

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	One off release or on-going releases
1	Monitor	Casemix HES 2012/13 APC data, grouped using the following National Casemix Office groupers: Payment 14/15, Engagement 15/16 (v1), Reference Costs 10/11 and Reference Costs 11/12. Data is displayed as episode level HRG counts, and additionally split by provider	Aggregated-Anonymised	Non-Sensitive	Health and Social Care Act 2012	To inform the decision making process for determination of the scope and structure of the Engagement 2015/16 Grouper Product.	One off
2	NHS England	Casemix HES 2012/13 APC data, grouped using the following National Casemix Office groupers: Engagement 15/16 (v1) and Reference Costs 11/12. Casemix HES 2009/10 APC data, grouped using the Reference Costs 11/12 National Casemix Office grouper. Data is displayed at aggregate HRG level by HRG chapter or subchapter	Aggregated-Anonymised	Non-Sensitive	Health and Social Care Act 2012	To inform the decision making process for determination of the scope and structure of the Engagement 2015/16 Grouper Product.	Ongoing
3	EWGs	HES or SUS - Admitted Patient Care, Emergency Medicine, Non-Admitted Consultations, Adult Critical Care, Neonatal Critical Care and Paediatric Critical Care. Data is released as aggregated counts of episodes at HRG and Dominant Procedure level. Occasionally we may also provide the data at Provider level. We may also provide additional calculated fields e.g. Mean Length of Stay. We do not provide patient level or patient identifiable data.	Aggregated-Anonymised	Non-Sensitive	Health and Social Care Act 2012	To illustrate changes in HRG designs to enable EWG members to formally endorse the designs. Ultimately to gain clinical endorsement of changes to HRG Design	Ongoing
4	Monitor	APC 2012/13 Final Year HES data extract (as CSV files), amended as per SUS PbR 2014/15 spelling rules, grouped through Reference Costs 11/12 and Reference Costs 12/13 National Casemix Office Local Grouper(s), both with and without exclusions applied as specified in the Product Description.	Pseudonymised	Non-sensitive	Health and Social Care Act 2012	To inform decision making with regards to development of the National Tariff	One off
5	Non-specialist acute trusts in England	HES/ONS Linked and SHMI derived fields	Pseudonymised	Non-sensitive	Health and Social Care Act 2012	Summary Hospital-level Mortality Indicator (SHMI) record level data and 11 Variable Life Adjusted Display (VLAD) charts provided quarterly (data relating to their 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.	Ongoing
6	Capita Business Services Ltd	Record level extracts of PbR data to be used by Capita to select records that will form part of the clinical coding audits carried out as part of the 2013/14 PbR Assurance Framework.	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	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.	Ongoing
7	NHS England - CSUs, CCGs	Data linkage and processing for Invoice Validation	Identifiable	Sensitive	Section 251 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. CAG 7-07(b)/2013, CAG 7-07(c)/2013	Invoice Validation within CSU/CCG Controlled Environment for Finance	Ongoing
8	NHS England - CSUs, CCGs	Data for Patient Consented processing	Identifiable	Sensitive	Informed Patient Consent to permit the receipt and processing of data by the HSCIC	Patient consented activities e.g. Care package approvals; Integrated Care Pioneer programmes	Ongoing
9	NHS England - CSUs, CCGs	Data linkage and processing for Commissioning: SUS	Identifiable	Sensitive	Section 251 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. 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	Ongoing

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10	CHKS	HES/ONS Linked and SHMI derived fields	Identifiable	Non-sensitive	Approval for ONS Mortality data 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. Health and Social Care Act 2012	Commissioned by the Secretary of State for Health for 3rd party support of the Summary Hospital-level Mortality Indicator (SHMI) Experimental Official Statistics publication. Record-level SHMI data provided quarterly.	Ongoing
11	University Hospitals Birmingham	HES/ONS Linked and SHMI derived fields	Identifiable	Non-sensitive	Approval for ONS Mortality data 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. Health and Social Care Act 2012	Commissioned by the Secretary of State for Health for 3rd party support of the Summary Hospital-level Mortality Indicator (SHMI) Experimental Official Statistics publication. Record-level SHMI data provided quarterly.	Ongoing
12	Dr Foster Unit at Imperial College London	HES/ONS Linked and SHMI derived fields	Identifiable	Non-sensitive	Approval for ONS Mortality data 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. Health and Social Care Act 2012	Commissioned by the Secretary of State for Health for 3rd party support of the Summary Hospital-level Mortality Indicator (SHMI) Experimental Official Statistics publication. Record-level SHMI data provided quarterly.	Ongoing
13	Dr Foster Intelligence	HES/ONS Linked and SHMI derived fields	Identifiable	Non-sensitive	Approval for ONS Mortality data 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. Health and Social Care Act 2012	Commissioned by the Secretary of State for Health for 3rd party support of the Summary Hospital-level Mortality Indicator (SHMI) Experimental Official Statistics publication. Record-level SHMI data provided quarterly.	Ongoing
14	Dr Foster Unit at Imperial College	Current financial year to date plus most recent previous year. All SUS activity records included but a subset of fields.	Identifiable	Sensitive	Section 251 approval is in place. PIAG 2-05(d)/2007	Comparative Analysis / Health Services Research	Ongoing
15	Health Solutions Wales	SUS activity for the current financial year related to patients that are either registered with a Welsh GP or are themselves resident in Wales. Records relate to treatment in English hospitals.	Identifiable	Sensitive	Section 251 approval is in place. CAG 2-03(a)/2013	Commissioning	Ongoing

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16	NHS England - CSUs, CCGs	Data linkage and processing for Risk Stratification	Pseudonymised or Identifiable, in line with CAG approval	Sensitive	Section 251 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. CAG 7-04(1)/2013, HSCIC acting as Data Processor	Risk Stratification	Ongoing
17	NHS England - CSUs, CCGs	Data linkage and processing for Accredited Safe Havens	Weakly Pseudonymised or Identifiable, in line with CAG approval	Sensitive	Section 251 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. CAG 2-03(a)/2013, CAG 7-07(a)	Accredited Safe Haven for commissioning purposes	Ongoing
18	CSUs, CCGs, NHS England, PHE, LAPH	Data linkage and processing for Commissioning	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	Ongoing
19	CQC	Mortality alerts from Variable Life-Adjusted Display (VLAD) charts which make up SHMI	Anonymised	Non-sensitive	Health and Social Care Act 2012	To support CQC's monitoring of mortality outcomes.	Ongoing
20	Parallel	SHMI data split by diagnosis group for each trust	Aggregated but containing small numbers	Non-sensitive	Health and Social Care Act 2012	Summary Hospital-level Mortality Indicator (SHMI) data at diagnosis group level provided to 3rd party supplier to load into a web-based tool which allows trusts to preview their SHMI data prior to publication.	Ongoing
21	Parallel	NHS Choices Indicators for each trust	Aggregated but containing small numbers	Non-sensitive	Health and Social Care Act 2012	NHS Choices Indicators data provided to 3rd party supplier to load into a web-based tool which allows trusts to preview their SHMI data prior to publication.	Ongoing
22	Advancing Quality Alliance (AQuA)	SHMI data split by trust and diagnosis group	Aggregated but containing small numbers	Non-sensitive	Health and Social Care Act 2012	Summary Hospital-level Mortality Indicator (SHMI) data provided quarterly at diagnosis group level to support the AQuA Mortality programme.	Ongoing
23	Methods Insight Analytics	SHMI data split by trust and diagnosis group	Aggregated but containing small numbers	Non-sensitive	Health and Social Care Act 2012	Summary Hospital-level Mortality Indicator (SHMI) data provided quarterly at diagnosis group level for the Acute Trust Dashboard, a freely available resource to the NHS and public featuring metrics on quality from various source in one place.	Ongoing
24	University of Leeds	Results of geographical clustering analysis performed on SHMI	Aggregated but containing small numbers	Non-sensitive	Health and Social Care Act 2012	To enable further mapping and analysis of the geographical clustering results for the Summary Hospital-level Mortality Indicator (SHMI) and to enable the results to be written up into a collaborative journal publication between the university and the HSCIC. Only the University of Leeds will use the data shared through this agreement until the HSCIC clear any output for publication.	Ongoing
25	NICOR	Bespoke Extract; HES Inpatient	Pseudonymised	Non-sensitive	Section 251 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. S251 Ref ECC 1-06 (d)/2011 and ECC 4-03 (e)/2012	This research database will link care across pathways. The aim is to develop further the research potential of audit data to understand better the causes of coronary heart disease, timing and evolution of risk, and the interplay between biological, interventional and environmental factors.  The information will be used to assess total burden of healthcare before and after cardiac admissions and interventions. Currently we assess mortality and freedom from reintervention but we wish to also add freedom from readmission, whether for comorbid conditions or for the cardiac condition.	One off
26	IMS Health	Bespoke Tabulation; HES Inpatient	Aggregated-Anonymised	Non-Sensitive	Health and Social Care Act 2012	We have been commissioned by a client to conduct some analyses on a defined group of medically ill patients admitted to hospital. For the purposes of the analysis, we require the hospital admission data as requested to define the size of population of interest. We shall not be disclosing any of the data we are requesting, except for some aggregated summaries of total patient numbers.  The data will be used for purposes of analysis by IMS Health only. Aggregated data will be presented to the client sponsoring the study, and may in selected cases be presented to some NHS representatives for background information only. We will not resell or otherwise trade the data.	Ongoing

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27	CQC	Bespoke Extract; MHMDS Bridging File	Pseudonymised	Sensitive	Health and Social Care Act 2012 DAAG Reference: OC/HES/019	<p>Social Care Act 2008. It took on the functions of the Healthcare Commission, the Commission for Social Care Inspection, and the Mental Health Act Commission.</p> <p>CQC has the function of regulating health and adult social care services in England, and protecting the rights of people detained under the Mental Health Act. It is responsible for the registration of all organisations providing:</p> <ul style="list-style-type: none"><li>-NHS and independent healthcare;</li><li>-adult social care;</li><li>-independent ambulances;</li><li>-primary dental care; and</li><li>-NHS primary medical services (covering GP practices)</li></ul> <p>With respect to HES and MHMDS, CQC's principal aims are to provide:</p> <ul style="list-style-type: none"><li>• patients and users of services with clear assessments of the safety, quality, efficiency and effectiveness of the services they receive;</li><li>• patients, the public and health &amp; social care professionals with the sound and fair information about health and social care, both at a national and local level.</li></ul> <p>To achieve its aims, the CQC uses a variety of methods to assess the effectiveness of organisational systems to continuously improve the level of patient care.</p> <p>In the monitoring of organisations against essential quality and safety standards, CQC uses screening techniques, which analyse a wide variety of data sources to highlight possible outlying concerns. Such screening methods are aided by a more local approach to information gathering and analysis, which is being developed in consultation with appropriate stakeholders. These techniques, along with national surveys, help to create a more holistic understanding in informing its work. The data will also be used in the CQC's remit to investigate serious concerns about the quality of public services.</p> <p>CQC's operating principles determine that patients' experience is at the heart of all our work. To this end, we wish to examine the care provided from the perspective of individual patients, and while this does not require named data, it is necessary to work on individual record data and link across episodes of care.</p> <p>Patient and public involvement in our work programme is also an integral part of our working practices through which we aim to ensure that there is widespread understanding of how information such as this is used for the benefit of patient care and that patients themselves are involved in further developments.</p>	One off
28	Royal College of Physicians	Bespoke Extract; HES Inpatient	Pseudonymised	Non-sensitive	Section 251 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. Section 251 -ECC 6-02 (FT3)/2012	<p>Linkage of SSNAP patient records with ONS 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.</p> <p>Teams submitting data to SSNAP will be updated with death data via the same secure system they enter the patient identifiable audit data into. Teams are required to carry out a six month follow-up assessment of patients and accessing the death data is important so that teams can know which patients to contact for the appointment.</p> <p>The data will also be used for producing outcome statistics at various levels including at national level, CCG level and hospital level where appropriate. Any data reported on is carefully considered in terms of whether it could be potentially identifiable and advice is given on how the outputs should be interpreted.</p> <p>The outputs of our analysis will include mortality statistics at different timepoints and at different levels and dates of death will be used in statistical modelling. The proportion of patients entered into the audit for each hospital team, compared with the numbers in HES, will be vital in determining how results are used (for instance, where there is low case ascertainment, the mortality outcomes may not be reported so that there is no potential misrepresentation).</p>	One off
29	University of Manchester	Medical Research Information Services; ONS Cancer Data	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>The overarching aims of CAPS are: (1) To benchmark the short and long term outcomes of childhood-onset arthritis, including: - Physical (joint inflammation/damage, disability, growth, pain, uvetis); Quality of life (education, leisure/sports activities, psychological impact); Treatment response/side effects; Co-morbidity. (2) To identify predictors of outcome of arthritis in children including: - Socio-demographic; Clinical; Psychological; Laboratory; Genetic factors; Treatment</p>	Ongoing

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30	University of Birmingham	Medical Research Information Services; Fact of Death; ONS Cancer Data	Pseudonymised	Non-sensitive	Informed Patient Consent to permit the receipt and processing of data by the HSCIC and for the release of ONS mortality data.	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; 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	Ongoing
31	Central Midlands CCG	Bespoke Extract; ONS Mortality	Identifiable	Sensitive	Health and Social Care Act 2012.  Approval for ONS Mortality data 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.	The Data Recipient agrees to process the data only for the purposes agreed with the HSCIC, namely: We provide high level analysis to support strategic change and reconfiguration projects. We will 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.  All of the above are highly dependent on access to the data we are requesting.	One off
32	University Hospital of Wales	Medical Research Information Services; ONS Mortality Data; 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. In the control arm, the patients received anticancer treatment according to local practice. In the researcher arm, the patients received anticancer treatment according to local practice with the addition of daily injections of 5000 IU dalteparin for 24 weeks. The primary outcome measure of the trial is overall survival. This 1 year survival rate in the control arm is expected to be 25%. To detect an advantage of 5% in overall survival at 1 year (to 30%) a total of 2202 patients was randomised (1101 in each arm)	Ongoing
33	South London and Maudsley Foundation NHS Trust	Bespoke Extract; HES Inpatient	Pseudonymised	Sensitive	Section 251 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. Section 251 - ECC 3-04 (f)/2011	The purpose of this linkage is to investigate the associations between mental disorders in secondary mental health care and physical illness. This would use a new linked dataset containing health records for patients with all disorders and controls (as defined by borough of residence) from the SLAM BRC Case Register Interactive Search (CRIS) and general hospital records from the English national Hospital Episode Statistics (HES) database. The linked data will be used to enable the investigation of associations between specific mental disorders seen in secondary mental health care and physical illness. The outputs of the analysis will include independently approved project results relating to specific cohorts of populations within both mental health and physical health services.	One off
34		Bespoke Extract; HES Outpatient	Pseudonymised	Sensitive	Section 251 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. Section 251 - ECC 3-04 (f)/2012		One off
35		Bespoke Extract; HES A&E	Pseudonymised	Sensitive	Section 251 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. Section 251 - ECC 3-04 (f)/2013		One off



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36	University of Manchester	Bespoke Extract; HES Inpatient	Identifiable	Sensitive	Section 251 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.  S251 Ref PIAG 4-08(d)/2003	Sudden Unexplained Death (SUD) in mental health in-patients  To determine the number and rate of sudden unexplained death (SUD) among mental health in-patients and to describe the social and clinical antecedent of SUD, including anti-psychotic drugs taken prior to death.  There has been a growing concern over the incidence of SUD in psychiatric in-patients. Few studies have addressed this topic and little is known regarding the association between clinical factors and SUD, particularly anti-psychotic drugs and the potential link with ECG abnormalities.  HES data is needed to identify cases of Sudden Unexplained Death (SUD) among in-patients under mental health services. 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.	One off
37	Janssen Healthcare Innovation	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Janssen Healthcare Innovation (a fully-owned subsidiary of Janssen-Cilag Ltd) is developing an innovative suite of technology-supported healthcare modules to assist recovery in the areas of mental health, orthopaedic health and cardiac health. For mental health in particular, data will be used to understand impact of mental illness on the health system. We plan to share general findings across all areas with publications such as HSJ and use specific findings to improve the quality of the solution being designed for mental health Trusts. Historical data is requested for all of UK (if available, else England) for 2010-11, 2011-12 and 2012-13.	One off
38		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		One off
39		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		One off
40		Bespoke Extract; MHMDS and MHMDS-HES Bridging File	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		One off
41	St George's University of London	Bespoke Extract; HES Inpatient	Pseudonymised	Non-sensitive	Health and Social Care Act 2012	We are currently using HES data to investigate the efficiency of the health system for aneurysms. We study trends, palliation rates and survival rates after operations. We compare open repair operations and endovascular aneurysm repair operations (EVAR). We are also investigating the potential relationship between several endpoints across trusts. We are also interesting in comparing the results found in UK with US.	One off
42		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.	We analyse outcomes following admission to hospital in relation to demographics, co-morbidity, specific treatments and surgical procedures, and the process and structure of delivery of healthcare at individual Trusts. Our results have implications for establishing the safety of hospitals, resource allocation within an NHS trust, reconfiguration of services, patient choice of hospital, and commissioning. In addition emergency hospital admissions are a marker of morbidity that is informative about temporal changes in the environment (air pollution).	One off
43	University College London	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	The data is being requested for my academic research as part of my PhD at UCL. My research is concerned with the economics of the UK healthcare industry, and in particular the level and nature of demand for healthcare services in UK. The HES data is the only data that will allow for a detailed statistical analysis of patients' behaviour. An understanding of the behaviour of patients, and the level and nature of demand for healthcare services underpins how the industry has responded to recent policy changes and can be expected to respond to any future policy.	One off
44		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		One off
45	Leeds University	Bespoke Extract; HES Inpatient	Pseudonymised	Non-sensitive	Health and Social Care Act 2012	The Department of Health and NHS England have required that all 27 Local Professional Networks will have an Eye Health Needs Assessment. The data is required to permit the University of Leeds to develop these.  The University of Leeds will also be running workshops in various locations around England (probably Leeds, London, Manchester, Birmingham and Bristol, where representatives of each of the eye health LPNs will be invited to learn how the health needs assessments have been constructed through having hands on training on basic manipulation of their own datasets.	One off
46	Res Consortium	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	Aims and background of project: Poor Mental Health directly takes 10% of the budget of the NHS but incurs a further 10% through impact on physical health. Then there are the wider impacts in education, social care and judicial. NHS PBR for mental health breaks down into three broad categories non-psychotic, psychosis and organic. Res Consortium has been working with NHS and other organisations investigating the impact of Mental health service provisions and outcomes on patients' quality of life, mental health and physical health outcomes. Using the HONOS scores and activity within MHMDS and HES inpatient, outpatient, and A&E data Res consortium will analyse the resources and outcomes over time to see what opportunities there are to identify and spread best practice in service design and therapy selection for patients with differing conditions to both commissioning and	One off
47		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		One off
48		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		One off
49		Bespoke Extract; MHMDS and MHMDS-HES Bridging File	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		One off

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50	Kings Fund	Bespoke Extract; PROMS	Pseudonymised	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 dataset will be used for analyses, which will involve both simple descriptive statistics and frequency tables as well as more sophisticated multivariate regression models. Tables of data aggregated at the organisational level will occasionally be exported in Excel for graphing purposes. No information will ever be disclosed that might allow identification of patients' identity. The outputs of our analyses will include the King's Fund reports, blogs, presentations or data graphs published on our website <a href="http://www.kingsfund.org.uk/">http://www.kingsfund.org.uk/</a> . We may also look for publications on peer review journals as well. The King's Fund does not intend to trade using the data. We are not currently looking at producing at data products based on these data.	One off
51	Scottish Government	Bespoke Tabulation; HES Inpatient	Aggregated-Anonymised	Non-Sensitive	Health and Social Care Act 2012	The data will be used for Scottish Government waiting times policy research.	One off
52	Crown Informatics	Medical Research Information Services, ONS Mortality Data - Fact of Death	Identifiable	Sensitive	Section 251 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. CAG 8-03(PR11)/2013 Approval for ONS Mortality data 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.	The National Hip Fracture Database (NHFD) was established by clinicians in 2007 to use case-mix, process and outcome data together with quality standards to improve the quality of care for the c. 70 000 patients who suffer a hip fracture each year in the UK. The audit has been designed to accelerate the delivery of national comparative risk-adjusted clinical audit data in the NHS clinical priority areas and was identified as the ideal measurement tool for the relevant Best Practice Tariff initiative. The intention of the audit is to; Ensure clinicians and managers have access to reliable data Use it to improve the processes of care for patients As a result improve outcomes for patients Ensure reliable information on quality of care and outcomes is available for patients and the public. Act as the measurement tool for the DH Best Practice Tariff for hip fracture initiative Linked data are required for the following: 1. Death status informs annual analysis of case-mix adjusted mortality for the National Hip Fracture Database annual audit report. 2. CCG/GP data is used to provide reports to commissioners to inform the Best Practice Tariff initiative. A payment by results system developed to drive quality improvement in hip fracture care. Death status data is used to inform a case-mix adjusted mortality/survival analysis which uses classification trees and funnel plotting to determine a national picture of 30 day mortality in hip fractures. This data is published in the National Hip Fracture Database annual report and also made available to local site users via a secure web based report. CCG/GP data is used to determine which patients within the National Hip Fracture Database are assigned to specific CCGs for enhanced tariff under the Best Practice Tariff initiative. Data are checked by hospital sites to ensure accuracy, prior to provider level reports being made available to CCG users. All NHFD outputs are via an annual National Hip Fracture Database national report and via online reporting to registered users. These represent all product produced by the data.	Ongoing
53	Experian	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	We will use Mosaic, appended to the ICD10 code diagnoses, to create national mosaic profiles. These profiles will then be extrapolated to create estimates and propensities at postal sector level. These estimates and propensities will be sold to public and commercial organisations to enable them to target resources more effectively and efficiently. Our methodology will be made clear in any material that is published or sold. The findings may be used in PR, with a press release sent to the DoH. Data will only be published in aggregate or derived form to prevent geographical distribution of health risk to enable organisations to focus their resources. Other data characteristics that are also linked to Mosaic can then be used to understand broader lifestyle characteristics of those most at risk to a purpose. Analysis of specialised services 2013/14	One off
54		Bespoke Extract; HES Outpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		One off
55		Bespoke Extract; HES A&E	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		One off
56	NHS England	Standard Extract; SUS PBR Episodes/Spells APC Records	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	1. Analyse the impact of proposed changes to specialised services definitions 2. Undertake GAP analysis of Monthly Activity Returns (MAR) versus SUS data 3. Develop improved methodology for calculation of commissioner budget allocations	Ongoing
57		Standard Extract; SUS PBR Outpatient Records	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012		Ongoing

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	One off release or on-going releases
58	NHS England	Bespoke Extract; HES Inpatient	Pseudonymised	Non-Sensitive	Health and Social Care Act 2012	<p>This data will be used to assess the current levels and historic level of activity at a national and potentially sub-national level. We are seeking to establish the baseline and from this model scenarios of future demand. Specifically we want to:</p> <p>-Understand the national volume of activity (procedure and patients - in total and by procedure)</p> <p>And potentially:</p> <p>-Understand the volume and variety of procedures by service provider, consultant and patient group and changes over time (age, ethnicity, diagnosis etc.)</p> <p>-Understand patient flows and changes over time (geography of residence and service provider)</p> <p>-Understand patient characteristics and changes over time (age, diagnosis, ethnicity, area of residence)</p> <p>-Understand any associations and trends between any of the above</p>	One off
59	Riverside	Bespoke Tabulation; HES Inpatient	Aggregated-Anonymised	Non-Sensitive	Health and Social Care Act 2012	The data will be used together with other socio economic data and in-house housing management statistics for the calculation of annual sustainability indices aggregated to Riverside neighbourhood level. The output will be in forms of an Excel Workbook, Power Point presentation and spatial data in GIS application. All reports are to be viewed and used internally within Riverside.	One off
60	General Reinsurance	Bespoke Tabulation; HES Inpatient	Aggregated-Anonymised	Non-Sensitive	Health and Social Care Act 2012	Our team is currently viewing the "Hospital Episode Statistics, Admitted Patient Care - England" annual data to make references for new products that we are planning to reinsure. We are interested in the number of inpatients for each 4 character primary diagnosis in ICD10 codes, in single ages for both gender (male, female), in order to update our risk rates for our new products. Our outputs of the analysis will be the incidence and risk rates for each 4 character primary diagnosis disease coded in ICD10 codes with single age for both gender. These outputs will be reflected in our risk rate database and will be utilized for new or renewable treaties with our important client companies.	One off
61	Capita Business Services Ltd	Extracts of aggregated data to be used by Capita to populate their National Benchmarker tool which is used to support the PbR Assurance Framework.	Aggregated-Anonymised	Non-Sensitive	Health and Social Care Act 2012	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.	Ongoing