SSNAP Data Request Form - For data not currently reported in the public domain.

Please note that there will be a fee associated with data requests. \*

**1. PRINCIPAL INVESTIGATOR**

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| **Title, forename, surname:** | . |
| Employing organisation: | . |
| Position in organisation: | . |
| Address of organisation: | .  .  . |
| **Telephone:** | . |
| **Email:** | . |

**2. EXPLANATION OF REQUEST**

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| 2.1 SUMMARY OF RESEARCH PROJECT  Provide a brief summary of the aims of the study/research project explaining the context/purpose of the data request. Where further statistical analysis of the data planned, please give details. *We require this information to ensure the feasibility of data requests and provide an estimate of costs where applicable.*  *(max 500 words)* |

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| 2.2 LEVEL OF DATA REQUIRED  Please select below whether you require aggregate data or patient-level data |
| 1. AGGREGATE   Please describe how the data you’re requesting would not breach patient confidentiality. \* |
| 1. PATIENT-LEVEL   Please explain why aggregate data is not sufficient for this project. |

*\*PLEASE NOTE: Even data without patient identifiers included can be used to re-identify individuals if the data is linked with other sources, especially if the number of patients is small and the geography and time frame restricted.*

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| 2.3 FUNDING  *If you are planning to seek funding to carry out this project and the grant application is to be partially or totally based in the use of SSNAP data, please give details about the funding application.*  **Name of funding body:**  **Title of application:**  **Dates:** |

**3. DATA REQUEST**

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| 3.1 GRANULARITY  *What is the unit of analysis/level of granularity (i.e. do you just require national figures, or do you require it broken down into smaller geographies):*   1. National (England and Wales combined as there is limited case ascertainment in Northern Ireland) 2. Regional (please specify) 3. Team/Hospital 4. ICB/ICS/LHB 5. Other – please specify exactly how the unit of analysis would be calculated. |

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| 3.2 DATE RANGE  *Please specify the date range required for when patients are admitted and/or discharged.* |

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| 3.3 CALCULATION METHODOLOGY  *For each required percentage/calculation, please specify exactly the numerator and denominator. Please indicate whether to include missing data, etc. Please include the audit question numbers which are to be used to calculate the numerators and denominators. (SSNAP dataset is available* [*here).*](https://ssnap.zendesk.com/hc/en-us/articles/115003811269-SSNAP-Clinical-Audit-Datasets) |

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| 3.4 TABLE OF RESULTS OUTLINE  *Please include a draft table to be populated outlining the form of the data required.* |

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| 3.5 DATA LINKAGE  *Will the data be linked with any other sources? If so,*  *Which sources will the data be linked to?*  *Which variables will be used to link it?* |

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| 3.6 DATA REFRESHES  *Will you require data refreshes? If so,*  *Duration of refreshes [no. months/years]*  *Frequency of refreshes [monthly/quarterly/annually]* |

\*There will be a separate SSNAP and HQIP fee associated with all data requests.

The SSNAP fee will be determined by the complexity of the request and the time needed for the analysis to be conducted by the SSNAP data team. Information on the HQIP fees can be found [here](https://www.hqip.org.uk/national-programmes/data-access-requests-information-for-applicants/).

**Please send completed application forms to** [**ssnapdatarequests@kcl.ac.uk**](mailto:ssnapdatarequests@kcl.ac.uk) **with ‘Data Request’ in the subject line.**