <p>Particular data which the HES data will be linked with are laboratory data from Labbase (a voluntary reporting system that covers all the NHS laboratories in England which collects information (amongst others) on positive results of respiratory virus testing of respiratory swabs together with available personal identifiers) and Datamart (collects information on results (positive and negative) of laboratory respiratory virus testing of all respiratory swabs submitted to a network of 14 HPA and NHS laboratories in England.) The data will also be used to evaluate the UK Severe Influenza Surveillance System (USISS) which is a new hospital based reporting system for severe influenza. The HES data will also be linked to ONS mortality data, held by HPA, to enhance the quality of outcome data.</p> <p>Some of the key public health objectives include:</p> <ul style="list-style-type: none"> - To describe the viral aetiology amongst persons admitted to hospital with acute respiratory infection and describe the burden of disease (length of stay, admission to ICU and death) in children, adults and the elderly; - To identify and quantify the underlying clinical and demographic risk factors for severe RSV (hospitalisation, death and ICU admission) compared to community, non-hospitalised cases of RSV; - To identify and quantify the underlying clinical and demographic risk factors for severe influenza (both seasonal and pandemic) (hospitalisation, death and ICU admission) compared to community, non-hospitalised cases of influenza; - To evaluate the completeness and reliability of the severe disease surveillance systems operating for influenza (pandemic web system, USISS mandatory and sentinel surveillance systems) since their creation in 2009.
92		Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To ascertain mortality statistics and survival trends in patients treated in the NHS in England for a variety of cancers and benign conditions.
93		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The study aims to analyse the impact of patient characteristics and demographics on incidence, morbidity and survival in benign and malignant disease.
94	St Marks Academic Institute	Bespoke Extract; ONS Mortality	Identifiable	Sensitive	ONS Data Controller approval under Section 42(4)	<p>This will allow the clinicians to identify patient groups which are at an increased risk of postoperative complications amongst several patient outcome.</p> <p>This in turn will allow better management of patients and enable the clinician to improve patients' clinical journey, improve the clinicians' practice and skill sets and improve hospital and regional healthcare standards.</p> <p>These data is requested to undertake medical research, analyse and improve patient outcome/clinical practice.</p>

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						Use of anonymised data to determine high risk groups, morbidity, mortality and other outcome amongst specific disease cohorts in the English population. Outputs from the analyses will be scientific articles, medical presentations and in the long term, these will translate into improved patient outcome.
95	Compufiles Systems Limited	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	We intend to use the data to understand the patient journeys into and through the hospital system. To do this we need to work with individual patient records, hence the need for detailed HES data sets. These patient records will be aggregated to provide statistically robust information on similarities (and differences). The aim of the analysis will ultimately be to provide data to support cost benefit arguments to improve patient outcomes and or reduce treatment costs. Our primary customers are service providers to the NHS, principally pharmaceutical companies but also medical supplies/devices companies. We may also directly or indirectly be providing data analyses to the NHS itself.
96		Standard Monthly Extract Service; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
97		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
98		Standard Monthly Extract Service; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
99	Keele University	Data Linkage and Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Section 251 approval ECC: 8-02(FT1)/2012) is in place for the flow of identifiable data to the HSCIC which is then linked before a pseudonymised output is returned to the customer. Health and Social Care Act 2012	Multisite pain (MSP) is common in older people and often prompts people to consult their GP. Previous US-based research found that people with MSP were more likely to fall than those without MSP. This is important as falls have serious physical, social, psychological and economic consequences. GPs aim to prevent their patients from falling, but there are currently few treatments available to GPs that have proved successful. This research aims to identify potential interventions for GPs to prevent their older patients from falling by seeking to establish the relationship between MSP and falls in a UK population, identify modifiable risk factors that mediate that relationship, and identify the factors that increase the risk of a poor outcome i.e. that increase the risk of death. Specific objectives of the PhD are to test in a cohort of community dwelling older people the hypotheses that: 1. MSP is associated with a higher rate of falling 2. The relationship between MSP and falls is mediated by factors that are amenable to intervention and are known to be associated with chronic pain 3. The relationship between falls and poor outcome (including fracture or death) will be moderated by the presence of MSP The requested HES and ONS data will be linked with existing cohort study (NorStOP) survey responses about pain and respondents' primary health care records. HES and ONS data will be used to investigate falls rate (non-injurious and injurious), fall severity and cause of death. The self-reported falls measure in NorStOP is subject to recall bias and falls are often underrecorded in primary care records. Therefore, secondary care data is required to ensure maximum capture of falls and fall-related events. The vital status for each NorStOP participant and, for decedents, the cause of death, is required from ONS Mortality data to determine the effect of MSP on the risk of falls, fall-related injuries and death. Access to sensitive data (as defined by HES) is not required. The linked database will be interrogated using statistical techniques including generalised estimating equations, structural equation modelling and cox proportional hazard ratios. Intended outputs are publication of anonymous study results in a PhD thesis, peer-reviewed journals, national and international primary care-related conferences and dissemination in workshops for clinicians.
100		Data Linkage and Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Section 251 approval ECC: 8-02(FT1)/2012) is in place for the flow of identifiable data to the HSCIC which is then linked before a pseudonymised output is returned to the customer. Health and Social Care Act 2012	
101		Data Linkage and Bespoke Extract; ONS Mortality	Identifiable	Sensitive	ONS Data Controller approval under Section 42(4) Section 251 approval ECC: 8-02(FT1)/2012) is in place for the flow of identifiable data to the HSCIC which is then linked before a pseudonymised output is returned to the customer. Health and Social Care Act 2012	
102	Office of Health Economics	Bespoke Extract; PROMS	Pseudonymised	Sensitive	Health and Social Care Act 2012	The linked HES data and PROMS data is the best dataset to achieve the research aim of this project. The primary aim of this project is to investigate whether and how the degree of competition between hospitals for the provision of the four elective surgical interventions has an observable relationship with the average quality of the hospital, as measured by their average performance on case-mix adjusted PROMS scores. We request a linked dataset of HES and PROMS from the HSCIC to achieve this aim. 1) PROMS data will provide information about patients self-reported health outcomes (i.e. EQ-VAS, EQ-5D profile and condition specific scores). 2) HES data will provide variables that could be used to calculate the market concentration index (e.g. postcode of hospitals and patients' residence). 3) The regression analysis also needs to control for the patients characteristics (e.g. social economic factors, geographical variables). HES data will provide those information.
103		Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	

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						<p>2. How will you use the data?</p> <p>We will use the patients' self-reported health outcomes directly from the PROMs dataset. The PROMs dataset provides key variables which will be used to proxy patients' health outcomes, i.e. EQ-VAS, EQ-5D profile and four condition specific scores.</p> <p>The code to calculate market concentration indices for 2009, as used in Professor Carol Propper's previous work, are available for this empirical analysis. They will be used to measure the intensity of hospital competition. The variables that we need to calculate the indices are the postcode of hospitals and patients' residence areas. They are both recorded in the HES dataset. We will re-work the indices to represent not only the overall level of competition facing each hospital, but also the level of competition specific to the clinical area i.e. hip replacement, knee replacement, varicose vein and hernia repair. The PROMs dataset and the market concentration indices will be linked together by the Middle Super Output Area variable.</p> <p>3. What will the outputs of your analysis be?</p> <p>This study will represent one of the first attempts in the health economics literature to evaluate the impact of hospital competition on health outcomes by linking the PROMs data with indices of the extent of competition in local health economies. The results will provide empirical evidence to our research questions: 1) What is the relationship between market structure, patient outcomes and patient severity for four common elective procedures? 2) What is the relationship between patients' choice, market structure and patient severity for four common elective procedures?</p>
104	University of York	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>The data will be used to support research into economic matters relating to health and health care provision. The HES data is essential to support a range of academic research projects funded by the Department of Health and other research councils such as the NIHR, MRC, ESRC etc. The HES data will be used to run internal and external training courses to facilitate the understanding and use of HES.</p> <p>How will the data be used: The data will be used to undertake statistical and econometric analysis to explain variations and test hypotheses relating to health care utilisation, patient outcomes and clinical practice. The data will be used to analyse the efficiency, effectiveness and equality of the health care system. We will quantify differences in health care utilisation, expenditure, morbidity and mortality over time, across geographic regions, health providers, and among different patient groups in order to evaluate the impacts of health care policy, organisation, finance and delivery of NHS services. The research will measure productivity in the delivery of health care nationally, sub-nationally and among hospitals. We will evaluate differences in the performance of hospitals in terms of the cost of provision and in patient outcomes including mortality and self-reported morbidity. We also investigate socio-economic inequality in the use healthcare and patient outcomes. The data will be used to analyse access to care, the market for health care, including choice of provider and competition and concentration of health care services across England. The research will encompass the different sectors of the health care system, looking at the effects of quality and access of primary care on patient use and outcomes in secondary care; and the relationship between long term care, social care and secondary care utilisation.</p> <p>What will be the outputs of your analysis: The research outputs will consist of peer reviewed papers in academic journals, research reports for funders and conference presentations. We will report aggregate results that show trends over time, differences across providers, commissioners, geographical areas and by patient subgroups and patients characteristics. Statistical results will be presented in tables of aggregate statistics summarising patient characteristics and will comply with ONS guidelines on disclosure of potentially patient identifiable data i.e. no small numbered cells and figures will be reported. The results will contain estimated correlations showing associations between patient outcomes and patient characteristics, hospital, institutional, geographic and environmental factors. The reports will contain maps at small area level but will not show point level data for individuals at low levels of granularity.</p>
105		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
106		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
107		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
108	Central Midlands CSU	Bespoke Extract; HES Inpatient	Pseudonymised	Non-	Health and Social Care Act 2012	We provide high level analysis to support strategic change and reconfiguration projects. We will

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				Sensitive		use the data for the purposes of providing senior NHS management within CCGs and other NHS organisations with analytical products that largely fall within four core areas: Descriptive analysis – developing a holistic picture of a service area drawing on data from multiple sources Retrospective analysis – identifying the cause (s) of historical successes of failures with the local health system Service monitoring – monitoring the impact of an intervention one implemented Prospective modelling – modelling the likely impact of planned change to healthcare services.	
109		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		
110		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		
111		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		
112		Bespoke Extract; PROMS	Pseudonymised	Sensitive	Health and Social Care Act 2012		
113		Bespoke Extract; SUS PBR Episodes, Spells	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		
114		Standard Monthly Extract Service; HES Inpatient	Identifiable	Sensitive	PIAG 2-05(d)/2007	1. To use hospital administrative data in the form of HES, PEDW, NWCS and data supplied through SUS to provide measures of quality of delivery of healthcare by providers, or in some instances, by area. 2. To support a management information function for the NHS 3. The information generated from the analysis of the data is provided via Dr Foster Intelligence [Note: Imperial college have stated that DAAG ref: 181011-c relates to the sharing of data to Dr. Foster Intelligence] through a range of tools and services to help primary care and secondary care clinicians and managers with their common agenda of improving the quality and efficiency of health and social care. 4. Provide aggregate information to help the public make better choices via the Good Hospital Guide and other such publications. 5. In addition to this the Licensee are granted permission to use these data to: 6. Provide tools/bespoke reports to Non NHS organisations (including but not limited to independent sector and other organisations whose inclusion would benefit healthcare delivery). Note disclosure of data to Non NHS organisations is aggregated with small number suppression applied. 7. Allow the use of data in the development of Hospital Standardise Mortality ratios (HMSR's) including a continuation of the joint working with the DoH in the development of the Summary Hospital-level Mortality Indicator (SHMI). 8. To support the development of indicators in line with the recently published NHS Outcomes Framework. 9. To provide NHS number directly to GPs and commissioners of care to allow GPs to identify their own patients most at risk of repeat emergency admissions.	
115		Standard Monthly Extract Service; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		
116		Standard Monthly Extract Service; HES Outpatient	Identifiable	Sensitive	PIAG 2-05(d)/2007		
117	Imperial College of Science, Technology and Medicine (Imperial College London)	Standard Monthly Extract Service; HES A&E	Identifiable	Sensitive	PIAG 2-05(d)/2007		
118	East London & the City Alliance	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		We are requesting data to support contractual and strategic benchmarking.
119		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		
120		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		
121		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		
122	Department of Health	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		Quantitative analysis - comparing size of service, rates of referral, equity in referral to IAPT and their clinical outcomes, contrasting people with and without MUS and LTCs. Including change in PHQ9 and other scales. Economic analysis - to ascertain the cost-effectiveness of the service in improving outcome of the different patient sub-groups (i.e. with and without MUS and/or LTCs). The economic analysis will convert change in Work and Social Adjustment Scale (WASAS) or other repeated outcomes scores into QALYs. The analysis and audit of all pathfinder data along with a review of service models and care pathways, patient centred assessment, clinical and economic outcome measures, Pathfinder workforce competency and LTC/MUS training will inform a final report which is a key deliverable of this project. It is envisaged that this report will provide evidence to inform service transformation and achieve improvement in access to psychological therapies which in term will reduce the long-term costs for the NHS.
123		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		
124		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		

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125	London School of Economics and Political Science	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	We will principally use HES data for three streams of research at LSE Health. The first stream will use the data to analyse the impact that various aspects of policy-development in the NHS have had on patient outcomes, waiting times, and provider behaviour. The second stream of work will use the data to compare hospital performance in several countries with the aim of spreading best practice across different countries. The third stream of our work will use HES data to develop and test a range of multi-dimensional health care quality indicators. All analysis will be published at an aggregate level where no hospitals, GPs or patients are identifiable.
126		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
127		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
128		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
129	Nuffield Trust	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The Nuffield Trust vision is to help provide the objective research and analysis works to promote improvements in the quality of care and care policy. In doing so it seeks to improve services user care, health and wellbeing for all members of the public. Examples of the research areas are: Evaluating the impact of service innovations, such as the implications of telehealth and telecare, integrated care services and virtual wards. Developing predictive risk modelling to forecast the future uses of health and social care Studying end of life care Studying the interplay between primary, secondary, mental health and social care. Investigating the cost of care such as looking at costs for chronic diseases. In accessing the data we intend to use the information in publicly funded research projects or in either commercially funded research project or in as service given freely to our customer that's benefits the public.
130		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
131		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
132	Imperial College London	Data Linkage and Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Section 251 approval ECC: 4-03(f)/2012) is in place for the flow of identifiable data to the HSCIC which is then linked before a pseudonymised output is returned to the customer. Health and Social Care Act 2012	We would like to obtain data for all patients not recruited into the IMPROVE trial, at English IMPROVE trial centres during the time period of the trial, in order to assess the outcomes and outline costs for these patients. The IMPROVE trial is an emergency surgery trial for patients admitted with a ruptured abdominal aortic aneurysm, looking at Open repair versus Endovascular repair. Returns from IMPROVE trial centres have indicated that only about half of the patients with ruptured aneurysms presenting at these sites are recruited into IMPROVE. To enhance the generalisability of the IMPROVE trial findings, with respect to mortality and costs, it would be helpful to outline outcomes in non-recruited patients, using anonymised Hospital Episode Statistics data for English sites, linked to mortality data. This will provide data for age, gender, procedures, survival (30-day and beyond), length of hospital stay, as well as allowing monitoring of re-interventions for aneurysm-related procedures and more detailed use of hospital resources. National Information Governance Board and Ethical Approvals are in place to support the collection of these data. All trial centres in England, who started randomising patients before 2013, will be included in the analysis with account taken of hospital mergers, re-organisation of vascular services and ethical issues since randomisation started at each site. Data on all patients admitted before 31st January 2013 will be requested. This will cover complementation for the majority of patients randomised (approximately 500). Patients randomised in Scotland, Wales and Canada will not be considered as reporting of routine data differs in these countries and England has provided the large majority of patients.
133		Data Linkage and Bespoke Extract; ONS Mortality	Identifiable	Sensitive	Section 251 approval ECC: 4-03(f)/2012) is in place for the flow of identifiable data to the HSCIC which is then linked before a pseudonymised output is returned to the customer. Health and Social Care Act 2012 ONS data: ONS mortality data approved by ONS Data Custodian under the Statistics and Registration Service Act 2007 sections 23 and 39 (4) (i). Approved Researcher accreditation granted for specific individuals for the purpose of this study and Microdata release panel approval for the study.	
134	Optum UK (formerly United Health UK)	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Re-Use Application Statement
135		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Data is used in calculating relative risk for profiling populations and also for various benchmarking measures to compare to local data feeds.
136		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Application statement(above), The HSCIC grants to Licensee a non-exclusive licence to use or re-use the data specified in section 3 above for the following purposes:

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						<ul style="list-style-type: none"> • Use only within the Field and Territory as specified in this Agreement. • Publishing the material in any medium, including featuring the information asset on websites which can be accessed via the Internet or via an internal electronic network or on an Intranet. • Authorising users and subscribers who use the Licensee's electronic or digital products to access the material. • Translating the information asset into another language or converting to Braille or other formats for people who are visually impaired.
137	Methods Insight Analytics	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>The linked HES/ONS data will be used to create SHMI and HSMR indicators to support existing work with NHS partners such as National Rightcare for the Commissioning Board and the continuation of the Acute Trust Quality Dashboard which will be made freely available to the NTDA.</p> <p>The data will be analysed and aggregated to an appropriate level so we can provide statistically robust measures which will provide national benchmarking to show variation and difference in services.</p>
138		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
139		Standard Monthly Extract Service; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
140		Standard Monthly Extract Service; ONS Mortality	Identifiable	Sensitive	ONS mortality data approved by ONS Data Custodian under the Statistics and Registration Service Act 2007 sections 23 and 39 (4) (i). Approved Researcher accreditation granted for specific individuals for the purpose of this study and Microdata release panel approval for the study.	
141	University of Manchester	Bespoke Extract; HES Inpatient	Identifiable	Sensitive	PIAG 3-04(e)/2006 ECC: 7-05(g)/2011	<p>We require data to compare against our own dataset in order to check its completeness and identify which trusts are and are not submitting full data. We will feed these results back to the trusts in privately circulated reports and also display completeness information on our website, as we have since first receiving HES data in 2008. In addition to summary figures, we will also provide processed patient level HES data to the trusts in order that they may link it to their own SUS activity data. This will take the form of lists of cases in the HES dataset which meet the TARN inclusion criteria for severity of injury. We will not make any patient level information public, only summary analyses.</p>
142		Bespoke Extract; HES A&E	Identifiable	Sensitive	PIAG 3-04(e)/2006 ECC: 7-05(g)/2011	
143	Public Health England	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>As part of our national surveillance remit our uses of the HES data set are used for the following:</p> <p>a) To monitor trends in the incidence of admission by age, sex, underlying co-morbidities, ethnicity, season and geographical area for vaccine-preventable diseases and other conditions with an infectious aetiology</p> <p>b) To obtain incidence data by these variables for conditions that could represent adverse effects of vaccines in order to inform assessments of vaccines safety by the Medicine and Healthcare products Regulatory Agency.</p> <p>c) To estimate the burden of disease, including financial costs of admissions attributable to specific infections or putative adverse events in order to inform economic analyses conducted on behalf of the Department of Health</p> <p>Any final reports will be submitted for publication in a peer-reviewed journal and in national reports on specific infectious diseases which will be available on online.</p>
144		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
145	Imperial College London	Data Linkage and Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Informed Patient Consent Health and Social Care Act 2012	<p>In this specific context, HES data will be used to determine prevalent cases at baseline and subsequent incident cases for each outcome under study (for example, irritable bowel syndrome or coronary heart disease). Participants with prevalent disease or with any other disease that might enter in our exclusion criteria will be excluded from the analyses. Survival analyses will be performed to investigate the association between stress at work and the risk of incident cases for each disease using multivariable Cox models.</p> <p>More generally, HES data will be used to extend information at participant-level and provide a better understanding of the medical history of Airwave participants throughout the follow up. HES data will be used for various other analyses in the Airwave Health Monitoring study to better understand the health risk specific to police forces.</p>
146		Data Linkage and Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Informed Patient Consent Health and Social Care Act 2012	
147	PricewaterhouseCoopers LLP	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>PwC has been engaged by a number of the newly appointed Clinical Commissioning Groups (CCGs) within the NHS to undertake a series of projects involving review and analysis of available secondary care information. Our analysis is being used to provide a high level summary of where there may be potential efficiency savings in secondary care.</p>
148		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	

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149		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
150		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
151	Royal National Orthopaedic Hospital	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The data will enable the RNOH and the Specialised Orthopaedic Alliance to examine the national casemix and incidence of specialised Orthopaedic activity for its own business practices and to provide advice, expertise and information for the Specialised Commissioning process.
152		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
153		Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The application is for the collation and analysis of attendances at hospitals in England, with particular reference to patient co morbidities. As a large specialist organisation providing complex care to patients from a broad range of demographic backgrounds we strive to provide the best care possible for our patients. This entails understanding the complex co morbidities of our patient population, through which we aim to establish a patient co morbidity index for the greater Manchester area. Multiple co morbidities are increasingly recognised as a major public health issue in England and have a significant impact on a range of health outcomes such as mortality, health-related quality of life and quality of health care. Access to HES data will provide a better understanding of the current healthcare needs of the population we serve, and identify opportunities for improving patient care. This will be achieved by improving health outcomes and the patient experience through more efficient, appropriate clinical management, reducing health costs through a reduction in length of stay, and a reduction in mortality rates. The provision of HES data will also enable the Trust to identify specific cohorts of patients who are at a high risk of emergency admission. Through comparative analysis and benchmarking with peer groups, access to HES data will improve the effective delivery of healthcare and the patient experience, and provide the opportunity for any issues relating to patient care to be addressed through clinical governance and performance management reporting measures. Outputs of analysis will be in the form of reports and dashboards, which will highlight any pertinent issues relating to the quality of patient care, and will provide recommendations regarding the implementation of specific measures to improve the efficiency and effectiveness of care. An additional output will be the creation of a co morbidity Index which will highlight patients at particular risk of specific medical complications/diseases due to their co morbidities identified.
154		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
155		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
156	Central Manchester University Hospitals NHS Foundation Trust	Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
157	Imperial College London	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	We wish to determine population trends in hospital admissions, procedures and mortality from thoracic aortic aneurysm (TAA) in England, to contrast these data with trends in other cardiovascular disorders and to investigate specifically the impact of endovascular repair in thoracic aortic diseases (TEVAR) on early and late outcomes. As you know, freely available data (or non-linked data) do not permit us to directly assess the early or long term outcomes of procedures, because the procedures are not linked to mortality and this is what we require here. These linked data are a vital piece of information. We know that there has been a steep increase in overall aneurysm repairs (a 6 fold increase since 2000 in patients aged >75years), mainly driven by TEVAR procedures; however we do not know from non-linked HES data, whether this increase of TEVAR is beneficial for the patients at all with respect to survival. A recently published paper of the US Medicare data (Goodney et al, Circulation 2011) suggests that patients selected for TEVAR have worse long-term survival than patients selected for open repair. We believe that this topic deserves further consideration, especially in the view of the tremendous increase of TEVAR within the last few years. Emergency procedures, especially in aortic repair and even more in thoracic aortic repair have very distinct outcomes, worse than the outcomes of elective procedures. Therefore, it is essential that there is knowledge of the urgency of patients' presentation. However, as you know, ICD 10 codes do not specify the urgency of the TEVAR procedures and so the only way to get this information is by linking the data to admissions and urgency of admissions. There is another very essential purpose for getting these linked HES data. As described above, we do not know yet whether TEVAR is effective with regard to survival compared to no intervention. Approximately 12 years ago, the same question was raised for abdominal aortic
158		Bespoke Extract; ONS Mortality	Identifiable	Sensitive	ONS mortality data approved by ONS Data Custodian under the Statistics and Registration Service Act 2007 sections 23 and 39 (4) (i). Approved Researcher accreditation granted for specific individuals for the purpose of this study and Microdata release panel approval for the study.	

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						aneurysm repair and was investigated in a randomised controlled trial, the EVAR 2 trial. It is legitimate and probably of even more importance nowadays, to assess such an uncertainty via a randomised controlled trial. Survival in the long term is relevant and cost effectiveness of such costly treatments is becoming more and more significant. Our study, based on these linked data, may provide vital information required for any power calculation of such a randomised trial comparing TEVAR to no intervention in patients with thoracic aortic aneurysm. Consequently, the purposes of this study are manifold; the study itself is very relevant and timely and relies on the availability of linked data.
159	OmegaSolver	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	OmegaSolver are requesting the data to develop a new service offering to both the NHS and commercial organisations. The main purpose will be to understand patient pathways and identifying resource use between commissioners and providers within NHS and non-NHS (i.e. private provider) settings. The data will be used to support a service offering aimed at improving commissioning patient care pathways. The analysis would not require any 'sensitive HES data fields'. We will request a regular subscription of the dataset and data from previous years (2 years). As part of our service offering we will also require a commercial re-use licence.
160		Standard Monthly Extract Service; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
161		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
162		Standard Monthly Extract Service; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
163	Leading Light Software Services Limited (L2S2)	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The ONS data is required in order to support the urgent review of outcomes at a number of Trusts as part of the Mortality Outlier Review into the 14 trusts that have been outliers on either SHMI or HSMR for the last two consecutive years. The data will be used to populate a system called CRAB that produces risk-adjusted reports to be used as part of the analysis. Mortality results are a key part of the required analysis. The data will be used to produce risk-adjusted analysis of organisational, departmental and individual consultant performance within the target Trusts identified by NHS England. Drill-down to individual patient coding will be required in order to track any issues to a common denominator (e.g. patterns in certain types of complication, such as infection, within a speciality or for a particular consultant), but we are not directly comparing individual patient outcomes, nor are we validating other data sources.
164		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
165		Bespoke Extract; ONS Mortality	Identifiable	Sensitive	ONS Data Controller approval under Section 42(4)	
166	University of Leicester	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Nationwide outcomes after cardiovascular surgery: Anonymised linkage of HES and ONS datasets. 1. To analyse the trends in incidence over time of surgically treatable cardiovascular disease in England. 2. To analyse regional variations in the surgical treatment of cardiovascular disease and how these have changed over time. 3. To examine outcomes following diagnosis of, or presentation with, cardiovascular disease. 4. To identify and quantify risk factors associated with outcomes for surgically treatable cardiovascular disease. This study will be a retrospective (non-concurrent) cohort study. We will obtain anonymised linked HES and ONS data for all patients admitted to NHS institutions between 1/1/2003 and 31/12/2012 and extract records with primary ICD-10 diagnostic or OPCS-4 procedural codes relating to surgically treatable cardiovascular disease. We will determine the outcomes of index admissions for surgically treatable cardiovascular disease using the same datasets. We will specifically search for specific and general complications and causes of death. We will use this data to quantify outcomes on a national basis and determine the magnitude of variation in outcomes. We do not aim to compare outcomes between individual practitioners or hospitals. We will use these datasets to determine mortality and morbidity outcomes after cardiac surgery, carotid endarterectomy, aortic aneurysm/dissection repair/treatment, lower limb bypass/angioplasty, major lower limb amputations, varicose vein surgery and arteriovenous fistula construction.
167		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
168		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
169		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
170		Bespoke Extract; ONS Mortality	Identifiable	Sensitive	ONS mortality data approved by ONS Data Custodian under the Statistics and Registration Service Act 2007 sections 23 and 39 (4) (i). Approved Researcher accreditation granted for specific individuals for the purpose of this study and Microdata release panel approval for the study.	
171	University of Leeds	Data Linkage and Bespoke Extract; HES Inpatient	Identifiable	Non-Sensitive	Informed Patient Consent	The primary outcome of the SHIFT Trial requires collection of data for all participants relating to any hospital attendances following a self-harm episode. In addition hospital attendance (for all reasons) data informs safety monitoring and analysis. The results of the SHIFT Trial will inform clinical practice for young people attending Child and Adolescent Mental Health Services following self-harm.
172		Data Linkage and Bespoke Extract; HES A&E	Identifiable	Non-Sensitive	Informed Patient Consent	
173	University of Hertfordshire	Bespoke Extract; HES Inpatient	Pseudonymised	Non-	Health and Social Care Act 2012	Our project aims to build on the extraordinary potential of the enhanced healthcare datasets and

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174		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	deliver two key advances for value based healthcare: 1) models focusing on the appropriate definition and measurement of value, effectiveness and cost-effectiveness (of care pathways), opening the way to patient centred outcomes data based quality improvement; 2) preliminary models to indicate the value of service provision, where costs are attached to various services against outcomes over time.
175		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
176		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
177		Bespoke Extract; PROMS	Pseudonymised	Sensitive	Health and Social Care Act 2012	
178		Bespoke Extract; SUS PBR	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
179		Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
180	University of Oxford	Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Evaluate variation in the delivery of secondary fracture prevention services after hip fracture across 11 hospitals in the South Central region.
181		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
182		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
183		Bespoke Extract; ONS Mortality	Identifiable	Sensitive	ONS Data Controller approval under Section 42(4)	
184		Bespoke Extract; PROMS	Pseudonymised	Sensitive	Health and Social Care Act 2012	
185		Finnamore Management Consulting	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	
186	Bespoke Extract; HES Outpatient		Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
187	Bespoke Extract; HES A&E		Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
188	NHIS Limited	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The data will be incorporated, in conjunction with other healthcare-related data, in a range of tools and analyses to give online and tailored reports to allow our customers to understand and quantify NHS activity.
189		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
190		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
191	Bayer PLC	Bespoke Tabulation; HES Inpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	To identify the size of the uterine fibroids market in the UK to feed into the marketing strategy process. It wil aid decisions regarding the level of investment that should be put into this area of the business.
192		Bespoke Tabulation; HES Outpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	
193	The Kings Fund	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The data set will only be used by the authorised team within the King's Fund policy directorate for research purposes. All our research is targeted to advance knowledge within the NHS and the recipients of the products we supply are NHS or NHS-related organisations. The King's Fund does not intend to trade using the data.
194		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
195		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
196	Monitor	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Under the Health & Social Care Act, Monitor is taking on new responsibilities: - Licensing providers: Monitor will license providers of NHS services in England. - Regulating prices for NHS-funded care: Monitor will take on responsibility for pricing, working together with the NHS Commissioning Board. - Integrated care: Monitor will have a duty to consider how it can enable or facilitate the delivery

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197		Standard Monthly Extract Service; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>of integrated care for patients where this would improve quality of care or improve efficiency.</p> <ul style="list-style-type: none"> - Preventing anti-competitive behaviour: Under the Act Monitor's role will focus on making sure that any competition in the health sector is fair and that it operates in the best interests of patients. - Supporting the continuity of services: Monitor will support commissioners to ensure that patients could continue to access the care that they need if a healthcare provider fails. <p>Access to detailed hospital activity information describing all aspects of healthcare over a number of years is essential for these functions to operate effectively, for example, assessing activity in a health economy to identify anti-competitive behaviours, by comparing referral rates or activity volumes, or considering how a failing Provider's activity may be re-directed to other hospitals or services, or modelling new Tariffs according to life-years-of-care to investigate the effects of potential Tariff changes on the health economy.</p> <p>Data at its most granular level (without identifiers and sensitive items) is needed because the data will need to be queried, aggregated and combined in many different ways to support the variety of business queries that each of the above functions will generate; requesting ad-hoc extracts / tabulations from the HSCIC for each specific case will be ineffective and hugely inefficient.</p> <p>Following the Francis Report into Mid Staffordshire Foundation Trust, Monitor is acutely aware of the need to use data much more effectively to fulfil its regulatory responsibilities, and will therefore use detailed record-level data in different combinations of indicators and metrics to form a better contextual view of Provider performance and delivery to ensure that organisations are meeting the terms of the license.</p>
198		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
199		Standard Monthly Extract Service; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
200		Standard Monthly Extract Service; PbR APC Episodes, PbR APC Spells, PbR OP, PbR A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
201	Civil Eyes Research Limited	Bespoke Extract; HES Inpatient	Pseudonymised	Sensitive	DAAG: 270613-a Health and Social Care Act 2012	<p>The key themes in the Civil Eyes Research Valuing Medical Resources network are consultant productivity and appraisal. Their analysis of productivity involves the collection of manpower data from our client NHS hospitals, and then matching it up with consultant level admitted patient care and outpatient activity volumes. Consultants often operate across more than one NHS provider, so Civil Eyes regularly need to search for additional activity outside of the host organisation. Civil Eyes need consultant identifiers in their HES data extracts to facilitate a positive match between the activity and the collected manpower data which is often recorded local under a variety of different codes.</p>
202		Bespoke Extract; HES Outpatient	Pseudonymised	Sensitive	DAAG: 270613-a Health and Social Care Act 2012	
203		Bespoke Extract; HES A&E	Pseudonymised	Sensitive	DAAG: 270613-a Health and Social Care Act 2012	
204		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
205	Guy's and St Thomas' NHS Foundation Trust	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>Study Title: Pilot Evaluation of a Whole Genome Sequencing Service to Track Transmission of Methicillin Resistant Staphylococcus aureus (MRSA) and Target Infection Control Interventions across South London.</p> <p>Synopsis: We are investigating how MRSA transmits within hospitals, across hospitals and between hospitals and the community to improve the rationalisation and cost-effectiveness of prevention and control resources. To achieve this, we are using whole genome sequencing to characterise the genetic profile of MRSA isolates obtained at five hospitals which provide microbiology diagnostic services for inpatients, outpatient clinics and community patients in Lambeth, Southwark, Lewisham, Wandsworth, Merton, Sutton and Bromley London boroughs. We are also mapping the distribution of MRSA cases in relation to social and economic inequalities in the South London.</p> <p>Purpose of Data Request: Preliminary disease mapping of MRSA at the lower super output area level, suggests that the risk of MRSA is greater in the most deprived areas. However, because MRSA is typically associated with hospital contact, it is possible that the increased risk of MRSA in most deprived areas results from an increased number of hospital contacts in these locations. To account for this possible confounding, we require the total number of persons in each LSOA, which have had at least one hospital contact over the study period. We will then adjust the analysis by accounting for the percentage of residents in each LSOA that may have been at greater risk of MRSA through hospital contact. Preliminary analysis also suggests that the spatial</p>
206		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
207		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	

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						distribution of MRSA is associated with the distribution of particular ethnic groups. The requested data will also allow adjusting by the number of hospital contacts recorded from each ethnic group. Analysis output: MRSA risk mapping in relation to social and economic inequalities in the South London community.
208	New Medica	Bespoke Tabulation; HES Inpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	The purpose of this data request is primarily for its own internal business research within the organisation. The data will act as a valuable resource to gain an understanding of the demand for ophthalmology services in England, by researching attendance levels and activity volumes over a period of three years; this is with the intent of improving service delivery within our organisation. Therefore, only aggregate level data is requested for analysis and no external outputs (e.g. publications in peer review journals) should be expected.
209		Bespoke Tabulation; HES Outpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	
210	Moorfields Eye Hospital NHS Foundation Trust	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The data requested will be used to perform detailed assessments of Moorfields' share of Ophthalmic episodes across London as well as the rest of the UK.
211		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
212	NHS Greater Manchester	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	NHS Greater Manchester CCG, Healthier Together Programme is undertaking a detailed hospital activity analysis and capacity planning exercise to support development of a revised hospital model of care, and to drive the development of options and required options appraisal. The data will be presented on a summarized level in tables and graphs in internal reports only. Any numbers lower than 6 will be anonymised. The plan is to hold the data for 3 years, as it will be needed to monitor the changes being implemented by the programme, and illustrate the impact these changes have on the activity base. This will be reviewed every year to ensure it is still required.
213		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
214		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
215	National Audit Office	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	NAO are requesting the data to use for National Audit Office value for money reports on the NHS. We plan to use the data in our analysis in future studies including studies on demand management of emergency admissions and waiting times. NAO will be looking at the data to consider the value for money to the public purse achieved by specific areas of the NHS. This holds the Department accountable for services delivered and funds spent, and leads to potential cost savings or service improvements.
216		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
217		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
218		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
219		Bespoke Extract; SUS PBR	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
220	The Checklist Partnership Limited	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The data will be used to produce benchmark data, for example average lengths of stay, for use with the company's software products. These are all for use by NHS organisations in the UK and healthcare organisations in Canada and Australia who are clients of the company. The software is intended for healthcare capacity management, waiting list management and bed management. The data could also be used for other ad hoc projects which would all involve benchmark values for the NHS and other healthcare organisations.
221		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
222		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
223	Clatterbridge	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	These extracts are intended to be used to replace those previously taken from the HES Business Objects interface to build a range of non-identifiable data sources which are used to provide data to support the National Cancer Program, the National Cardiac program and other parts of the NHS, Public Health England and Department of Health. Examples of the work carried include: Work with NHS Improvement (now part of NHS IQ) to assess progress on the implementation of 'Enhanced Recovery' programs across Acute Trusts in England by monitoring the length of stay for a range of specific procedures, supporting the DH Cancer team when responding to parliamentary questions with information on numbers or locations of specific procedures or diagnoses, supporting the development of a National Cardiac Strategy by the provision of data linking diagnosis and treatment spells. Outputs are in the form of tabulations, containing no identifiers.
224		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
225		Standard Monthly Extract Service; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
226	NHS Litigation Authority	Bespoke Tabulation; HES Inpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	The NHS LA intends to use the data to assist in the calculations of the 2014-15 member contributions. We use the activity data alongside the WTE data we receive to arrive at a risk for each of our members.
227		Bespoke Tabulation; HES Outpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	

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228	St George's University of London	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To analyse outcomes following admission to hospital in relation to demographics, co-morbidity, specific treatments and surgical procedures, and the processes and structure of delivery of healthcare at individual Trusts.
229		Bespoke Extract; ONS Mortality	Identifiable	Sensitive	ONS mortality data approved by ONS Data Custodian under the Statistics and Registration Service Act 2007 sections 23 and 39 (4) (i). Approved Researcher accreditation granted for specific individuals for the purpose of this study and Microdata release panel approval for the study.	
230	Beacon Consulting	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Data will be used to update a database of HES APC and OP data, which has been developed over a period of years. The database is used to provide NHS suppliers with insights into current and potential demand for products and services to optimise business planning. The outputs are typically: bespoke reports and presentations; spread sheet based analytical tools and online reporting services such as Meditrends.co.uk
231		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
232	NHS England	Bespoke Extract; SUS PBR Episodes, Spells, Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The data will be used to analyse the impact of proposed changes to specialised services definitions.
233		Standard Monthly Extract; SUS PBR Episodes, Spells, Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
234	Health IQ Ltd	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The aggregated, pseudonymised extract, will be used to analyse disease burden and hospitalisation outcomes for a range of conditions for projects in healthcare and life sciences. This analysis will be used to support organisations in a range of projects, including service redesign, QIPP delivery and market access. The outputs will be in the form of aggregated excel tables and web applications.
235		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
236		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
237		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
238	CARE UK	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Care UK wishes to retain the data in order to review historical referral patterns in the local health economies and sectors in which we work. The Care UK Information Team will use the data in conjunction with other information (such as published NHS tariffs) to inform the organisation of health and social care trends in the areas we provide services.
239		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
240		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
241		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
242	Olivery Wyman	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The data set will be used to inform analysis of the NHS healthcare market. We intend to load the data onto a secure SQL database and query it to inform our analysis of the market.
243		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
244		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	For example, analysis will cover areas such as the number of episodes (in-patient and out-patient) by geography, hospital and the distance travelled for consultations. Analysis will also cover the patient path taken through the healthcare system and the outcomes of episodes. Additionally the data will be used as the basis of market size and growth assessments.
245		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
246		Bespoke Extract; MHMDS and MHMDS-HES Bridging File	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
247	PricewaterhouseCoopers LLP	Standard Monthly Extract Service; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Outputs of analysis will include articles and booklets for publication, presentations and varied other tools to communicate insight derived from the analysis. Analyses will be conducted to investigate a number of areas such as quality of care, patient experience, care pathways and patient needs. Ultimately, there should be a large patient benefit, especially in terms of patient experience, outcomes and wider care provision.
248		Standard Monthly Extract Service; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
249		Standard Monthly Extract Service; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
250		Standard Monthly Extract Service; PbR APC Spells, PbR OP	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	

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251	Care Quality Commission	Bespoke Extract; HES Inpatient	Identifiable	Sensitive	DAAG: OC/HES/019 NIGB Approval 070510-5-e notes the additional powers under s64 of the Health and Social Care Act of 2008 for CQC to receive specific identifiable data	With respect to HES and MHMDS, CQC's principal aims are to provide: patients and users of services with clear assessments of the safety, quality, efficiency and effectiveness of the services they receive; patients, the public and health & social care professionals with the sound and fair information about health and social care, both at a national and local level.
252		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
253		Bespoke Extract; HES Outpatient	Identifiable	Sensitive	DAAG: OC/HES/019 NIGB Approval 070510-5-e notes the additional powers under s64 of the Health and Social Care Act of 2008 for CQC to receive specific identifiable data	
254		Bespoke Extract; ONS Mortality	Identifiable	Sensitive	ONS Data Controller approval under Section 42(4) DAAG: OC/HES/019 NIGB Approval 070510-5-e notes the additional powers under s64 of the Health and Social Care Act of 2008 for CQC to receive specific identifiable data	
255	Imperial College	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Research. We will provide new evidence on the main factors responsible for the variation in the quality of care across health providers, small areas and over time. Our research will be useful to health care providers, commissioners and to the public in promoting higher quality and more efficient services, choice and accountability. How the data will be used: Data will be stored in a secured network drive password protected with access restricted to only those nominated in this agreement. Patient level information will be used for statistical analysis only and will not be published in any output of the study. Outputs of the analysis: Peer reviewed publications in academic journals. A number of Tables containing the results of the statistical analysis and aggregated descriptive statistics. A large longitudinal database of patients' utilisation of health care services, provider characteristics, environmental and policy factors that could be useful for future research.
256		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
257		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
258		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
259	Nottingham Uni-Qresearch	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The QResearch database consists of pseudonymised electronic health records from primary care patients registered with approximately 670 general practices spread throughout the UK. The database was established in 2002/3 and is widely used for medical research into the causes of disease, its natural history, treatment and outcomes. In addition to coded data from the GP electronic record, the QResearch database also contains the linked cause of death derived from the death certificate data supplied by the Office of National Statistics following approval by Trent MREC and Secretary of State for Health in 2007. We would now like to extend the content of the data held within the QResearch database to include additional health information from secondary care. Similar data linkages have been successfully undertaken by other similar GP databases, such as the General Practice Research Database and researchers report that the additional information is valuable for research projects. Approval is now sought to link the database at patient level with the following data sources: a) Hospital Episode Statistics (HES) The licensee will be linking the HES data to GP data already held in the QResearch database. The licensee will also be providing aggregated linked data back to GPs.
260		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
261		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
262	Swansea University	Data Linkage and Bespoke Extract; HES Inpatient	Pseudonymised	Sensitive	ECC: 3-03(a)/2012 - SAFER 2 Care of older people who fall: Evaluation of the clinical and cost effectiveness of new protocols for emergency ambulance paramedics to assess and refer to appropriate community based care. Health and Social Care Act 2012	Emergency calls to ambulance services are frequently made for older people who have fallen, but ambulance crews often leave patients at the scene without ongoing care. Evidence shows that when left at home with no further support older people often experience subsequent falls which result in injury and emergency department attendances. Aim: To assess the benefits and costs to patients and the National Health Service (NHS) of a complex intervention comprising education, clinical protocols and pathways enabling paramedics to assess older people who have fallen and refer them to community-based falls services when

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263		Data Linkage and Bespoke Extract; HES A&E	Pseudonymised	Sensitive	ECC: 3-03(a)/2012 - SAFER 2 Care of older people who fall: Evaluation of the clinical and cost effectiveness of new protocols for emergency ambulance paramedics to assess and refer to appropriate community based care. Health and Social Care Act 2012	appropriate. Design: Pragmatic randomised controlled trial. We are following up patients for six months after the index incident. Outcomes required are: Principal outcomes: The rate of further contacts with emergency healthcare providers (999 calls, ED attendances, emergency admissions or death) – both for any cause and specifically for falls. Secondary outcomes include: Duration of inpatient episodes; Fractures arising from further falls; Self-reported further falls;
264		Data Linkage and Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	ECC: 3-03(a)/2012 - SAFER 2 Care of older people who fall: Evaluation of the clinical and cost effectiveness of new protocols for emergency ambulance paramedics to assess and refer to appropriate community based care. Health and Social Care Act 2012	Pathway of care as measured by routine ambulance service data on proportions conveyed to ED, referred to falls service, referred to other providers, or left at scene without further care; Durations of: ambulance service job cycle; episode of care; time to falls service response. The data we are requesting comprises the outcomes for the study, and will allow us to detect clinically important differences in outcomes at six months, whilst monitoring the safety of the intervention at one month. The study results will inform policy and service development on a national scale. A successful trial will provide robust evidence about the value of this new model of care and enable ambulance services to use resources efficiently. Data will only be used for the purposes stated above (research outcomes) and in the context of the SAFER 2 trial. Results will be disseminated through peer reviewed journals, conference presentations and our service user representatives.
265		Data Linkage and Bespoke Extract; ONS Mortality	Identifiable	Sensitive	The ONS data are supplied under the Statistics and Registration Service Act 2007 section 42(4) as amended by s287 of the Health and Social Care Act 2012, for the purpose of assisting the Secretary of State for Health, or the Welsh Ministers, in the performance of his, or their functions in relation to the health service.	
266	NHIS	Bespoke Extract; MHMDS and MHMDS-HES Bridging File	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Data outputs will be used for internal research and external-facing client systems. For example, an interactive system to use with the NHS to investigate trends in hospital activity, including any subsequent or preliminary usage of secondary mental health services and whether a patient has accessed diagnostic imaging services. Data suppression will be applied where appropriate and in accordance with guidelines.
267	Keele University	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The data is used in a number of reports produced by the department for PCTs / CCGs / Trusts in England as commissioned by the PCTs / CCGs / Trusts throughout the year.
268		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The data is standardised using denominators such as PU, QOF disease registers and total number of admissions and practice level analysis only undertaken where there are sufficient admissions to ensure patient confidentiality can be maintained.
269	NHIS	Diagnostic Imaging Dataset	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Data outputs will be used for internal research and external-facing client systems. For example, an interactive system to use with the NHS to investigate trends in hospital activity, including any subsequent or preliminary usage of secondary mental health services and whether a patient has accessed diagnostic imaging services. Data suppression will be applied where appropriate and in accordance with guidelines.
270	University of York	Bespoke Extract; HES Inpatient	Pseudonymised	Sensitive	DAAG: 310713-d for HES Health and Social Care Act 2012	Why are we requesting the data: The data will be used to carry out research into economic matters relating to mental health and mental health care provision. The MHMDS data with linkage to HES data is essential to support a range of academic research projects funded by the Department of Health and the NIHR. There has been a long-standing gap in the evidence base related to mental health care system performance, not least due to the lack of good quality data. This research aims to contribute to filling this information gap by exploiting the rich individual-level data that is now available. The various strands of our research will focus on patient groups that have been particularly under-researched and are of high government policy priority.
271		Bespoke Extract; MHMDS and MHMDS-HES Bridging File	Pseudonymised	Sensitive	DAAG: 310713-d for HES Health and Social Care Act 2012	How will the data be used: The data will be used to undertake statistical and econometric analysis to explain variations and test hypotheses relating to mental health care utilisation, patient outcomes and clinical practice. The data will be used to analyse the efficiency, effectiveness and quality of the mental health care system such as variations in costs, outcomes, length of stay, resource use, morbidity and mortality, across geographic regions, mental health care providers, and amongst different patient groups (e.g. those with psychosis or dementia). This will enable us to evaluate the impacts of mental health policy, organisation, finance and delivery of NHS services. The research will also form part of analyses to measure the productivity in the delivery of mental health care nationally,

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						<p>sub-nationally and among mental health hospitals. We will model variations in patient costs and outcomes for the full patient care pathway and examine the characteristics of patients associated with different levels of resource use and outcomes. Our analyses will take account of 1) patient demographic and socio-economic information such as age, gender, ethnicity, marital status, carer support, deprivation measures; 2) patient diagnostic information such as primary and secondary diagnoses (co-morbidities), psychiatric history, PbR care cluster; 3) treatment information such as specialty of provider, use of the Mental Health Act, community and inpatient services received by patients, 4) quality and outcomes such as HoNOS and PHQ-9 scores, waiting times, readmissions, use of restraint, assaults on patients, and social outcomes such as employment and accommodation status; 5) service level factors such as number of contacts with staff, periods of seclusion, and delayed discharge. There is a notable body of work utilising HES data to examine variations in costs and outcomes for the acute care sector and we have considerable expertise and a proven track-record of analysing this data in CHE. However similar research is sorely lacking for mental health care. The availability of linked HES and MHMDS data will allow novel research questions to be explored around variations in utilisation, costs and outcomes for the full patient care pathway in mental health. Such work is particularly relevant in the current policy climate with the introduction of PbR in mental health.</p> <p>Why we are requesting sensitive data (DAAG permission): We are requesting sensitive MHMDS and sensitive HES psychiatric fields. These relate to the legal category / legal status of the patient and if our analyses are to be robust, are crucial for our models as an important indicator of patient severity. We will need all sensitive data items to accurately control for the impact of detention on resource use and utilisation.</p> <p>We need to check data consistency between HES and the MHMDS and therefore require sensitive data on legal status in both datasets. Furthermore there will be a group of patients detained under the Mental Health Act who do not access inpatient care (HES) and are just treated in the community (MHMDS) for whom we would need to know their legal status to control for the impact of detention on their treatment care pathway.</p> <p>What will be the outputs of the analysis:</p> <p>The research outputs will consist of peer reviewed papers in academic journals, research reports for funders and conference presentations. We will report aggregate results that show differences across providers, geographical areas and by patient subgroups. Statistical results will be presented in tables of aggregate statistics summarising patient characteristics and will comply with guidelines on disclosure of potentially patient identifiable data i.e. no small numbered cells and figures will be reported. The results will contain estimated correlations showing associations between patient outcomes and patient characteristics, hospital, geographic and environmental factors.</p>
272		Data Linkage and Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	ECC: 1-02 (FT3)/2013 Understanding failure in Unicompartmental Knee Replacement - Linkage of HES/PROMS data to National Joint Registry data by the HSCIC trusted data linkage service.	<p>We are requesting linkage of HES/PROMS data to an existing extract of NJR data which will be provided in an identifiable form to the HSCIC by HQIP.</p> <p>The applicant is conducting a study comparing total and unicompartmental knee replacement which will form part of his PhD and will be published in peer-reviewed journals. Outcomes of each procedure will be compared for matched patients; outcomes will include revision rate, mortality, functional outcome (PROMS), reoperation (aside from revision) and postoperative morbidity.</p> <p>HES/PROMS data is needed for three reasons:</p> <ol style="list-style-type: none"> 1. To cross-check the data from the NJR extract. 2. To provide additional data for patient matching and stratification (eg Charlston index, IMD) 3. To provide additional outcome data (such as length of stay, readmission, reoperation details, and PROMS). <p>The data will be linked using NHS number, date of birth and postcode. The Patient Identifiable data will be removed from the dataset prior to disclosure to the applicant and the identifiable data will be destroyed as soon as linkage is complete in accordance with the approval granted by the Ethics and Confidentiality Committee under the Health Service (Control of Patient Information) Regulations 2002.</p>
273	University of Oxford	Data Linkage and Bespoke Extract; PROMS	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	

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274	NHIS Ltd	Bespoke Extract, HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The data will be incorporated, in conjunction with other healthcare-related data, in a range of tools and analyses to give online and tailored reports to allow our customers to understand and quantify NHS activity.
275		Bespoke Extract, HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
276		Bespoke Extract, HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
277		Bespoke Extract, HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
278	NHIS Ltd	Bespoke Extract, HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The data will be incorporated, in conjunction with other healthcare-related data, in a range of tools and analyses to give online and tailored reports to allow our customers to understand and quantify NHS activity.
279		Bespoke Extract, HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
280		Bespoke Extract, HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
281	Swansea University	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To be used as part of a publicly funded research project
282		Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Joint Action on Monitoring Injuries in Europe (JAMIE) funded by EU and Department of Health. JAMIE is a European public health joint action project partially funded (50%) by the EU with co-funding from Member States. JAMIE involves utilising emergency department, inpatient and mortality data to measure the incidence of home and leisure injuries for calculation of the European Community Health Indicator 29b and the measurement of injury related Disability Adjusted Life Years (DALYs). The Department of Health has signed up to the EU JAMIE project on behalf of the UK.
283		Bespoke Extract, HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
284		Bespoke Extract, HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
285		Bespoke Extract; ONS Mortality	Pseudonymised	Sensitive	ONS mortality data approved by ONS Data Custodian under the Statistics and Registration Service Act 2007 sections 23 and 39 (4) (i). Approved Researcher accreditation granted for specific individuals for the purpose of this study.	
286	Monitor Group	Bespoke Extract, HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Our organisation will use this data to determine the secondary care clinical pathways for different cohorts of patients. These pathways will be developed by analysing relevant episode-level HES information such as diagnosis codes, procedure codes, and bed days to see how patients move through the system. Once we have identified the various pathways, we will perform statistical analyses that will study topic areas such as similarities and differences between pathways or frequency of various pathways for different patient cohorts.
287		Bespoke Extract, HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
288		Bespoke Extract, HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	We work with organisations (both NHS and suppliers to the NHS) that have the capabilities to improve the delivery of care to patients in terms of outcomes and cost effectiveness. Using our pathway analytics, organisations can determine where and how their assets, pathways, products and services can be most useful and also what additional innovations may be valuable in improving patient care. All of analysis will be conducted in England and the majority of the client organisations to whom we will present our insights will be based in England. However, we cannot guarantee that these organisations will not share final summary presentations based on HES data with other parts of their Global Organisations. Thus have selected 'worldwide' as our Territory of Use
289		Bespoke Extract, HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
290	Ernst & Young LLP	Bespoke Extract, HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The data will be used to help organisations understand their performance and to be used as a basis for scenario analysis for decision making purposes.
291		Bespoke Extract, HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The data will be analysed at aggregate level and will not be used for isolation or identification of individual patients

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292		Bespoke Extract, HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
293		Bespoke Extract, HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
294	National Audit Office	Bespoke Extract, HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>Study: National Audit Office value for money programme</p> <p>We are requesting the data to use for National Audit Office value for money reports on the NHS. We plan to use the data in our analysis in future studies including studies on demand management of emergency admissions and waiting times. We will be looking at the data to consider the value for money to the public purse achieved by specific areas of the NHS. This holds the Department accountable for services delivered and funds spent, and leads to potential cost savings or service improvements.</p>
295		Bespoke Extract, HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
296		Bespoke Extract, HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
297		Bespoke Extract, HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
298		Bespoke Extract, SUS PBR APC Episodes	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
299		Bespoke Extract, SUS PBR APC Spells	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	
300		HMRC	GP Census data at individual level for all 4 Countries (England, Wales, Scotland and NI) supplied to HMRC to link to their Tax Return data to supply an anonymised aggregated Earnings data set back to HSCIC Workforce.	Identifiable	Non-Sensitive	
301	Dentist data at individual level for all 4 Countries (England, Wales, Scotland and NI) supplied to HMRC to link to their Tax Return data to supply an anonymised aggregated Earnings data set back to HSCIC Workforce.		Identifiable	Non-Sensitive	The Health and Social Care Act 2012 places a duty, on all organisations that deliver care funded by the NHS to provide data on their current workforce and to share their anticipated future workforce needs. In addition Information Governance is being reviewed as part of the wider Workforce Information Architecture programme of work in 2014 and improved where necessary with Fair Collection Notices in future.	
302	NHIS Limited	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>NHiS is a provider of market intelligence and insight to the NHS and healthcare sector. NHiS has used the HSCIC's HES inpatient and outpatient data for over 5 years for internal research and external-facing client systems.</p> <p>The data will be incorporated, in conjunction with other healthcare-related data, in a range of tools and analyses to give online and tailored reports to allow our customers to understand and quantify NHS activity. Example outputs include an interactive system to use with the NHS to investigate trends in hospital activity, whether a patient has accessed diagnostic imaging services and any subsequent or preliminary usage of secondary mental health services.</p> <p>Data suppression is applied where appropriate in accordance with guidelines released by the HSCIC.</p>

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303	NHIS Limited	Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>NHiS is a provider of market intelligence and insight to the NHS and healthcare sector. NHiS has used the HSCIC's HES inpatient and outpatient data for over 5 years for internal research and external-facing client systems.</p> <p>The data will be incorporated, in conjunction with other healthcare-related data, in a range of tools and analyses to give online and tailored reports to allow our customers to understand and quantify NHS activity. Example outputs include an interactive system to use with the NHS to investigate trends in hospital activity, whether a patient has accessed diagnostic imaging services and any subsequent or preliminary usage of secondary mental health services.</p> <p>Data suppression is applied where appropriate in accordance with guidelines released by the HSCIC.</p>
304	NHIS Limited	Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>NHiS is a provider of market intelligence and insight to the NHS and healthcare sector. NHiS has used the HSCIC's HES inpatient and outpatient data for over 5 years for internal research and external-facing client systems.</p> <p>The data will be incorporated, in conjunction with other healthcare-related data, in a range of tools and analyses to give online and tailored reports to allow our customers to understand and quantify NHS activity. Example outputs include an interactive system to use with the NHS to investigate trends in hospital activity, whether a patient has accessed diagnostic imaging services and any subsequent or preliminary usage of secondary mental health services.</p> <p>Data suppression is applied where appropriate in accordance with guidelines released by the HSCIC.</p>
305	NHIS Limited	Bespoke Extract; HES Critical Care	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>NHiS is a provider of market intelligence and insight to the NHS and healthcare sector. NHiS has used the HSCIC's HES inpatient and outpatient data for over 5 years for internal research and external-facing client systems.</p> <p>The data will be incorporated, in conjunction with other healthcare-related data, in a range of tools and analyses to give online and tailored reports to allow our customers to understand and quantify NHS activity. Example outputs include an interactive system to use with the NHS to investigate trends in hospital activity, whether a patient has accessed diagnostic imaging services and any subsequent or preliminary usage of secondary mental health services.</p> <p>Data suppression is applied where appropriate in accordance with guidelines released by the HSCIC.</p>
306	BUPA	Bespoke Extract; SUS PBR Episodes, Spells, Outpatient, A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>To assist the NHS and Bupa Group companies in the UK to improve the quality of healthcare management and service delivery in England by benchmarking performance against national trends."</p> <p>This request is for the sensitive field Consultant code to be supplied in a HES monthly managed extract. The data is used to enable BUPA Health Dialog to analyse patterns of variation among consultants within a treatment specialty. Productivity measurements and benchmarking reports will then be produced and used to inform healthcare organisations that are working with BUPA to try to improve the quality of healthcare delivered to patients.</p>
307	AQuA (NHS Organisation)	Bespoke Extract; ONS Mortality	Identifiable	Sensitive	ONS Data Controller approval under Section 42(4)	<p>AQuA intend to use the data internally for research and development purposes. Additionally it will be used by AQuA in the development, delivery and support of programmes and products across the public sector health and social care economy. AQuA will not profit from the provision of HES data to its clients.</p> <p>To understand variations in mortality rates between our member organisations when compared to their peers, to +I benchmarks, To use quantitative analysis as a stimulation for discussion and deeper review of working practices within hospitals (and the wider health economy), in order to identify opportunities for improvement.</p>

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308	University of Bristol	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>We have built up a research database of all HES inpatient episodes since 1991/2, which contains some patient identifiers held under Section 251 approval. In discussion with the NIGB-ECC and HSCIC, we have taken the decision to work solely with non-identifiable non-sensitive data fields, using the pseudoanonymised HES ID to differentiate between patients. We have expunged our existing datasets with identifiers. Our request is to rebuild the database with a new encryption key and with non-identifiable, non-sensitive data only.</p> <p>We use this research database for a portfolio of academic research projects on the topic of 'patterns of hospital admissions in England.' Since 2005, we have used our existing HES database in approximately 40 peer-reviewed publications in high impact medical journals. Analyses vary from highlighting long waiting lists for elective care in English hospitals (www.bmj.com/content/326/7382/188.1) to studying the impact of SSRI prescribing on self-harm related admissions (www.bmj.com/content/336/7643/542).</p> <p>The research database is used exclusively by the staff of the School of Social & Community Medicine (SSCM) at the University of Bristol. We do not release it to other researchers or research organisations. All staff working with HES data understand the HES publication restrictions (in particular prevention of identification through suppressing small cell numbers in publication).</p> <p>SSCM is a leading centre for health services research and epidemiology in the UK and internationally. Access to the HES database will enable us to continue to conduct research evaluating the equality of access to NHS care and its effectiveness, safety and cost-effectiveness. By publishing this research we aim to improve NHS services and benefit future patients.</p>
309	University of Edinburgh	Bespoke Extract; HES Inpatient	Pseudonymised	Sensitive	DAAG: 301012-aHealth and Social Care Act 2012	<p>Our study aims to produce a map of "hotspots" of falls in the UK, and we anticipate doing this by: i) mapping falls across country to identify hotspots of localities with particularly high and low rates with a view to producing a series of national maps; ii) examining geographical variations across places and over time, differentiated by age, gender, urban and rural indicators, and socioeconomic status; and iii) identifying sources of information to locate the types of places where people fall over.</p> <p>Data on falls in the HES dataset will provide us with information around the type of fall, the place of occurrence and the patient output area. Analysis of this dataset will enable us to verify the variables that can be used to find "hot spots". To better understand inequalities in falls, we will examine whether the geographical variability in outdoor falls is linked to area-level social deprivation (using the index of multiple deprivation) and urban/rural status. We will stratify by age and sex; and also examine whether these "hotspots" change over time (from 1996 to present day).</p> <p>This study is an audit for service improvement. We hope to identify a list of useful variables from appropriate datasets to enable us to produce national maps of falls, and measures of inequality over time. The list of variables will be used to generate further hypothesis for future study, and identify data gaps with an aim to push for better recording of outside fall data. The overall aim of our study is to shape effective environmental interventions that may lead to improved health and quality of life in older age while respecting the diverse capabilities and 'personal projects' of individuals.</p>

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310	The Nuffield Trust	Bespoke Extract; ONS Mortality	Identifiable	Sensitive	ONS mortality data approved by ONS Data Custodian under the Statistics and Registration Service Act 2007 sections 23 and 39 (4) (i). Approved Researcher accreditation granted for specific individuals for the purpose of this study and Microdata release panel approval for the study.	<p>1. Investigating the long term costs of chronic diseases - The aim is to describe patterns of hospital use and estimated cost of care for patients with selected conditions (e.g. chronic renal disease, COPD, diabetes) over time in England using routinely collected data.</p> <p>2. Investigating the variations in the use of hospital care and costs at the end of life - Assuring quality care for people at the end of their lives is increasingly recognised as a priority for health and social care services across the world. The quality of "end of life" care is clearly important to patients, their carers and relatives. A particular concern is to reduce avoidable hospital care which can be expensive and often does not reflect the patient's preferred locus of care. The project will look at the patterns of hospital use and costs for people in the last 12 months of their lives and to gain a better understanding of variation in patterns of care, with a goal of identifying opportunities to improve quality and efficiency. It addresses difference related to several factors including age, gender, ethnicity, predominant hospital used, area of residence, cancer /non cancer, long term conditions/no long term conditions, place of death, cause of death.</p> <p>3. Investigating the impact of community based Red Cross Care in the home on NHS hospital use - The aims is to use data linkage techniques to look at healthcare utilisation and associated costs for patients receiving Red Cross services in England, and compare their patterns of NHS care to a matched control group to ascertain whether Red Cross services led to significant reductions in hospital use and costs at the end of life.</p>
311	University of Manchester	Bespoke Extract; HES Inpatient	Pseudonymised	Sensitive	PIAG 4-08(d)/2003 Health and Social Care Act 2012	<p>HES data is needed to identify cases of Sudden Unexplained Death (SUD) among in-patients under mental health services.</p> <p>The aims of the SUDs project are to: 1) determine the number and rate of SUD in psychiatric in-patients in England and Wales, 2) conduct a detailed examination of circumstances leading up to SUD, and 3) carry out a national case-control study identifying independent risk factors for SUD.</p>
312	University of Liverpool	Bespoke Tabulation; HES Outpatient	Aggregated - Small numbers suppressed	Non-Sensitive	Health and Social Care Act 2012	<p>We have conducted a survey of recruitment experience of clinical teams involved in recruitment to a randomised controlled multicentre trial in children: the MAGNETIC trial. The MAGNETIC trial recruited from 30 sites across the UK and we have investigated the recruitment experience of clinical teams at all these sites.</p> <p>We are requesting data on the number of AE attendances of children <18 years at these sites (NHS Hospitals) to be able to calibrate the sites and look for correlation between recruitment performance and site specific responses.</p>

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313	University of York	Bespoke Extract; ONS Mortality	Identifiable	Sensitive	ONS Data Controller approval under Section 42(4)	<p>The data will be used to support research into economic matters relating to health and health care provision. The HES data is essential to support a range of academic research projects funded by the Department of Health and other research councils such as the NIHR, MRC, ESRC etc. The HES data will be used to run internal and external training courses to facilitate the understanding and use of HES.</p> <p>How will the data be used: The data will be used to undertake statistical and econometric analysis to explain variations and test hypotheses relating to health care utilisation, patient outcomes and clinical practice. The data will be used to analyse the efficiency, effectiveness and equality of the health care system. We will quantify differences in health care utilisation, expenditure, morbidity and mortality over time, across geographic regions, health providers, and among different patient groups in order to evaluate the impacts of health care policy, organisation, finance and delivery of NHS services. The research will measure productivity in the delivery of health care nationally, sub-nationally and among hospitals. We will evaluate differences in the performance of hospitals in terms of the cost of provision and in patient outcomes including mortality and self-reported morbidity. We also investigate socio-economic inequality in the use healthcare and patient outcomes. The data will be used to analyse access to care, the market for health care, including choice of provider and competition and concentration of health care services across England. The research will encompass the different sectors of the health care system, looking at the effects of quality and access of primary care on patient use and outcomes in secondary care; and the relationship between long term care, social care and secondary care utilisation.</p> <p>What will be the outputs of your analysis: The research outputs will consist of peer reviewed papers in academic journals, research reports for funders and conference presentations. We will report aggregate results that show trends over time, differences across providers, commissioners, geographical areas and by patient subgroups and patients characteristics. Statistical results will be presented in tables of aggregate statistics summarising patient characteristics and will comply with ONS guidelines on disclosure of potentially patient identifiable data i.e. no small numbered cells and figures will be reported. The results will contain estimated correlations showing associations between patient outcomes and patient characteristics, hospital, institutional, geographic and environmental factors. The reports will contain maps at small area level but will not show point level data for individuals at low levels of granularity.</p>

Row ID	Organisation Name	Type of Data Provided	Data provided to customer: Identifiable, Pseudonymised, Anonymised, aggregated-anonymised	Sensitive or Non-Sensitive	Legal Basis for Provision of Data	Purpose
314	University of York	Bespoke Extract; PROMS	Pseudonymised	Sensitive	Health and Social Care Act 2012	<p>The data will be used to support research into economic matters relating to health and health care provision. The HES data is essential to support a range of academic research projects funded by the Department of Health and other research councils such as the NIHR, MRC, ESRC etc. The HES data will be used to run internal and external training courses to facilitate the understanding and use of HES.</p> <p>How will the data be used: The data will be used to undertake statistical and econometric analysis to explain variations and test hypotheses relating to health care utilisation, patient outcomes and clinical practice. The data will be used to analyse the efficiency, effectiveness and equality of the health care system. We will quantify differences in health care utilisation, expenditure, morbidity and mortality over time, across geographic regions, health providers, and among different patient groups in order to evaluate the impacts of health care policy, organisation, finance and delivery of NHS services. The research will measure productivity in the delivery of health care nationally, sub-nationally and among hospitals. We will evaluate differences in the performance of hospitals in terms of the cost of provision and in patient outcomes including mortality and self-reported morbidity. We also investigate socio-economic inequality in the use healthcare and patient outcomes. The data will be used to analyse access to care, the market for health care, including choice of provider and competition and concentration of health care services across England. The research will encompass the different sectors of the health care system, looking at the effects of quality and access of primary care on patient use and outcomes in secondary care; and the relationship between long term care, social care and secondary care utilisation.</p> <p>What will be the outputs of your analysis: The research outputs will consist of peer reviewed papers in academic journals, research reports for funders and conference presentations. We will report aggregate results that show trends over time, differences across providers, commissioners, geographical areas and by patient subgroups and patients characteristics. Statistical results will be presented in tables of aggregate statistics summarising patient characteristics and will comply with ONS guidelines on disclosure of potentially patient identifiable data i.e. no small numbered cells and figures will be reported. The results will contain estimated correlations showing associations between patient outcomes and patient characteristics, hospital, institutional, geographic and environmental factors. The reports will contain maps at small area level but will not show point level data for individuals at low levels of granularity.</p>
315	Royal College of Surgeons	Bespoke Tabulation; HES Inpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	<p>Data will be requested to ascertain case numbers and outcomes following AAA and Carotid procedures based on OPCS codes and admission mode. This will be required on a quarterly basis for all practising hospitals and trusts in England. The data needs to be provided in an unmasked format. The trust level data will be sent to the vascular lead and the clinical governance lead at each of the trusts in England. This will be done to identify the rates of data contribution to clinical audit through the National Vascular Database (NVD). This data will be provided on a quarterly basis, unmasked to the relevant individuals only. The information provided will not contain any patient identifiable information and will only be used for data validation purposes.</p> <p>The data will also be used in annual reports to inform the public about local data entry rate and patient outcomes.</p>
316	London Cancer Alliance	Bespoke Extract; SUS PBR	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>The HSCIC grants to Licensee a non-exclusive licence to use or re-use the data specified in section 3 above for the following purposes: To be used internally by our organisations for its own internal business purposes. Based on your SUS PbR Extract Application statement (above), The HSCIC grants to Licensee a non-exclusive licence to use or re-use the data specified in section 3 above for the following purposes: Use only within the Field and Territory as specified in this Agreement. Publishing the material in any medium, including featuring the information asset on websites which can be accessed via the Internet or via an internal electronic network or on an Intranet. Authorising users and subscribers who use the Licensee's electronic or digital products to access the material. Translating the information asset into another language or converting to Braille or other formats for people who are visually impaired</p>

Row ID	Organisation Name	Type of Data Provided	Data provided to customer: Identifiable, Pseudonymised, Anonymised, aggregated-anonymised	Sensitive or Non-Sensitive	Legal Basis for Provision of Data	Purpose
317	University of Ulster	Bespoke Tabulation; HES Inpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	The aim of this project is to examine the geographical variation in rates of compulsory psychiatric admissions to hospital under the Mental Health Act across England during 2010/11. The outputs of this project will be in the form of: (1) a final report to be submitted to the NIHR HS&DR (late 2013); (2) several research papers to be submitted for publication in peer-reviewed academic journals; (3) research presentations at national and international academic conferences; and (4) presentation and discussion of findings with patients and NHS managers.
318	University of Edinburgh	Bespoke Tabulation; HES Inpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	We are undertaking a comprehensive evaluation of the association between smoke-free legislation and a range of perinatal and paediatric health outcomes in England, Scotland, Wales and the Netherlands. As part of this, using HES data we aim to investigate if incidence changes in paediatric hospitalisations for respiratory infections occurred following the introduction of smoke-free legislation in England on July 1st, 2007. Interrupted time series analyses will be performed on each of the outcomes, adjusting for potential confounders. Results will be presented in a scientific paper to be submitted to a leading peer-reviewed medical journal. Results from this project will inform the development and implementation of global policy and strategies to further reduce SHS exposure in a particularly vulnerable population.
319	Christchurch Court Limited	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The data is being requested to assist research commissioned by the Christchurch Group. This research is on the incidence of brain injury in the UK, and is being carried out by Rachel Goodwin. The data will be used to promote the need for specialised rehabilitation centres in particular pcts, and will be reported in an academic report, with the aim of publication. The (2010/2011) data set will be broken into simplified tables, such as finished admissions in each pct of e.g. traumatic injuries, stroke etc, and figures within each age and gender bracket. The number of patients receiving treatment out of their pct of residence will also be noted.
320	Imperial College London	Bespoke Extract; ONS Mortality	Identifiable	Sensitive	ONS mortality data approved by ONS Data Custodian under the Statistics and Registration Service Act 2007 sections 23 and 39 (4) (i). Approved Researcher accreditation granted for specific individuals for the purpose of this study and Microdata release panel approval for the study.	Comparison of hospitals' mortality rates for in-hospital deaths with rates for all deaths (to evaluate the effect of differential discharge policies). Calculation of total post operative mortality rates e.g. when comparing operative techniques such as laparoscopy and open approaches. Assessing potential quality of care issues by comparing the cause of death with the reasons(s) for admission, e.g. for surgical patients who are discharged within 30 days of the procedure but who die at home (was the death related to their disease process or to complications of treatment)?
321	Roche Products Limited	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Map referrals between primary and secondary care organisations and produce aggregated analysis of patient numbers and episodes at Trust and Hospital level.
322	Centre for Health Service Economics and Organisations (CHSEO)	Business Objects: PROMS	Pseudonymised	Sensitive	Health and Social Care Act 2012	To Implement an NIHR project – “managing planned care”, the aim of which is to provide CCGs with information to assist them in moderating the growth of elective care whilst minimising the sacrifice the health gain.
323	University of East London	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	I have used the National Cataract Register for Sweden to develop a mathematical model which describes the relationship between changes in the size of the waiting list and changes in the length of wait. I would like to test the model using Hospital Episode Statistics. I will use the extract of records to produce aggregate counts of elective admissions falling within specified calendar periods and cohorts, and I propose to use these to examine the relationship within the 'national waiting list' for each of the main specialties. But I'd also like to be able to examine the waiting list for individual providers or diagnostic groups or procedure codes in case I think of a sub-group of one of the national waiting lists which might provide a more hostile test of the model. I plan to report the results of my analysis as an article in a scientific journal.

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324	Asthma UK	Bespoke Tabulation; HES Inpatient	Aggregated - Anonymised	Non-Sensitive	Health and Social Care Act 2012	To be used internally by our organisations for its own business purposes. To be incorporated in to a publication which will be subsequently distributed free of charge "for clarity: in the Data-Reuse Statement section, where we refer to use in publications, we mean we will occasionally quote regional or national numbers derived from the data, not that we'll make the data itself available to anyone. The data will mostly be used to inform our own work but we are sometimes asked questions by external stakeholders about how one part of the country compares with another or with England as a whole. Once again, we never share the complete data with anyone, only totals derived from the data."
325	Birth Choice UK	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>BirthChoiceUK provides information to pregnant women to help them choose where to have their baby by way of our website www.birthchoiceuk.com. Our purpose is to increase health literacy amongst pregnant women, improving their capacity for shared decision-making and access to appropriate maternity services, thereby increasing the quality of maternity care that they receive.</p> <p>As BirthChoiceUK is an unincorporated organisation with no capacity to enter into a contract, we ask that the contract is made with Rod Gibson Associates Ltd, a limited company wholly owned by Rod Gibson, data analyst with BirthChoiceUK.</p> <p>Both Miranda Dodwell and Rod Gibson hold ADLS (Administrative Dataset Liaison Service) Safe Researcher certificates. Although we are not requesting sensitive or identifiable data, we use secure processes, practices and technology for storage and access to the data. Both applicants are experienced users of HES maternity data, having worked with academic institutions in projects using the data.</p> <p>As in previous years we would like to use HES records to provide information to women giving birth in England which is not currently available from the Information Centre, for example, we produce 'normal delivery' rates according to the consensus definition of the Maternity Care Working Party, not currently calculated by the HSCIC. Data we produce from HES records will be displayed on our website identifying HSCIC as the source of the data and giving information about our methodology. Care will be taken to ensure we only publish non-disclosive data, both internally and when compared to other published maternity statistics in accordance with the HES small numbers policy.</p> <p>In addition, we may provide intervention rates stratified/adjusted by other factors such as maternal age range, risk, parity or ethnicity to provide more tailored information to pregnant women, and profile hospitals according to these factors where data quality allows and numbers are sufficiently large.</p> <p>We also plan to use HES data to provide other organisations with aggregated information about maternity services.</p>
326	Dr Alison Leary - Independent Analyst on behalf of Multiple Sclerosis Trust	Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	This is a service evaluation on behalf of the Multiple Sclerosis Trust. Since 2005 the MS Trust have supported a community nursing post. The nurse has put in place protocols to avoid unscheduled care in A&E and we are trying to evaluate this. This data will be used in an anonymised form in a service evaluation document and possible academic publication.
327	Greenstreet Berman Limited	Bespoke Tabulation; HES A&E	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	<p>We are completing an evaluation of a Home Safety promotion scheme. The scheme entailed volunteers visiting people with infants in their home, providing home safety advice and free home safety equipment such as stair gates. The evaluation is being completed at the level of local authorities. The scheme ran in some areas but not others. Therefore, we can compare changes in incident rates between areas that had and areas that did not have home safety visits. So we are requesting the data to enable an evaluation of the Home Safety scheme.</p> <p>Data on the number of A&E first attendances will be aggregated per local authority for each of 2008/09, 2009/10, 2010/11 and 2011/12. We have data on the number of home visits per local authority and the population per local authority, to calculate rates of incidents per million infants in each local authority per year. We will then compare the incident rates before the scheme was launched (2008/09 and 2009/10) against the year after the scheme was run (2011/12) to test changes between the before and after periods. This will entail descriptive statistics and an Analysis of Variance (ANOVA) test of the statistical significance of changes in incident rates. We can also compare the extent of change in incident rates to the rate of home safety visits across the local authorities that ran home safety visits. this will include correlation and regression</p>

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						analysis of change in incident rates per local authority against rate of home visits.
328	Public Health England	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>These data will support PHE to: highlight where inequalities or threats to the public's health exist; assess health needs; support national surveillance programmes on healthcare associated infections, antibiotic resistance, surgical site infections, vaccine-preventable disease, vaccine safety, non-vaccine preventable invasive bacterial infections and invasive fungal infections; review the wider determinants of health; engage with local and national organisations to determine what health intelligence is required to help improve health; work in partnership with local and national agencies to deliver products that increase health intelligence; provide targeted analyses to decision makers identifying areas where preventative interventions or investment in secondary care is required to address risks to public health.</p> <p>These overarching aims will be achieved by the provision of intelligence which monitors health and disease trends and highlights areas for action; draws together information from different sources in new ways to improve health, looks ahead to give early warning of future public health problems and identifies gaps in health information.</p>
329	Fletcher Spaght Inc.	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>We are working with a private-sector client to better understand the patient population and procedures done for aortic valve disease. Our client is developing new treatments for aortic valve disease. The focus of our analysis is aortic insufficiency, but it is important to us to analyse those patients in the context of all aortic valve disease, also when other valves are affected.</p> <p>The etiologies are shifting, as are the procedures being done, and the picture is not clear based on published medical literature, so we would like to analyse detailed data ourselves. We will analyse data on patients operated on for aortic valve disease to understand the proportion with aortic insufficiency vs. aortic stenosis (AI vs. AS) and how treatment varies. We want to understand the numbers of surgical and interventional procedures by type (OPCS 4.6 code) for AI vs. AS. We will analyse related factors such as patient age, emergent vs. elective nature of cases, etc.</p> <p>The outputs of our analyses will be tables and graphs detailing the current surgical and interventional treatment of aortic valve disease by sub-diagnosis. They will support internal decision making by our client and are not intended for publication.</p>

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330	Department of Health	Data Linkage and Bespoke Extract; PDS data linked to HES index	Pseudonymised	Non-Sensitive	Section 251 approval ECC: 3-02(FT2)/2011) is in place for the flow of identifiable data to the HSCIC which is then linked before a pseudonymised output is returned to the customer. Data is made available under the UK Government Licensing Framework and release is compliant with the Data Protection Act 1998, The Information Commissioners Data Sharing Code of Practice and The HSCIC's A Guide to Confidentiality in Health and Social Care.	The Person Based Resource Allocation (PBRA) project requires linkage of information on hospital activity to a population based view of all people within a given area to be linked to the HESID Index. The output will be a pseudonymised extract provided to the Department of Health.
331	Otsuka Pharmaceuticals Limited	Bespoke Tabulation; HES Inpatient	Aggregated - Anonymised	Non-Sensitive	Health and Social Care Act 2012	This HES data will be used to populate a budget impact model developed by Otsuka Pharmaceuticals Ltd to help the NHS plan for the introduction of their drug Samsca. This interactive excel based model will be provided to the NHS and allow local NHS policy makers/decision makers and budget holders to input local data to understand and plan for the impact of using this drug. The model will however be populated with default data which this HES data request will be used for. Accession healthcare has been commissioned to develop this model on behalf of Otsuka.
332	Northumberland, Tyne & Wear NHS Foundation Trust	Bespoke Extract; PROMS	Pseudonymised	Sensitive	Health and Social Care Act 2012	To enable a deeper analysis of PROMs data, in particular to determine whether the outcomes relate to primary or revision surgery for the orthopaedic procedures
333	Nuffield Trust	Bespoke Extract; ONS Mortality	Identifiable	Sensitive	ONS Data Controller approval under Section 42(4)	Evaluation of the Met Office Healthy Outlook service From the winter of 2007/08, the Met Office has run an information and advice service for patients with COPD, referred to as Health Outlook. At its core is a system for issuing automatic, interactive telephone alerts delivered direct to patients' homes during periods when the risk of exacerbation of COPD is assessed to be high on the basis of weather forecasts and infectious disease data. The aims of the study are to evaluate the Met Office COPD service, Health Outlook, in terms of its impact on health service use and costs.
334	Ernst and Young LLP	Bespoke Extract; PROMS	Pseudonymised	Sensitive	Health and Social Care Act 2012	We intend to use PROMS data to inform statistical research on the links between quality and cost so we can help NHS trusts deliver high quality safe services efficiently. The data will not be resold to any organisation. We will be using the data for work with our NHS clients only and will not be charging them a fee for access to the data. The basis of the fees will be on delivering actions indicated by the data only.
335	NHS England	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Flag HES data with specialised services identify using HSCIC prescribed services grouper and then aggregate data to CCG for presentation to others with NHS England.
336	Baxter Healthcare	Bespoke Tabulation; HES Inpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	Baxter BioSurgery sells biosurgical products used in surgical procedures in theatres. Our products are suitable for particular procedures only and in order for the sales team to assess where they should concentrate their efforts they are advised by marketing of hospitals where these particular procedures take place and the frequency/amount so that they can plan their time according to the greatest potential. Only 2 people in the marketing team will see the data requested. It will not be sold to anyone else or used by any other part of the organisation inside or outside the UK

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337	University of Oxford	Data Linkage and Bespoke Extract; HES Inpatient	Identifiable	Non-Sensitive	Section 251 approval PIAG 3-09(e)/2003 and PIAG 1-05(d)/2008) is in place for the flow of identifiable data to the HSCIC which is then linked before a pseudonymised output is returned to the customer. Health and Social Care Act 2012	<p>The dataset will be used by a team of epidemiologists and statisticians in the Cancer Epidemiology Unit at the University of Oxford. The dataset received from HES will not be traded or distributed to other countries.</p> <p>EPIC-Oxford is a national prospective cohort study of health with a focus on vegetarians. The study is funded by Cancer Research UK and the Health and Safety Executive. The study involves 65,000 men and women who have given consent for follow-up through their medical records to examine how dietary and other lifestyle and biological factors affect their future health. We have published 3 papers using data from our previous HES extract (ET2682), see attachment 1. We wish to examine a wide range of disease groups including cancer diagnosis, cardiovascular disease, joint replacements and fractures. Our study has approval from Scotland A Research Ethics Committee (MREC 02/0/90), and conforms to ethical and legal guidelines regarding consent and confidentiality. Further information can be found on our website www.epic-oxford.org.</p> <p>The HES data will be used to examine the relationships between dietary, lifestyle and other potential risk factors and the incidence of a range of outcomes including cardiovascular disease, gastro-intestinal disorders, cancer, joint replacements and fractures. The results will be published in peer-reviewed scientific journals and thus contribute to knowledge of the epidemiology and aetiology of common diseases and other causes of hospital admissions.</p>
338	University OF Southampton	Bespoke Tabulation; SUS PBR Inpatient Spells and Outpatient	Aggregated - Small numbers suppressed	Non-Sensitive	Health and Social Care Act 2012	The project aims to (i) update the cost of malnutrition in England by amalgamating data from the Information Centre with the prevalence of malnutrition established through national surveys by the British Association for Parenteral and Enteral Nutrition (ii) Economic evaluation of interventions to treat malnutrition based on the NICE costing document, involving a comparison of the current pathway of care with a proposed pathway of care.
339	Asthma UK	Bespoke Tabulation; HES Inpatient	Aggregated - Anonymised	Non-Sensitive	Health and Social Care Act 2012	To be used internally by our organisations for its own business purposes. To be incorporated in to a publication which will be subsequently distributed free of charge" "for clarity: in the Data-Reuse Statement section, where we refer to use in publications, we mean we will occasionally quote regional or national numbers derived from the data, not that we'll make the data itself available to anyone. The data will mostly be used to inform our own work but we are sometimes asked questions by external stakeholders about how one part of the country compares with another or with England as a whole. Once again, we never share the complete data with anyone, only totals derived from the data."
340	EC Harris LLP	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	This data will be used by the healthcare planning team within EC Harris. We will not directly sell or trade the requested data. This data will be used as comparative data to benchmark client hospitals to inform healthcare related reports and for healthcare research. Data will be anonymised before sharing with clients. This data will not be used outside the UK, but data derived analysis may be referenced in international reports.

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341	University of Liverpool	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>We are requesting these data in order to compute standardised illness (hospitalisation) rates for the 39 New Deal for Communities areas - and 39 comparator areas. The project, funded by the Policy Research Division in the Department of Health, will provide statistical analyses of the impact on health inequalities of the various NDC initiatives and should lead to recommendations for methods for improving health in areas of social deprivation.</p> <p>In order to aggregate these data to NDCs we will need an NDC area code on each record and will supply an ONS generated postcode to NDC look-up for this purpose. As we do not think this represents data linkage in the sense used in this form, we have not completed section 5. As NDC areas have average populations of 9000 and are larger than LSOAs (which are not a sensitive field), we do not think that adding this code will make cause the data to be classed as identifiable or sensitive. Since the only other geographical ID we are requesting is the local authority district code, there is no question of identifying smaller areas by difference.</p> <p>We are requesting these data because previous evaluations of the impact of the New Deal for Communities Policy on Health Inequalities have mainly relied on the four MORI surveys of 2002, 2004, 2006 and 2008 - which provide a small panel data set and four cross sectional data sets. For the purpose of analysing health inequalities, the survey data are limited in two ways: (1) they are based on a relatively small sample, which limits the ability to explore the health of sub-groups and, (2) the questions do not have a strong focus on health.</p> <p>The previous evaluation partly compensated for these limitations, by constructing several health indicators from administrative data, including four HES based standardised morbidity ratios for alcohol, drug, cancer and heart disease related admissions. These indicators, based on HES data, were only computed for years up to 2003. We want to extend this set of indicators by computing values for the years up to the of the NDC initiative (2011). We would also like to use the HES data to compute new broader standardised indicators of health if the above more specific indicators prove insufficiently robust.</p> <p>Outputs from the project will be: reports on the health impacts of NDCs; and tables of the indicator values (standardised rates) that can be used by the Department of Health and other researchers.</p>
342	SSentif Intelligence	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>We will analyse the data and produce indicators to be used for benchmarking purposes.</p> <p>The aggregated data we have created will then be available in our benchmarking system to subscribers to our online system.</p>
343	Hspot Ltd	Bespoke Tabulation; HES Inpatient	Aggregated - Small numbers not suppressed	Sensitive	DAAG: 310713-b Health and Social Care Act 2012	<p>We provide an independent online health information service that pulls in validated health information from NHS and private health sources to help inform prospective patients and their carers. The website is called 'Findmehealth.com' and serves as a comparison website reporting on the quality, location and price of procedures by hospital and clinician.</p> <p>Data will be published on a patient use website to help inform clinician experience for a range of specific surgical procedures. Data will be published alongside hospital quality information from the Care Quality Commission and patient and clinician feedback</p> <p>Average number of procedures for specific OPCS groups undertaken by each GMC registered Consultant in the NHS on an annual basis averaged over the past 3 years. Consultants can be sorted by clinical experience by procedure by patients using the webservice.</p> <p>Consultant identifying codes (General Medical Council or GMC code) is used within our database to ensure accuracy of the data received from HSIC and other independent sources of information, including private hospitals where consultants may practice. In so doing we can provide patients with a comprehensive impression of the expertise by procedure and by consultant across NHS and Private sectors. This is particularly important for patients looking for cosmetic procedures which are seldom done in the NHS. No HSIC data will be published without the relevant consultant clinicians consent.</p>

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344	Gore Medical	Bespoke Tabulation; HES Inpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	Data will be used by K Iqbal within WL Gore for health economics & reimbursement team activities. It may be shared with other health economic and reimbursement colleagues within WL Gore. It will be shared with Sales Leadership for the UK. It will be used within the UK only and will not be sold or traded. The data will be used to understand which hospitals are carrying out aortic & thoracic procedures in NHS England, as currently we do not have a clear understanding of this issue. It will also be used for sales planning activities i.e. to assess whether we are making contact with the high volume NHS hospitals.
345	University of Leeds	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The HSCIC has a strategic partnership with the University of Leeds. One area of collaborative activity is MSc students undertaking dissertations with the HSCIC. This data application relates to an MSc Statistics project on HES Maternity data. The student will undertake a more in-depth analysis of this rich data source. The findings of the analysis will principally form part of the student's dissertation, however findings will also be of significant interest to the HSCIC and will help the organisation gain a greater insight into the data that it holds and publishes
346	Device Access UK Limited	Bespoke Tabulation; HES Inpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	This data will be used to identify and understand the activities in NHS hospitals for internal economic and market access activities.
347	Royal Surrey County Hospital NHS Foundation Trust	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	We intend to use the data for internal NHS analysis to support better decision-making, service redesign and planning within our Trust.
348	Queen Mary University of London	Bespoke Tabulation; HES Inpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	We would like to know the proportion of singleton preterm births in England, in each of the Strategic health Authorities and in the NHS Trusts which were involved in our study. Particularly we would like the proportion of singleton preterm births (gestational age 20-36) in each financial year from 2009-2012. This data will allow us to compare preterm rates for women in the study with those in each study site, regionally and nationally. Additionally in order to know the birth coverage in our study we would like to know in which NHS trusts the births included in our the study were born. For this a number of births by NHS Trust will be sufficient.
349	SSentif Intelligence	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	We will analyse the data and produce indicators to be used for benchmarking purposes. The aggregated data we have created will then be available in our benchmarking system to subscribers to our online system.
350	University of York	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	This is an annual request for cardiac conditions which will be used to provide the denominator for the number of patients who should have received Cardiac Rehabilitation. This data will be reported by SHA in the 2013 National Audit of Cardiac Rehabilitation Annual report.
351	University College London	Bespoke Tabulation; HES Inpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	The National Heart Failure Audit collects data on the treatment and management of acute heart failure patients in England. The audit measures case ascertainment by comparing the number of records submitted to the audit, to the number of patients meeting the same criteria recorded by HES. This request is for aggregate data, which records the number of heart failure episodes at each NHS Trust in England over the course of the year. The data will be published in the 2012/13 audit annual report.
352	Prescribing Services Limited	Standard Monthly Extract Service; PbR APC Episodes, PbR APC Spells, PbR OP, PbR A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The aim of the project is to provide an online analytical system to medicines management personnel within CCGs which will combine the HES data extract with existing prescribing data to provide aggregated summarised reporting. The output will be delivered to CCGs through secure online access allowing full analysis of their prescribing costs and trends combined with the referral and admission costs.
353	Scottish Government	Bespoke Tabulation; HES Inpatient	Aggregated - Anonymised	Non-Sensitive	Health and Social Care Act 2012	This data will be used to help answer ministerial briefings.

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354	Asthma UK	Bespoke Tabulation; HES Inpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	We will use the data to confirm the existence of a seasonal peak in emergency admissions for asthma. We have acquired similar data for the other parts of the UK and previous published studies have confirmed it in England but those studies are now quite old. We have no plans to publish the data but we may quote numbers derived from them eg admissions in September are usually three times higher than in August.
355	Maxwell Stanley Consulting	Bespoke Tabulation; HES Inpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	For a number of projects, when analysing client organisation activity data, it is useful to compare certain indicators with a national benchmark to ascertain whether the client organisation is above or below average. The purpose for requesting the Inpatient data tailored summary table is to be able to include more up-to-date national benchmarking information than what is available on HES Online (currently 2011/12 summary data is available) The Inpatient data tailored summary table will be used to calculate a national benchmark for the proportion of activity coded 'with complications' compared to 'without complications' for each HRG pair where a split between 'with complications' and 'without complications' exists. Client organisation activity data can then be compared with this to understand levels of complexity compared to the national benchmark The output that can be derived from the summary data table requested will be a national benchmark '% with complications' figure for each HRG pair. These figures can then be used where required as a comparison when analysing individual organisations activity data.
356	Northumberland, Tyne and Wear NHS Trust	Bespoke Extract; MHMDS	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The data will be used to support the work of the National Mental Health Payment by Results Quality and Outcomes Workstream. Specifically, Mental Health Cluster data will be analysed to support the development of reports, quality indicators and CROMs supporting the objectives of this workstream. The output of the work will form the basis of a report that will be considered by the Department of Health Product Review Group and is then likely to be published on the Department of Health website and be used to determine national policy.
357	St Jude Medical UK Limited	Bespoke Tabulation; HES Inpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	The aim of this project (as with previous HES request (see prt.4)) is to try and identify trends in procedures within the English healthcare market. We are attempting to gain more insight into the volumes of different procedures in different parts of the country over time. The data will be used for comparative analysis to establish procedure trends for internal use within the company. It will also be used as an internal comparison with internal estimates for the procedural volume in England. The outputs of this project will be greater understanding of procedures in admitted patients in England over time with a view to better identifying & meeting hospitals' needs in terms of aiding patient care and supplying new supportive technologies. Physically the outputs will likely be mainly informative graphics showing geographic or specific procedural trends. These will be used internally to establish better understanding of the transitional healthcare market.
358	GPrX Data Ltd.	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To identify the number of patients hospitalised for Cushing Syndrome and the proportion of those that receive surgery by individual hospital provider in England. The data are to be used for internal purposes only to assess the number of patients treated and hospitalised for Cushing's syndrome and will not be published.

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359	London School of Economics and Political Science	Bespoke Extract; PROMS	Pseudonymised	Sensitive	Health and Social Care Act 2012	<p>Research project 1 The impact of Independent Sector Treatment Centres (ISTCs) Authors: Zack Cooper, Stephen Gibbons and Matthew Skellern During the 2000s, the British government facilitated the establishment of dozens of Independent Sector Treatment Centres (ISTCs), privately owned and managed centres for the provision of common elective surgical and diagnostic procedures to NHS patients. This research project will seek to measure the effect that the entry of these centres into NHS markets had on quality, waiting times and patient reported outcomes at neighbouring trusts.</p> <p>Research project 2 Patient choice of hospital for elective surgery: effects on hospital quality, as measured by PROMs Author: Matthew Skellern In 2006, English NHS patients were allowed to choose which hospital they attended. The intention was that patients would take into account hospital quality when choosing where to have surgery, and that hospitals would be forced to compete for patients by increasing their quality of care. Two important econometric papers (Cooper et al. 2011; Gaynor et al. 2012), using AMI and total mortality as their outcome variables, found that introducing patient choice of hospital for elective surgery led to a substantial improvement in health care quality. This research project seeks to add to this literature by estimating the effect of introducing patient choice, using patient-reported outcome measures. This will be the first time that elective-surgery-specific outcome measures have been used to measure the effect on quality of introducing patient choice of hospital for elective surgery.</p> <p>Research project 3 Patient quality of outcomes across and within hospitals Authors: Alistair McGuire and Irene Papanicolas Hospital performance is increasingly being gauged in terms of hospital risk-adjusted mortality rates. These risk-adjustments, although based on individual patient records, tend to be crude. This project will seek to enhance and smooth such risk-adjusted rates by augmenting the risk-adjustment with information from within individual hospitals over time and across hospitals, as well as drawing on patient-reported outcome measures. A natural question to explore is whether within hospital quality is correlated across different treatments, and whether the variance in quality outcomes within hospitals is greater/smaller than the variance in quality outcomes across hospitals. This research will use HES and PROMS data to explore these questions.</p>
360	Capita Business Services Ltd	Bespoke Extract; SUS PBR Episodes, Spells, Outpatients, A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>Data will be used by Capita to support the DH's PbR Data Assurance Framework. The framework targets the quality of the data used to underpin payments to acute trusts under PbR through clinical coding audits along with providing benchmarking indicators which are used to target these auditing activities as well as providing a source of information for wider use by PCT's and trusts.</p> <p>Capita will use the data supplied to them to create a number of indicators covering a wide range of quality factors relating to PbR. The indicators are used to produce two main products, a set of audit reports for each acute trust due to be audited, which are supplied to the trust ahead of their audit, and an online benchmarking tool which currently provides NHS organisations with online access to the data quality indicators for benchmarking and other analytical purposes.</p> <p>The data will support the selection of patient records to be used for conducting clinical coding audited of NHS organisations throughout England on an annual basis.</p>
361	Synergus	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>To understand how different diagnosis are being treated with different interventions/ procedure. The intended use of the data is to understand current treatment patterns to help understand the potential utility for new technologies</p>

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362	Asphalion SL	Bespoke Tabulation; HES Inpatient	Aggregated - Anonymised	Non-Sensitive	Health and Social Care Act 2012	TiGenix is a leading European cell therapy company responsible for developing and marketing one of the few approved cell-based medicinal product in Europe, and has an advanced clinical stage pipeline of adult stem cell programs. As part of this pipeline, TiGenix is currently developing a new mesenchymal stem cell-based product for the treatment of anal fistulas which are aberrant connections between the perianal part of the gastrointestinal tract and either the skin or other internal organs. Anal fistula remains an important challenge to gastroenterologists and surgeons, particularly in patients with Crohn's disease and new treatments are necessary. In order to seek marketing authorisation for this new cell-based product, TiGenix needs to develop a paediatric investigation plan (PIP) by demonstrating to the European Medicines Agency (EMA) the rarity and the severity of the condition in children and how this relates to the adult population. Most available data is from the USA or has not been recently updated. TiGenix currently has data from 2005 and 2006 from the UK on the incidence and frequency of anal fistula both in the general population (children and adults) and in Crohn's disease, but is now seeking an update to the most recently available data to support the PIP application. If approved the product will potentially provide a significant benefit to patients with this rare and severely debilitating condition
363	RedMed Consulting Ltd	Bespoke Tabulation; HES Inpatient	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	Purpose is not captured electronically. Tabulations provide customers with aggregate data, at various levels of aggregation. All customers are required to sign an agreement to abide by HSCIC terms and conditions. For example , where small numbers are supplied, customers must adhere to the HES Analysis Guide which strictly prohibits the release of small numbers meeting certain criteria, no persons other than those named can have permission to view such small numbers and the data should be suppressed accordingly before it is shared with any other parties.
364	Barts and the London School of Medicine and Dentistry	Bespoke Tabulation; HES Inpatient	Aggregated - Anonymised	Non-Sensitive	Health and Social Care Act 2012	Purpose is not captured electronically. Tabulations provide customers with aggregate data, at various levels of aggregation. All customers are required to sign an agreement to abide by HSCIC terms and conditions. For example , where small numbers are supplied, customers must adhere to the HES Analysis Guide which strictly prohibits the release of small numbers meeting certain criteria, no persons other than those named can have permission to view such small numbers and the data should be suppressed accordingly before it is shared with any other parties.
365	iCaps Health Ltd	Standard Monthly Extract Service; PbR APC Episodes, PbR APC Spells, PbR OP	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	iCaps Health aims to use this data to provide clinical commissioners with effective benchmarking information on the quality and cost of services in order to support patient choice and drive improvements in the quality and cost of services provided. The reason for requesting the data is to allow iCaps Health to provide clinical commissioners with national information in a way that is not readily available elsewhere. iCaps Health will use this data to calculate pathway costs for specific procedures as well as calculating waiting times and other useful information that will support GPs in facilitating choice for their patients. Non-identifiable data will be analysed, aggregated and shared with clinical commissioners via a secure web service to allow them to easily view and compare the quality and cost of procedure specific pathways. The output of the analysis will be a national comparison of specific clinical pathways that will support commissioners in making decisions about referrals. The final product will be a web based system which enables GPs to compare providers at a procedure level based on a range of indicators including distance from the surgery, car parking charges, waiting times, infection rates and complete pathway cost. Providing this information, which is not readily available elsewhere, will allow clinical commissioners to make informed choices about referrals which, in turn, will improve quality, efficiency and drive down cost. Ultimately, the data will be used by iCaps Health to provide information to clinical commissioners in a new, innovative and engaging way to support patient choice and reduce costs. Clinical commissioners do not have easy access to waiting time and cost information at a procedure specific pathway level. Therefore, choice is currently based generic information at either a trust or specialty level. By providing information at a more granular, pathway based level, this analysis will allow clinical commissioners, GPs and patients to compare providers and make better informed choices about where to be treated.
366	Bristol City Council	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Heath - had a pilot user for HDIS hence earlier access
367	Cedar, Cardiff and Vale UHB	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Heath

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368	Central Midlands Commissioning Support Unit	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
369	Central Southern Commissioning Support Unit	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
370	Centre for Health Service Economics and Organisation	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
371	Cheshire West and Chester Council	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
372	Department for Transport	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
373	Department of Health	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health - had a pilot user for HDIS hence earlier access
374	Derby City Council	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
375	Greater East Midlands Commissioning Support Unit	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
376	Health Education East Midlands	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
377	Kingston Hospital NHS Trust	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
378	Leeds Teaching Hospitals NHS Trust	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
379	Newcastle upon Tyne Hospitals NHS Foundation Trust	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
380	NHS England	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
381	NHS Improving Quality	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
382	NHS South Commissioning Support Unit	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
383	NHS Trust Development Authority	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health - had a pilot user for HDIS hence earlier access
384	NICE	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
385	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
386	Northumberland Tyne & Wear NHS Foundation Trust	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
387	Nottingham University Hospitals	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
388	Public Health England	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health - had a pilot user for HDIS hence earlier access
389	Royal Borough of Greenwich	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
390	Royal Derby Hospital	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
391	Salford Royal NHS Foundation Trust	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
392	St Helens & Knowsley Teaching Hospitals NHS Trust	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health
393	University Hospital of North Staffordshire	HES Data Interrogation System (HDIS)	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	To access and interrogate HES data for the purposes of work within Public Health

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394	Southampton General Hospital	Medical Research Information Services; ONS Mortality	Identifiable	Sensitive	Informed Patient Consent to permit the receipt and processing of data by the HSCIC and for the release of ONS mortality data.	<p>New EPOC: an open-label randomised trial, comparing OxMdG / IrMdG chemotherapy versus OxMdG / IrMdG chemotherapy plus cetuximab.</p> <p>Patients will be randomised at the start of chemotherapy to receive either: Arm A: OxMdG / IrMdG chemotherapy Arm B: OxMdG / IrMdG chemotherapy with cetuximab OxMdG: l-folinic acid (175 mg flat dose IV over 2 h) or d,l-folinic acid (350 mg flat dose IV over 2 h), concurrent administration of oxaliplatin (85 mg/m² IV over 2 h) plus 5 minute bolus of 5FU (400 mg/m²) followed by a 46 h IV infusion of 5FU 2400 mg/m² repeated every 2 weeks as used in the FOCUS trial</p> <p>Or IrMdG: irinotecan 180 mg/m² IV over 30 minutes, l-folinic acid (175 mg flat dose IV over 2 h) or d,l-folinic acid (350 mg flat dose IV over 2 h) plus 5 minute bolus of 5FU (400 mg/m²) followed by a 46 h IV infusion of 5FU 2400 mg/m² repeated every 2 weeks as used in the FOCUS trial in patients intolerant of Oxaliplatin. Cetuximab will be given as a fortnightly dose of 500 mg/m² with OxMdG and IrMdG. Patients will receive 12 weeks of chemotherapy, undergo surgery and then complete a further 12 weeks of chemotherapy. The primary endpoint is progression-free survival. Secondary endpoints include pre-operative response rate, overall survival, quality of life and cost effectiveness.</p>
395	University of Birmingham	Medical Research Information Services; ONS Mortality and Cancer	Identifiable	Sensitive	Informed Patient Consent to permit the receipt and processing of data by the HSCIC and for the release of ONS mortality data.	<p>Primary objectives: To determine if endoluminal stenting for obstructing colonic cancers can result in: - Reduced perioperative morbidity as assessed by length of hospital stay - Reduced 30-day mortality</p> <p>Secondary objectives: To determine if endoluminal stenting for obstructing colonic cancers: - Reduces stoma formation - Improves quality of life - Increases ability to tolerate adjuvant chemotherapy - Has demonstrable benefits in the palliative and attempted curative settings - Improves overall survival</p>
396	University of Oxford	Medical Research Information Services; ONS Mortality	Identifiable	Sensitive	Informed Patient Consent to permit the receipt and processing of data by the HSCIC. S42(4) and consent for the release of ONS mortality data.	<p>The primary aim of PiPS is to test whether early probiotics reduce Necrotising Enterocolitis (NEC) and septicaemia which are common potentially lethal complications of prematurity with increased neurodevelopmental problems in survivors. PiPS is the first trial of probiotics in the newborn to be performed to GCP and as such presents a unique opportunity to address this issue.</p> <p>All surviving babies recruited into PiPS will be 'flagged' after discharge to confirm status using records held and maintained by the Health and Social Care Information Centre (HSCIC) and provided by the Medical Research Information Service (MRIS). MRIS will also verify a baby's name, area of residence, date of birth, date and cause of death. This will allow the trial team to contact the parents of infants who have participated in the trial with information about the trial (e.g. newsletters and notification of final results) and establish whether parents of deceased infants wish to continue receiving this information.</p>

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397	Belfast Health and Social Care Trust	Medical Research Information Services; ONS Mortality (Fact of death)	Identifiable	Sensitive	Informed Patient Consent to permit the receipt and processing of data by the HSCIC. S42(4) and consent for the release of ONS mortality data.	The aim is to test the hypothesis that treatment with enteral simvastatin 80mg once daily for a maximum of 28 days will be of therapeutic value in patients with acute lung injury (ALI). The study has two distinct objectives: Objective 1: To conduct a prospective randomised, double-blind, placebo-controlled phase II multi-centre trial of simvastatin for the treatment of ALI. Objective 2: To study the biological effect of simvastatin treatment on: (2a) systemic markers of inflammation; (2b) systemic cell-specific indices of activation and injury to the alveolar epithelium and endothelium; (2c) lung extracellular matrix degradation; (2d) assess whether response to simvastatin is determined by genetic polymorphisms as well as link genotypic information to the phenotypic information recorded as part of this study.
398	University of Liverpool	Medical Research Information Services; ONS Mortality and Cancer	Identifiable	Sensitive	Informed Patient Consent to permit the receipt and processing of data by the HSCIC and for the release of ONS mortality data.	The overall aim of the trial is to provide data required for an informed decision about the introduction of population screening for lung cancer. This involves establishing the impact of screening on lung cancer mortality, determining the best screening strategy and assessing the physical and psychological consequences and the health economic implications of screening. A further objective is to create a resource for future improvements to screening strategies.
399	University of Glasgow	Medical Research Information Services; ONS Mortality and Cancer	Identifiable	Sensitive	Informed Patient Consent to permit the receipt and processing of data by the HSCIC and for the release of ONS mortality data.	The secondary objective of the study is to compare the gastrointestinal safety of celecoxib and traditional NSAIDs. The present proposal seeks to compare the cardiovascular and gastrointestinal safety and effectiveness of a strategy of initial randomisation to treatment with the selective COX-2 inhibitor celecoxib or to 'usual care' with their current non-selective NSAID therapy (with or without cyto-protection with ulcer healing drug use in either celecoxib or 'usual care' limbs).
400	Royal College of Physicians	Medical Research Information Services; ONS Mortality	Anonymised	Non-Sensitive	Section 251 approval ECC: 6-02 (FT3)/2012 to permit the receipt and processing of data by the HSCIC and S42(4) for the release of ONS mortality data. Health and Social Care Act 2012	Audit: Linkage of SSNAP patient records with MRIS death data, to determine patient outcomes (such as survival at 30 days, 6 months and 1 year post stroke), so that the quality of care delivered can be compared with the outcome for patients and linkage with HES data to identify readmissions and further strokes (again so that the quality of care can be compared with the outcome for patients) as well as the case ascertainment of audit participants (the proportion of their coded stroke patients which are recorded in the audit), which is important for contextualising the outcomes.
401	University of Manchester	Medical Research Information Services; ONS Mortality	Identifiable	Sensitive	Section 251 approval ECC: 7-05(g)/2011 to permit the receipt and processing of data by the HSCIC and S42(4) for the release of ONS mortality data.	Tarn is the national audit for trauma care across England and Wales and has been commissioned by the Department of Health to look at the long terms outcomes of injured patients.
402	University Hospital of Wales	Medical Research Information Services; ONS Mortality, Scottish Events	Identifiable	Sensitive	Informed Patient Consent to permit the receipt and processing of data by the HSCIC and for the release of ONS mortality data.	To assess the effect of adding dalteparin (FRAGMIN®) for 24 weeks to standard treatment (trial arm) compared to standard treatment alone (control arm) for patients with lung cancer.
403	University of Manchester	Medical Research Information Services; ONS Mortality and Cancer	Identifiable	Sensitive	Informed Patient Consent to permit the receipt and processing of data by the HSCIC and for the release of ONS mortality data.	To bench mark the short and long term of childhood-onset arthritis including; physical joint inflammation/damage, disability, growth, pain, uveitis; quality of life (education leisure/sports activities, psychological impact; Treatment response/side affects; Co morbidity. To identify predictors of outcome of arthritis in children including; Socio demographic; Clinical; Psychological; Laboratory; Genetic factors; Treatment
404	Royal Brompton And Harefield NHS Trust	Medical Research Information Services; ONS Mortality	Identifiable	Sensitive	This audit is involving patients under the care of the clinical team. The Data Access Advisory Group have reviewed and approved the request for data. The legal basis for release of ONS mortality data is S42(4).	The aim of this audit is to explore the management and outcome in patients undergoing cardiac catheterization at our institution. We will look also into mortality, including cause of death.
405	Public Health England	Medical Research Information Services; List Cleaning	Identifiable	Sensitive	Regulation 3 of the Health Service (Control of Patient Information) Regulations 2002: (a) diagnosing communicable diseases and other risks to public health; (c) controlling and preventing the spread of such diseases and risks;	Access to the data is being requested to support the management of a national Level 3 public health incident dating back to the 1980s as a result of possible exposure during clinical procedures. An exercise has been undertaken to identify those at risk with a view to subsequently contacting and notifying them of their possible exposure. Access to HSCIC data is therefore being requested to facilitate contact (via General practitioners in the first instance to assess suitability for contacting).

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					(d) monitoring and managing	
406	Imperial College (Dr Foster Unit)	Secondary Uses Service Information. Patient-level, administrative records of healthcare activity.	Identifiable	Sensitive	Section 251 approval of the National Health Service Act 2006 and the Health Service (Control of Patient Information) Regulations 2002	Healthcare Research and Benchmarking
407	Public Health England (National Cancer Registration Service)	Patient level Diagnostic Imaging Dataset submission for specified patients based on NHS number and Date of Birth specified by the Cancer Registration Service	Identifiable	Sensitive	Section 251 approval of the National Health Service Act 2006 and the Health Service (Control of Patient Information) Regulations 2002 PIAG 03(a)/2001	<p>To inform GP utilisation of diagnostic imaging tests, as part of the strategy to achieve earlier cancer diagnosis for English NHS patients set out in Improving Outcomes: A Strategy for Cancer (IOSC).</p> <p>To extend the information available for a cancer pathway, by linking data to Cancer Registry information</p> <p>To improve the data on frequency of x-ray exposure, as analysed by Public Health England</p> <p>To enable analysis of demographic and geographic variation in access to diagnostic imaging tests</p> <p>To provide data on the use of high-value equipment</p>
408	Imperial College	Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>Please confirm the "Territory" that you wish to utilise the data in the end use of products or services supplied by you. – UKTo be used as part of a commercially funded research project" For sensitive data items;</p> <p>We will use the new HESID_Extract field to link date of death to the dataset. We would however, like to continue to hold DOB (date of birth) and NHS number. Increasingly our analyses are being used by NHS trusts and for validation purposes. We have been asked on numerous occasions to supply detailed information on cases back to the trusts (essentially giving their data back to them) to help validate our analyses and their own records. For this reason we also require HOMEADD, NEWNHSNO, DOB and LOPATID.</p> <p>We use HOMEADD to map admissions in light of ever changing administrative boundaries. We require DOBBABY as we have found that this is a useful field used to exclude poor quality data. We have found that Mothers' DOB is occasionally recorded in this field. We require CONSULT to feedback analyses by individual consultant and teams. Analyses by consultant would not be available to those outside the NHS. We require GPPRAC, REGGMP and REFERRER in order to feed analyses back to practices and PCTs on activity by practice. We also require Death Date to determine death rates which include out of hospital deaths."</p>

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409	Royal College of Paediatrics and Child Health	Data Linkage and Bespoke Extract; HES Inpatient	Identifiable	Sensitive	Section 251 approval of the NHS Act 2006 granted by the Confidentiality Advisory Group (CAG) for this project which permits the processing of person confidential data and provision of the requested HES data by the HSCIC. CAG Ref: ECC: 2-03 (c) 2012. Confirmation received from CAG that Annual Review is in process.	<p>The Royal College of Paediatrics and Child Health has been awarded funding by the Healthcare Quality Improvement Programme (HQIP) to carry out the paediatric component of the National Diabetes Audit, now called the National Paediatric Diabetes Audit (NPDA). The primary aims of this national audit are to facilitate health providers and commissioners to measure and improve quality of care and to contribute to the continuing improvement of outcomes for children and young people with diabetes and their families.</p> <p>This HES data is being requested in order to allow for report and trend analysis. The outputs of our analyses will take the form of a national annual report as well as individualised hospital level reports. Summary reports will also be produced for healthcare Commissioners and for laypeople.</p> <p>The patient information collected will inform the annual NPDA reports on 4 levels</p> <ul style="list-style-type: none"> - profiles for individual hospitals comparing them to other hospitals or country as a whole; - profiles for NHS Trusts comprising of one or more hospitals comparing them to other trusts and country as a whole; - profiles for 10 geographical regions in England based on the regional networks and Wales as a whole comparing them amongst each other and with country as a whole - general country profile. <p>The patient information will allow us to compare the care processes that are currently in place and the outcomes across the country and in turn will be able to help understand how care can be improved moving forward.</p> <p>By looking at the outliers the RCPCH and other stakeholders would be able to take steps towards the understanding of what drives the quality of care in children with diabetes.</p> <p>Overall the NPDA's purpose is to ensure policy and practice that will lead directly to improve patient outcome.</p>
410	University of Oxford	Data Linkage and Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	ECC: 8-02 (FT3)/2013 Understanding failure in Unicompartamental Knee Replacement - Linkage of HES/PROMS data to National Joint Registry data by the HSCIC trusted data linkage service. Health and Social Care Act 2012	<p>We are requesting linkage of HES/PROMS data to an existing extract of NJR data which will be provided in an identifiable form to the HSCIC by HQIP.</p> <p>The applicant is conducting a study comparing total and unicompartamental knee replacement which will form part of his PhD and will be published in peer-reviewed journals. Outcomes of each procedure will be compared for matched patients; outcomes will include revision rate, mortality, functional outcome (PROMS), reoperation (aside from revision) and postoperative morbidity.</p> <p>HES/PROMS data is needed for three reasons:</p> <ol style="list-style-type: none"> 1. To cross-check the data from the NJR extract. 2. To provide additional data for patient matching and stratification (eg Charlston index, IMD) 3. To provide additional outcome data (such as length of stay, readmission, reoperation details, and PROMS). <p>The data will be linked using NHS number, date of birth and postcode. The Patient Identifiable data will be removed from the dataset prior to disclosure to the applicant and the identifiable data will be destroyed as soon as linkage is complete in accordance with the approval granted by the Ethics and Confidentiality Committee under the Health Service (Control of Patient Information) Regulations 2002.</p>
411	Ssentif Ltd	Bespoke Extract, HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>The data will be stored in a secure database which is only accessible by the named reciever of the data Stuart Lawton.</p> <p>We will analyse the data and produce indicators to be used for benchmarking purposes.</p> <p>The aggregated data we have created will then be available in our benchmarking system to subscribers to our online system</p>
412	CHKS	HES/ONS Linked and SHMI derived fields	Identifiable	Non-Sensitive	Approval for ONS Mortality data up has been granted by the Office for National Statistics under the Statistics and Registration Service Act 2007 section 42(4) for the purposes of assisting the Secretary of State for Health or the Welsh Ministers in the performance of his or their functions in relation to the Health Service.	<p>Commissioned by the Secretary of State for Health for 3rd party support of the Experimental Official Statistics, SHMI.</p> <p>SHMI record level data provided quarterly.</p> <p>For further details of the data provided, see Appendix B of Data Reuse Agreement</p>

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413	Imperial College of Science, Technology and Medicine	HES/ONS Linked and SHMI derived fields	Identifiable	Non-Sensitive	Approval for ONS Mortality data up has been granted by the Office for National Statistics under the Statistics and Registration Service Act 2007 section 42(4) for the purposes of assisting the Secretary of State for Health or the Welsh Ministers in the performance of his or their functions in relation to the Health Service.	Commissioned by the Secretary of State for Health for 3rd party support of the Experimental Official Statistics, SHMI. SHMI record level data provided quarterly. For further details of the data provided, see Appendix B of Data Reuse Agreement
414	Central Manchester University Hospitals NHS Foundation Trust	HES and SHMI derived fields	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	One-off supply of SHMI record level data relating to Central Manchester University Hospitals NHS Foundation Trust only for quality assurance purposes.
415	Advancing Quality Alliance (AQuA)	SHMI	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	SHMI data provided quarterly at diagnosis group level required AQuA Mortality programme.
416	Methods Insight Analytics	SHMI	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	SHMI data provided quarterly at diagnosis group level required for the Acute Trust Dashboard, a freely available resource to the NHS and public featuring metrics on quality from various source in one place.
417	Bluespace Thinking Ltd	SHMI	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	One-off supply of SHMI aggregated level data for the research and evaluation of the SHMI methodology specifically to assess whether the SHMI results correlate with system variables related to age, deprivation of other parameters.
418	Registered Non-specialist acute trusts in England	HES and SHMI derived fields	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	SHMI record level data and 11 VLADs charts provided quarterly relating to own trust only. Recipient signs and returns declaration statement that they are duly authorised by their Caldicott Guardian to receive and share the data as required. As of 29th January 2014, there are 74 trusts registered to receive data from the SHMI Data Extract service.
419	Division of Epidemiology and Public Health - University of Nottingham	National Lung Cancer Audit data with ONS Death Date	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Research into lung cancer survival and use of active and palliative treatments
420	Division of Epidemiology and Public Health - University of Nottingham	National Lung Cancer Audit data with Radiotherapy Dataset	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Production of National Lung Cancer Audit report
421	Royal College of Surgeons - Clinical Effectiveness Unit	National Oesophageal Cancer Data	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Peer Review Journals
422	Royal College of Surgeons - Clinical Effectiveness Unit	National Oesophageal Cancer Data	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Peer Review Journals
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426	Royal College of Surgeons - Clinical Effectiveness Unit	National Oesophageal Cancer Data	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Peer Review Journals
427	Royal College of Surgeons - Clinical Effectiveness Unit	National Oesophageal Cancer Data	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Annual Reports
428	NAEDI - Cancer Research UK	National Lung Cancer Audit data	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Production of report on early diagnosis of lung cancer
429	Royal College of Paediatrics and Child Health	Paediatric Diabetes Audit data	Identifiable	Sensitive	Section 251 approval ECC: 2-03(c)/2012	Transfer of Paediatric Diabetes Audit Data
430	Royal College of Physicians	National Hip fracture database	Identifiable	Sensitive	Section 251 approval CAG 8-03(PR11)/2013	Transfer of Hip Fracture data
431	Royal College of Surgeons - Clinical Effectiveness Unit	Fracture Liaison Service Audit data	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Pilot of Fracture Liaison Service Audit

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432	University of York	National Cardiac Rehab database	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Production of National Audit of Cardiac Rehabilitation (NACR) Audit report
433	Nuffield/Oxford University	2003-2012 individual level GP workforce census data	Identifiable	Non-Sensitive	The Health and Social Care Act 2012 places a duty, on all organisations that deliver care funded by the NHS to provide data on their current workforce and to share their anticipated future workforce needs. In addition Information Governance is being reviewed as part of the wider Workforce Information Architecture programme of work in 2014 and improved where necessary with Fair Collection Notices in future.	The data will be used for academic research
434	Cambridge University	Extracts of individual level GP workforce census data	Identifiable	Non-Sensitive	The Health and Social Care Act 2012 places a duty, on all organisations that deliver care funded by the NHS to provide data on their current workforce and to share their anticipated future workforce needs. In addition Information Governance is being reviewed as part of the wider Workforce Information Architecture programme of work in 2014 and improved where necessary with Fair Collection Notices in future.	The data will be used for academic research
435	Centre for Workforce Intelligence (CfWI)	Extracts of Individual level employee data from the medical/non-medical Census	Identifiable	Sensitive	Informed employee consent via the NHS contract and a Fair Collection Notice which sets out the basis of extracting data from Electronic Staff Record (ESR) into the ESR Data Warehouse and which sort of organisations may be granted access to it which was sent by the central ESR team to all ESR organisations for sending to staff when ESR was launched.	Analysis of the English NHS workforce, commissioned by DH to undertake commissions for DH, HEE and PHE
436	Oxford University	Bespoke extract of Medical and dental/ GP data	Identifiable	Non-Sensitive	Informed employee consent via the NHS contract and a Fair Collection Notice which sets out the basis of extracting data from Electronic Staff Record (ESR) into the ESR Data Warehouse and which sort of organisations may be granted access to it which was sent by the central ESR team to all ESR organisations for sending to staff when ESR was launched.	Part of a continuing cohort study of doctors
437	General Medical Council	Limited set of 3000 records Medical and Dental workforce records from the ESR with no sensitive data items included – however DoB, Gender and Payscale were included to determine their benefit to aid data linkage and the business case (although Gender (and Payscale to a lesser extent) are in the public domain) for a proof of concept	Identifiable	Non-Sensitive	Informed employee consent via the NHS contract and a Fair Collection Notice which sets out the basis of extracting data from Electronic Staff Record (ESR) into the ESR Data Warehouse and which sort of organisations may be granted access to it which was sent by the central ESR team to all ESR organisations for sending to staff when ESR was launched.	A proof of concept was undertaken in association with HEE and the GMC (NHS family?), whereby a limited set of 3000 individual level ESR records of Doctors were shared with a single named individual at the GMC to undertake a linkage operation with the GMC available datasets to determine if a more informative dataset could be provided for workforce planning purposes. The majority of data provided was no more personally identifiable than what was already considered to be in the public domain (with the exception of DoB to aid data linkage) and no sensitive data items were included in the data extract. The aim of the proof of concept was to determine if some data items that had been provided needed to be removed or if the perceived benefits of the linkage could be shown, this would support additional data items being added for greater known benefits and support the case for the project in its entirety.
438	University of Oxford	KC53, KC61 and KC65 data on cervical screening. KC62 and KC63 data on breast screening	Aggregated - Small numbers not suppressed	Non-Sensitive	Data are not patient identifiable but there are some small numbers.	Detailed evaluation of the breast and cervical screening programme performance for dissemination to NHS regional Quality Assurance Directors, radiologists and screening programme staff and for the publication of original research with the aim of improving programme performance.
439	Department of Health	Bespoke Tabulation, ONS births data	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	To calculate the CCG benchmarking data. Maternities - number of maternities, quarterly and annually by individual CCG broken down by Communal establishment code. Live births - number of live births, quarterly and annually by individual CCG.
440	Chartered Institute of Public Finance and Accountancy	Aggregate adult social care expenditure and unit costs data (PSS-EX1) for 2012-13 at council-level, unrounded and without	Aggregated - Small numbers not suppressed	Non-Sensitive	Health and Social Care Act 2012	CIPFA used to run the PSS-EX1 collection and have always received the data from us for publication on their website.

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		suppression of small numbers.				
441	NHS England - CSUs, CCGs	Data linkage and processing for Risk Stratification via DSCROs	Pseudonymised or Identifiable, in line with CAG approval	Sensitive	CAG 7-04(1)/2013, HSCIC acting as Data Processor	Risk Stratification
442	NHS England - CSUs, CCGs	Data linkage and processing for Accredited Safe Havens via DSCROs	Pseudonymised or Identifiable, in line with CAG approval	Sensitive	CAG 2-03(a)/2013, CAG 7-07(a)	Accredited Safe Haven for commissioning purposes
443	NHS England - CSUs, CCGs	Data linkage and processing for Invoice Validation via DSCROs	Identifiable	Sensitive	CAG 7-07(b)/2013, CAG 7-07(c)/2013	Invoice Validation within CSU/CCG Controlled Environment for Finance
444	NHS England - CSUs, CCGs, NHS England	Data for Patient Consented processing via DSCROs	Identifiable	Sensitive	Explicit Patient Consent	Patient consented activities e.g. Care package approvals; Integrated Care Pioneer programmes
445	NHS England - CSUs, CCGs, PHE, LAPH	Data linkage and processing for Commissioning via DSCROs	Anonymised or Pseudonymised	Sensitive	Directions from NHS England for Data Services for Commissioners	Commissioning activities of: Validation of provider invoices; Pandemic emergency planning; Monitoring and audit; Provider performance management; Strategic delivery planning; Immunisation monitoring
446	NHS England - CSUs, CCGs	Data linkage and processing for Commissioning: SUS (via DSCROs)	Identifiable	Sensitive	PIAG 2-05 (b)/2007	Commissioning activities of: Validation of provider invoices; Pandemic emergency planning; Monitoring and audit; Provider performance management; Strategic delivery planning; Immunisation monitoring
447	University Hospitals Birmingham	HES/ONS Linked and SHMI derived fields	Identifiable	Non-Sensitive	Approval for ONS Mortality data up has been granted by the Office for National Statistics under the Statistics and Registration Service Act 2007 section 42(4) for the purposes of assisting the Secretary of State for Health or the Welsh Ministers in the performance of his or their functions in relation to the Health Service.	Commissioned by the Secretary of State for Health for 3rd party support of the Experimental Official Statistics, SHMI. SHMI record level data provided quarterly. For further details of the data provided, see Appendix B of Data Reuse Agreement
448	Dr Foster Intelligence	HES/ONS Linked and SHMI derived fields	Identifiable	Non-Sensitive	Approval for ONS Mortality data up has been granted by the Office for National Statistics under the Statistics and Registration Service Act 2007 section 42(4) for the purposes of assisting the Secretary of State for Health or the Welsh Ministers in the performance of his or their functions in relation to the Health Service.	Commissioned by the Secretary of State for Health for 3rd party support of the Experimental Official Statistics, SHMI. SHMI record level data provided quarterly. For further details of the data provided, see Appendix B of Data Reuse Agreement
449	parallel	SHMI	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	SHMI data provided quarterly at diagnosis group level to 3rd party publisher.
450	NHS England	SHMI	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	SHMI data at diagnosis group level for the 14 trusts being identified for further investigation for the Mortality Review requested by Sir Bruce Keogh following the Francis Inquiry 2013.
451	Atchai	SHMI	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	SHMI data at diagnosis group level provided for upload and testing on new Indicator Portal i.e. development cycle of the CI Replacement Project with Atchai
452	NHS England	IAPT	Pseudonymised	Sensitive	Health and Social Care Act 2012	The data will be used as part of the IAPT PbR extended pilot (April 2013 to March 2014) for which NHS England has additional analysis requirements to support PbR.
453	CQC	Learning Disabilities Census	Identifiable	Non-Sensitive	The Health and Social Care Act 2008 gives CQC specific powers to to obtain and use information to carry out their regulatory functions	The Winterbourne View Hospital failure for patient care and the subsequent publication of a detailed analysis of the entirety of the Count me In Census data held by the Care Quality Commission led to the learning disability census being reinstated for 2013/014 and 2014/15 until the data is collected routinely as part of the MHLDDS, with one year parallel running. We are developing a surveillance model for mental health, learning disability and autism services. The data from the LD Census is vital to help us deliver that now for the impending inspection programme. We collectively need to be aware that the data will have information where patients are now in very vulnerable situations in some services and we may need to be taking precipitant action immediately. We should be in no doubt that there will be individual patients in

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						circumstances that require immediate response to avoid them being made more vulnerable for any longer than necessary.
454	Public Health England	Learning Disabilities Census	Pseudonymised	Sensitive	Health and Social Care Act 2012	Further analysis to inform the Public Health England agenda in preparation for a final summary report for the Winterbourne View Joint Improvement Programme. The data is required to contribute to feedback meetings for service providers who contributed to the Learning Disabilities Census dataset. The requirement for legal status data is to look at the relationship between formal powers to detain people and the nature of accommodation in which they are held.
455	NHS England	Learning Disabilities Census	Identifiable	Non-Sensitive	Section 251 granted	Following the Winterbourne View scandal, one of the key deliverables through the concordat is a review of all learning disability patients in the system in inpatient care by running a Learning Disabilities Count Me In Census. The results of the Survey were published on 13th December 2013. Following this NHS England needs to assure that: a. ensure no individuals who were in-patients, as at 30 September 2013, (source LD census), have been excluded from registers or case management by the triangulation of the data collection exercise with commissioners; and b. that reporting to the public on progress following Winterbourne View is accurate and reliable This data will support NHS England to respond to concerns on assurance on progress raised with us by people with learning disabilities their families and carers. It will enable NHS England to achieve the outcomes as outlined above.
456	Department of Health	Aggregate adult social care expenditure and unit costs data (PSS-EX1) for 2012-13 at council-level	Aggregate - Small numbers not suppressed	Non-sensitive	Health and Social Care Act 2012	The data is being shared so DH can provide data to ONS for the National Accounts. This task was previously carried out by HSCIC analysts but was set as priority 3 during the priority setting exercise in 2010/11 and therefore the HSCIC will no longer be carrying out this work. The rounded data have all been published before but DH need to provide unrounded data to ONS. The product will be a spreadsheet of England level activity and expenditure data which will be shared with ONS. This exercise is completed by Government Departments and coordinated by ONS each year. The aim is to provide information to measure government's outputs and productivity which follows the Atkinson Review published in January 2005. Please note that similar data was provided in 2011 and 2012, as covered by Data Sharing Agreement refs IC351DS and IC423DS respectively.
457	Care Performance Partners Limited (CaPP)	Aggregate data at council level from adult social care collections. The survey from adult social care user and carers surveys have data at response level.	Aggregate - Small numbers not suppressed	Non-sensitive	Health and Social Care Act 2012	They will use it to prepare a Narrative of Progress report for Towards Excellence in Adult Social Care (TEASC) Board. This report, to be published in July 2013 (on or after the date the HSCIC publishes provisional data), will incorporate selected findings from the analysed data with other sources of evidence to assess the progress towards improvements made in 2012-13 and to highlight areas for further work. The report will not identify individual councils but will provide a national overview and identify significant regional variations in performance. The focus of the report will be on the outcomes for people who use services and carers. They will also use it to prepare analysis for councils for their own performance management purposes. Early access to the analysed data will assist those who commission services to take action in 2013, and to plan ahead for 2014-15.
458	Personal Social Service Research Unit (PSSRU)	Individual level survey data from the Adult Social Care User Survey conducted by councils	Anonymised	Non-sensitive	Health and Social Care Act 2012	Detailed analysis of the annual user survey data for DH related projects.
459	Personal Social Service Research Unit (PSSRU)	Individual level survey data from the Adult Social Care Carers Survey conducted by councils	Anonymised	Non-sensitive	Health and Social Care Act 2012	Every 2 years a Personal Social Services User Experience Survey of Carers is conducted by 152 Councils with Adult Social Service Responsibilities (CASSR's) in England and previously has been undertaken once in 2009 by 90 CASSRs on a voluntary basis. In 2012-13 this survey will be asking for the views of carers of adults (aged 18 and over) receiving social services funded fully or in part by Councils with Adult Social Services Responsibilities. PSSRU will analyse this data in more detail.