

## Annex A of the NHS England De-Identified Data Analytics and Publication Directions 2023, Version 1.0 31 January 2023

### List of De-Identified Data Shared under Data Access Release Service (DARS) Data Sharing Agreements between NHS Digital and NHS England before 1<sup>st</sup> February 2023

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
DARS-NIC-616043-S9R4P-v0.3	NHS England Faster Data Program	Pseudonymised	<p>In order to accelerate a reduction in elective waiting lists and waiting times, and to deliver the best quality care and outcomes for patients, the NHS needs timely, high quality data that can be appropriately accessed across the whole patient pathway (Primary Care through to Discharge). Commissioners of healthcare services need to plan and commission healthcare services in their local area through analysis of actual and projected use of those services.</p> <p>The Faster Data Flows (FDF) programme has been established to; provide more timely data to the system to support elective recovery, individual care coordination across Integrated Care Boards (ICBs) and to reduce the data reporting burden on providers. Through the implementation of automated daily data flows into a product that supports the ability to link data sets, provide tools back to providers and accountable organisations, the FDF programme will support commissioners in effective management of services. FDF will deliver this by implementing an automated daily flow of patient level data into the NHS National Data Platform (Foundry).</p>	<p>Benefits for Commissioners delivered by the Data Services for Commissioners collections through the FDF programme include:</p> <ul style="list-style-type: none"> <li>• More timely access to data for Commissioners, allowing more rapid insight and response.</li> <li>• Commissioner access to additional data items beyond those included in national disseminations. This allows Commissioners to respond to local need in a timely fashion.</li> <li>• Access for Commissioners to Clinical Registries which link data across complex care pathways. The results provide access to accurate and comparative data so that care can be assessed against agreed clinical standards and used to improve patient outcomes and to support a variety of other initiatives.</li> </ul> <p>This local flow with national standardisation will provide NHSE with more timely data to respond to pressures across the system at a national level.</p>	Acute Activity Data Set

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
DARS-NIC-139035-X4B7K-v12.2	NHS England - DSfC - NHS England Data Platform	Pseudonymised	<p>NHS England (NHSE) will carry out analysis on a variety of pseudonymised datasets. This collection of datasets has been referred to as the “temporary National Repository” (tNR) and National Commissioning Data Repository (NCDR), but is now known as the NHS England Data Platform.</p> <p>The requested datasets are required to ensure that NHSE can continue to meet its statutory duties (as per NHS Act 2006 and the Health and Social Care Act 2012 s13N,s23) and to support the current requirements of NHS England set out in the NHS Long Term Plan.</p>	<ol style="list-style-type: none"> <li>1. Equitable distribution of resources</li> <li>2. More accurate identification of commissioners <ol style="list-style-type: none"> <li>a. Improved performance data from providers for monitoring contract performance</li> <li>b. Consistency of approach makes national analyses easier and more accurate</li> <li>c. Efficient local processes for providers</li> </ol> </li> <li>3. Support analysis of development and monitoring outcomes for new models of care.</li> <li>4. Developing improved methodology for calculation of commissioner budget allocations.</li> <li>5. Provides robust findings on which complex changes to care are most effective, enabling large transformation programmes to improve the effectiveness of their interventions. For example, SUS data has been used extensively (monitoring trends in acuity of cases, investigating the characteristics of attenders, understanding the relationship between attendances and admissions, etc.) in the development of the recent A&amp;E Plan.</li> <li>6. Reduced resources whilst delivering robust assessment of national programmes.</li> <li>7. Supporting Quality Innovation Productivity and Prevention (QIPP) to review demand management, integrated care and pathways. <ol style="list-style-type: none"> <li>a. Analysis to support full business cases.</li> <li>b. Develop business models.</li> <li>c. Monitor In year projects.</li> </ol> </li> <li>8. Supporting Joint Strategic Needs Assessment (JSNA) for specific disease types.</li> <li>9. Enables monitoring of: <ol style="list-style-type: none"> <li>a. Outcome indicators.</li> <li>b. Non-financial validation of activity.</li> <li>c. Successful delivery of integrated care within the NHS.</li> <li>d. Improving early interventions and avoidance of re-admissions using case management to check frequent or multiple attendances.</li> <li>f. Improved care service planning.</li> <li>g. Improved performance management and commissioning of services.</li> <li>h. A better, more insightful understanding the care of patients in nursing homes.</li> </ol> </li> </ol>	<p>Clinical Registries for Commissioning Assuring Transformation (Pseudo) National Cancer Waiting Times Monitoring DataSet (NCWTMDS) Mental Health Services Data Set (MHSDS) Improving Access to Psychological Therapies (IAPT) v1.5 Acute-Local Provider Flows Other Not Elsewhere Classified (NEC)-Local Provider Flows Emergency Care-Local Provider Flows Tobacco Dependence National Diabetes Audit SUS for Commissioners Summary Hospital-level Mortality Indicator (SHMI) Diagnostic Imaging Data Set (DID) Hospital Episode Statistics Critical Care (HES Critical Care) Emergency Care Data Set (ECDS) e-Referral Service for Commissioning Hospital Episode Statistics Accident and Emergency (HES A and E) Maternity Services Data Set Diagnostic Services-Local Provider Flows Hospital Episode Statistics Outpatients (HES OP) Alcohol Dependence Civil Registration - Births Mental Health-Local Provider Flows Ambulance Data Community-Local Provider</p>

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
				8. Facilitation and proactive management of NHSE directly commissioned services using pseudonymised or aggregate data (with small number suppression) only. (This is dependent on the analysis requirement as to whether the output used is pseudonymised or aggregate data.)	Flows Population Data-Local Provider Flows Demand for Service-Local Provider Flows Continuing Healthcare Dataset Experience, Quality and Outcomes-Local Provider Flows Medicines dispensed in Primary Care (NHSBSA data) Community Services Data Set (CSDS) Children and Young People Health Mental Health Minimum Data Set (MHMDS) Mental Health and Learning Disabilities Data Set (MHLDDS) Civil Registrations of Death Patient Reported Outcome Measures (PROMs) Ambulance-Local Provider Flows Hospital Episode Statistics Admitted Patient Care (HES APC)

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
DARS-NIC-18798-V2J6C-v10.2	Access to HES via NHS Digital online portal (Previous NIC Number - NIC-09042-L9M1K)	Pseudonymised	<p>NHS England has a wide spectrum of responsibilities to support Health and Social care within England, and access to the NHS Digital Portal is required to support this for the following areas;</p> <ul style="list-style-type: none"> <li>- commissioning</li> <li>- policy</li> <li>- finance</li> <li>- economic development</li> <li>- research and analysis</li> </ul> <p>The above, all assist NHS England in its aim to create the culture and conditions for health and care services and staff to deliver the highest standard of care and ensure that valuable public resources are used effectively to get the best outcomes for individuals, communities and society for now and for future generations.</p>	<p>NHS England has an objective to allow everyone to have greater control of their health and wellbeing, support individuals to live longer, healthier lives by the provision of high-quality health and care services that are compassionate, inclusive and constantly-improving. The vision for that was set out in the NHS Long Term Plan, published in 2019.</p> <p>NHS England uses HES data amongst other data sources, including the outputs listed above and the yielded benefits sampled below, to inform and influence this agenda. Benefits can be measured by NHS England's effectiveness in achieving their objectives, summarised in their Annual Report:  <a href="https://www.england.nhs.uk/publication/nhs-commissioning-board-annual-report-and-accounts-2020-to-2021/">https://www.england.nhs.uk/publication/nhs-commissioning-board-annual-report-and-accounts-2020-to-2021/</a></p>	<p>Emergency Care Data Set (ECDS)  Hospital Episode Statistics Outpatients (HES OP)  Hospital Episode Statistics Admitted Patient Care (HES APC)  Hospital Episode Statistics Accident and Emergency (HES A and E)  Hospital Episode Statistics Critical Care (HES Critical Care)</p>

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
DARS-NIC-433629-H3M0G-v2.2	SMI Comprehensive Physical Health Checks (PHSMI) GPES Extract	Pseudonymised	NHS England wish to continue to use the Physical Health Checks for people with Severe Mental Illness (PHSMI) data which was collected via the General Practice Extraction Service (GPES) in order to monitor the delivery of the NHS Long Term Plan ambition to ensure that 390 thousand people with Severe Mental Illness (SMI) have their physical health needs met by receiving a comprehensive physical health check (PHSMI) and follow-up intervention. The previous version of the Agreement required an initial full year extract of the data and thereafter an extract on a quarterly basis to monitor delivery of the PHSMI programme	<p>In summary, the extraction is needed because the data from the audit will support:</p> <ul style="list-style-type: none"> <li>• The monitoring and evaluation of national access targets from the NHS Long Term Plan</li> <li>• Local quality improvement activity</li> <li>• Measurement of the impact on population outcomes</li> </ul> <p>This data will provide information on a national and local level that has not previously been available. The extract will allow analysis of primary care data beyond that currently published as part of the Quality and Outcomes Framework enabling the reporting of familiar indicators but with greater detail which will be available to inform improvements in service delivery and to reduce inequalities. For example, the extract will include data and information around SMI health checks broken down by age group which will enable Primary Care Networks to be able to optimise care. Other novel analyses will include a review of the extent to which comorbidities occur within the SMI population.</p>	Physical Health Checks for people with Severe Mental Illness (PHSMI)

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
DARS-NIC-384608-C9B4L-v6.2	COVID-19 – NHS England Application	Pseudonymised	<p>NHS England, also known as the ‘National Commissioning Board’ leads the National Health Service (NHS) in England. NHS England are responsible for the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012.</p> <p>The NHS COVID-19 Data Store has been established and is designed to support a range of activities, including:</p> <ul style="list-style-type: none"> <li>• Understanding COVID-19 and impact to provision of NHS services and patient outcomes;</li> <li>• Identifying and understanding information about patients or potential patients with or at risk of COVID-19;</li> <li>• Delivering services to patients, clinicians, the health services;</li> <li>• Planning in relation to COVID-19.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce deaths associated with COVID-19</li> <li>• Assessment of the impact of the NHS 111 First Programme on primary care capacity.</li> <li>• Reallocation of resources and correctly allocate resources in line with demand</li> <li>• Bring in additional workforce support</li> <li>• Assists commissioners in making decisions to better support patients</li> <li>• Identifying COVID-19 trends and risks to public health</li> <li>• The use of established and future potential modelling tool should allow for improved learning from and accurate prediction of likely patient pathways in order to influence early interventions and other alternatives for patients.</li> <li>• Increase resilience in supply chain for PPE (Personal Protective Equipment) based on localised demand from primary care</li> <li>• Enables NHS England to provide guidance and develop policies to respond to the outbreak</li> <li>• Controlling and helping to prevent the spread of the virus</li> <li>• NHS England can share a common understanding of activity levels across the system in regard to COVID-19.</li> <li>• Better activity data will also enable a more robust national planning process and improve the allocation of resources across the system. This will support the response to the pandemic but also the recovery of services.</li> </ul>	<p>NHS Pathways Data Set  SUS for Commissioners  COVID-19 UK Non-hospital Antigen Testing Results (Pillar 2)  COVID-19 ICNARC Case Mix Programme for Adult Critical Care  COVID-19 General Practice Extraction Service (GPES)  Data for Pandemic Planning and Research (GDPPR)  COVID-19 Electronic Prescribing and Medicines Administration (ePMA) in Secondary Care  Medicines dispensed in Primary Care (NHSBSA data)  COVID-19 Second Generation Surveillance System (SGSS)  COVID-19 UK Non-hospital Antigen Testing Results (Pillar 2)  COVID-19 Hospitalization in England Surveillance System  COVID-19 Ethnic Category Data Set  Civil Registrations of Death  Shielded Patient List</p>

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
DARS-NIC-213403-P3R8Q-v4.2	NHS Improvement - National Consultant Information Programme (NCIP)	Pseudonymised	<p>NHS Improvement (NHSI) was launched on 1 April 2016 and is the operational name for the organisation that brings together Monitor and the NHS Trust Development Authority (TDA) plus a number of other teams.</p> <p>This agreement covers the provision of data from NHS Digital to Monitor and NHS TDA as joint controllers. NHS England are an operational partner in delivery of the Portal to the NHS.</p> <p>The NHS TDA is a Special Health Authority established by Article 2 of the TDA (Establishment and Constitution) Order 2012. The NHS TDA is also made up of the Patient Safety, the National Reporting and Learning System, the Advancing Change, the Intensive Support Teams and the Health and Safety Investigation Branch (HSIB). Under the NHS TDA (Directions and Miscellaneous Amendments etc) Regulations 2016 it has a general power to take such steps as it considers necessary and appropriate to assist and support persons providing NHS services to ensure continuous improvement in the quality of the provision and the financial sustainability of NHS services.</p>	<p>The benefits that the NCIP product will provide is to improve patient care through learning generated from the provision of individual and unit level activity and outcomes data to NHS consultants and speciality grade doctors in England. The product will provide data to individual consultants and speciality grade doctors for personal development, professional appraisal and improvements/learning. Supporting the Responsible Officer to discharge statutory duties for having oversight of a Consultant's and speciality grade doctor's whole practice. The product will ensure the trust Medical Director has a view of all activity within their trust and identity areas of required improvements.</p>	<p>Diagnostic Imaging Data Set (DID)  Secondary Uses Service Payment By Results Episodes  Hospital Episode Statistics Outpatients (HES OP)  Secondary Uses Service Payment By Results Spells  Secondary Uses Service Payment By Results Outpatients  Hospital Episode Statistics Admitted Patient Care (HES APC)  Patient Reported Outcome Measures (Linkable to HES)  Hospital Episode Statistics Critical Care (HES Critical Care)  NCIP Theatre Data Set  Discovery Project  Civil Registrations of Death - Secondary Care Cut  NCIP Theatre Data Set  Discovery Project Bridging File  Bridge file: Hospital Episode Statistics to Diagnostic Imaging Dataset  Hospital Episode Statistics Accident and Emergency (HES A and E)  Secondary Uses Service Payment By Results Accident &amp; Emergency</p>

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
DARS-NIC-411785-Z6X7M-v2.6	Rapid Diagnostic Centre - Cancer TRE	Pseudonymised	<p>Rapid Diagnostic Centres (RDCs) are being rolled out nationally as an important part of a broader strategy to deliver faster and earlier diagnosis and improved patient experience. In time, it is the vision for RDCs to offer:</p> <ul style="list-style-type: none"> <li>• A single point of access to a diagnostic pathway for all patients with symptoms that could indicate cancer;</li> <li>• A personalised, accurate and rapid diagnosis of patients' symptoms by integrating existing diagnostic provision and utilising networked clinical expertise and information locally.</li> </ul> <p>The Rapid Diagnostic Centre dataset comprises of information collected from RDCs. To reduce the burden of data collection and reduce duplication and variation in data reporting, NHS England have sought to minimise the data items being collected in the RDC dataset. Through the RDC dataset being linked with other national datasets in the Cancer TRE, NHS England will be able to utilise relevant information that is already collected in those pre-existing datasets.</p> <p>NHS England have commissioned Ipsos MORI to undertake the evaluation work. Ipsos MORI has, in turn, sub-contracted the York Health Economics Consortium (YHEC) and the Strategy Unit hosted by Midlands and Lancashire Commissioning Support Unit (CSU) to undertake different elements of the programme.</p>	<p>The primary benefit from using the Cancer TRE is that it will enable NHS England to reduce the burden of data collection on local service providers allowing NHS England to collect the minimum information on RDCs and to combine that with relevant information that is already collected via existing national datasets. This is a benefit to health care providers.</p> <p>Having access to the combined data supports the wider aim of evaluating the impact and effectiveness of Rapid Diagnostic Centres in achieving the intended goals. If the evaluation demonstrates that RDCs are effective and are having a positive impact in terms of improving the patient experience and outcomes for patients with suspected cancer, the findings of this evaluation would enable NHS England to work with Cancer Alliances and local authorities to embed the RDC programme and improve the effectiveness of RDCs. If the evaluation demonstrates the intended goals for RDCs are being achieved, the information derived from the data in the Cancer TRE will support conversations with commissioning groups about developing sustainable funding models and evidencing the wider benefits of the RDC programme beyond cancer.</p>	<p>Cancer Waiting Times (CWT) Data Set  Uncurated Low Latency Hospital Data Sets - Emergency Care  Rapid Diagnostic Centre Data Set  Hospital Episode Statistics Outpatients (HES OP)  Hospital Episode Statistics Admitted Patient Care (HES APC)  Hospital Episode Statistics Critical Care (HES Critical Care)  Civil Registrations of Death  Emergency Care Data Set (ECDS)  National Cancer Registration Data Set  Hospital Episode Statistics Accident and Emergency (HES A and E)</p>

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
DARS-NIC-15336-S8W9K-v3.9	Diagnostic Imaging Data	Pseudonymised	<p>The Diagnostic Imaging Data set was originally owned by NHS England and transferred to NHS Digital in 2016. NHS England were using this data prior to this date and they hold data from 2012 onwards.</p> <p>The primary purpose of the flow is for production of Official Statistics, answering Parliamentary Questions (PQs) and media queries, which are the current responsibility of NHS England as subject matter experts.</p> <p>In addition, NHS England will use the data for jointly assessing and addressing data quality problems with NHS Digital.</p>	<p>NHS England will utilise Diagnostic Imaging Data to continuously:</p> <ul style="list-style-type: none"> <li>• Monitor and improve diagnostic imaging services, by measuring access to imaging services</li> <li>• Improve cancer survival rates by reducing referral to treatment times and diagnosing cancers earlier</li> <li>• Reduce unnecessary exposure to radiation by monitoring compliance with clinical guidelines</li> </ul>	Diagnostic Imaging Data Set (DID)
DARS-NIC-192305-X3T0Y-v15.4	National Cancer Waiting Times Monitoring Data Set (NCWTMDS)	Pseudonymised	<p>The National Cancer Waiting Times Monitoring DataSet (NCWTMDS) is a national, patient level data collection by NHS Digital, under a Direction from NHS England (NHSE). The data are used for monitoring times taken to diagnose and treat patients with cancer and ensure these are in line with the expectations and rights of patients in the NHS Constitution.</p> <p>The NHS Digital NCWTMDS online system allows NHS providers to record data derived from patient care activity. This data can be used to:</p> <ul style="list-style-type: none"> <li>• monitor cancer waiting times targets</li> <li>• plan service improvements</li> </ul> <p>As a patient moves through the stages of their treatment pathway, data on referrals, treatments and diagnosis are derived from care records locally.</p> <p>The NCWTMDS provides the data used to publish the official cancer 62-day treatment target which is one of the key national statistics used to monitor the performance of the NHS.</p>	<p>Enabling analysis of the Cancer Waiting Times data on a system wide basis will provide insight to focus service improvements on most effective areas to improve performance. In particular you would expect that access to the data be essential to delivery of the Cancer Waiting Times standards:-</p> <ul style="list-style-type: none"> <li>• 2 week wait urgent GP referral – 93%</li> <li>• 2 week wait breast symptomatic – 93%</li> <li>• 31 day 1st treatment - 96%</li> <li>• 31 day subsequent surgery – 94%</li> <li>• 31 day subsequent drugs – 98%</li> <li>• 31 day subsequent radiotherapy – 94%</li> <li>• 62 day (GP) referral to 1st treatment – 85%</li> <li>• 62 day (screening ) referral to 1st treatment – 90%</li> <li>• 62 day upgrade to 1st treatment – locally agreed standard</li> <li>• 28 day referral to diagnosis – between 70% and 85% (as this standard is being introduced from April 2020, the threshold will be subject to review and amendment on a yearly basis)</li> </ul>	National Cancer Waiting Times Monitoring DataSet (NCWTMDS)

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
DARS-NIC-287049-F7M1P-v0.2	Targeted Lung Health Check (TLHC) evaluation	Pseudonymised	<p>The Targeted Lung Health Checks (TLHC) pilot programme is a flagship programme of work in England which contributes to the ambition of the NHS Long Term Plan to improve early diagnosis and survival for those diagnosed with cancer. The TLHC programme targets those most at risk of lung cancer and works with Integrated Care Systems who have some of the highest rates of mortality from lung cancer.</p> <p>The TLHC pilot programme works with seventeen projects covering fourteen Cancer Alliances to deliver the programme to approximately 600,000 eligible participants. People most at risk of lung cancer are identified based on age (i.e. 55-76 years of age), smoking status and other lifestyle factors. They are invited for a lung health check and where required, a Low Dose CT Scan to check their lungs for cancer.</p>	<p>Findings from this evaluation are hoped to help identify the need for a lung cancer screening programme of this kind across England and further afield. It will also inform how the programme's roll out should take place, for instance if people with certain characteristics, demographics or living in particular geographical areas, should be targeted first over others. Findings from the sub group analysis will inform whether the programme should adapt its target population or change its promotional materials so that specific people are targeted to drive uptake in areas where it is especially low.</p> <p>Having access to the combined data supports the wider aim of evaluating the impact and effectiveness of the TLHC in achieving the intended goals. If the evaluation demonstrates that TLHCs are effective and are having a positive impact in terms of improving the patient experience and outcomes for patients with suspected cancer, the findings of this evaluation would enable NHSE to work with Cancer Alliances and local authorities to expand TLHC programmes and improve the effectiveness of TLHCs. If the evaluation demonstrates the intended goals for TLHCs are being achieved, the information derived from the data in the NHS England - Cancer TRE will support conversations with commissioning groups about developing sustainable funding models and evidencing the wider benefits of the TLHCs.</p>	<p>National Cancer Registration Data Set Civil Registrations of Death Cancer Waiting Times (CWT) Data Set National Cancer Registration Data Set Civil Registrations of Death Cancer Waiting Times (CWT) Data Set</p>

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
DARS-NIC-448252-L2R6Q-v3.4	NHS England - Infections & Antimicrobial Resistance (AMR) Trusted Research Environment - renewal application for the same data fields and datasets and an amendment to the data processor	Pseudonymised	<p>The World Health Organisation (WHO) has declared that Antimicrobial Resistance (AMR) is one of the top 10 global public health threats facing humanity. For this reason, in January 2019 the UK Government published a 5 Year UK Antimicrobial Resistance (AMR) National Action Plan (NAP) alongside a UK AMR 20 Year Vision Paper.</p> <p>The purpose of the AMR programme is therefore to work collaboratively to deliver on the following ambitions set out in the 5 Year NAP:</p> <ol style="list-style-type: none"> <li>1) halve the number of healthcare-associated Gram-negative bloodstream infections, delivering a 25% reduction by 2021-2022 and the full 50% by 2023-2024.</li> <li>2) reduce the number of specific drug-resistant infections in people by 10% by 2025</li> <li>3) reduce UK antimicrobial use in humans by 15% by 2024</li> <li>4) reduce community antimicrobial use by 25% by 2024</li> </ol> <p>In turn, in order to achieve the above ambitions, there is a pivotal need for data relating to infection rates associated with AMR to be linked and the outputs, in due course, made available directly to NHS England (NHSE) so that NHSE, with support being provided by North Of England Commissioning Support Unit (CSU) - commissioned specifically to deliver the dashboard in NHSE's environment - can develop a dashboard service for NHSE AMR stakeholders who form part of the wider programme and NHS system. North of England CSU do not have access to the NHS Digital patient-level data held in the online portal and thus are not acting as a data processor under this Agreement. Key stakeholders include NHSE central and regional teams, clinical commissioning groups, Integrated Care Systems, clinicians (primary and secondary care), providers, Department for Health and Social Care (DHSC - AMR Function) and UK Health Security Agency (UKHSA).</p>	<p>The anticipated benefits of this work are as follows:</p> <ul style="list-style-type: none"> <li>• Clear understanding of the utility of the data to support the AMR programme aims, and identification of any gaps or issues</li> <li>• Clear understanding of the utility of the data to support the future operating model, and identification of any gaps or issues</li> <li>• The work will support development of an appropriate service design, such that in the longer term useful analysis can be shared with appropriate audiences in order to improve outcomes for patients</li> <li>• This work will also deliver a roadmap for further development of the linked data, including the addition of more data assets which, if implemented, will further enrich understanding and improve outcomes</li> </ul> <p>In the long-term, it is intended that access to the data will give NHSE the ability to develop a mechanism for viewing at different organisational and/or geographical levels a series of linked data items covering key factors which impact upon successful infection management and the management of antimicrobial resistance, in order to identify the key factors, locally, regionally or nationally, which are impacting upon poorer outcomes, and so inform where improved clinical practice or service delivery arrangements need to be considered.</p>	<p>Hospital Episode Statistics Accident and Emergency (HES A and E)  Community Services Data Set (CSDS)  Medicines dispensed in Primary Care (NHSBSA data)  Hospital Episode Statistics Critical Care (HES Critical Care)  Emergency Care Data Set (ECDS)  Civil Registrations of Death  COVID-19 Electronic Prescribing and Medicines Administration (ePMA) in Secondary Care  Hospital Episode Statistics Admitted Patient Care (HES APC)  COVID-19 General Practice Extraction Service (GPES)  Data for Pandemic Planning and Research (GDPPR)  Hospital Episode Statistics Outpatients (HES OP)</p>

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
DARS-NIC-15814-C6W9R-v23.2	12 month Renewal	Pseudonymised	<p>This agreement covers the sharing of data with NHS Improvement before they became NHS England..NHSE also have a separate Data Sharing Agreement (DSA) with NHS Digital which outlines its detailed statutory duties in which NHS Digital disseminated datasets are used for. The areas can be summarised as the provision of an ad-hoc and routine analysis and reporting service to support the work of NHSE in the following responsibility areas:</p> <ol style="list-style-type: none"> <li>1. Proactive management of commissioned services; including contract management, performance management, needs and inequalities analysis, benchmarking, service review and development, planning, budgets and allocations and general commissioning assurance activities.</li> <li>2. Analysis and reporting to support QIPP (Quality, Innovation, Productivity and Prevention) programme activities.</li> <li>3. Data quality analysis and data quality management, to ensure data processing has been carried out effectively.</li> <li>4. Advanced analytics to support evaluation of service transformation.</li> </ol>	<p>Meeting the requirements of the NHS Long Term Plan and improvements within the NHS from a 'system level'.</p> <ul style="list-style-type: none"> <li>-Enabling the delivery of a better contextual view of provider performance, providing assurance that providers of health care are meeting the terms of their license, prevention of anti-competitive behaviour by providers and commissioners.</li> <li>-Development of the national Tariff allowing providers of NHS care to be reimbursed for care provision according to the national tariff.</li> <li>-Enabling a better more effective payment system which in turn would not just benefit the users but all of the NHS.</li> <li>-Enabling the development of a consistent and systematic analysis on the relationship between mental health care and acute secondary services across all Local Health Economies in England. Supporting regional teams to monitor their trust, against a broader macro-economic context of their local health economy, and the dynamics at play between mental and physical health at a local level.</li> <li>-The benefits that the Community Mental Health (and GIRFT programme as part of the Model Hospital works and portal that will host the dashboards) could bring to the NHS are the offerings of mechanisms via the Model dashboards that can measure a provider's productivity and efficiency and help them to reduce unwarranted variation in productivity.H61</li> </ul>	<p>Secondary Uses Service Payment By Results Outpatients Secondary Uses Service Payment By Results Accident &amp; Emergency Patient Reported Outcome Measures (Linkable to HES) Civil Registrations of Death - Secondary Care Cut HES-ID to MPS-ID HES Outpatients Patient Level Costing Early Implementers Data Set - Linked-PLCEIDS (NHSI) Secondary Uses Service Payment By Results Episodes Hospital Episode Statistics Critical Care (HES Critical Care) Diagnostic Imaging Data Set (DID) Mental Health Services Data Set (MHSDS) HES-ID to MPS-ID HES Accident and Emergency Community Services Data Set (CSDS) Hospital Episode Statistics Accident and Emergency (HES A and E) Bridge file: Hospital Episode Statistics to Mental Health Minimum Data Set National Cancer Waiting Times Monitoring DataSet (NCWTMDS) Mental Health Minimum Data Set (MHMDS) NCIP Theatre Data Set Discovery Project HES:Civil Registration (Deaths) bridge NCIP Theatre Data Set Discovery Project Bridging</p>

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
					File Linked-Patient Level Costing Integrated Data Set (Linked-PLCINTDS)_NHSI Secondary Uses Service Payment By Results Spells Emergency Care Data Set (ECDS) Patient Level Costing Acute Data Set HES-APC (NHSI) Hospital Episode Statistics Outpatients (HES OP) HES-ID to MPS-ID HES Admitted Patient Care Hospital Episode Statistics Admitted Patient Care (HES APC) Patient Level Costing Ambulance Data (NHSI) Improving Access to Psychological Therapies (IAPT) v1.5 Bridge file: Hospital Episode Statistics to Diagnostic Imaging Dataset

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
DARS-NIC-05206-L1V6D-v6.4	The Strategy Unit (part of NHS Midlands and Lancashire CSU): analytical support to NHS and partner organisations	Pseudonymised	<p>NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) are the sole data controller under this agreement. However MLCSU is not a legal entity as MLCSU forms part of NHS England (NHSE). NHSE are therefore listed as the data controller as the legal entity and MLCSU are listed as a data processor who manage the data. NHS Midlands and Lancashire CSU (MLCSU) is part of The NHS Transformation Unit which is a hosted service of Northern Care Alliance NHS Foundation Trust. Employees accessing the data under this Agreement are employed by Northern Care Alliance NHS Foundation Trust but have an honorary contract with MLCSU. Access to the data supplied under this Agreement is restricted to employees of MLCSU and The NHS Transformation Unit only and access by an employee of Northern Care Alliance NHS Foundation Trust would constitute a breach of the DSA.</p> <p>The purpose of this Agreement is to support contractual and strategic bench-marking across Midlands and Lancashire, for programmes such as planning, commissioning, assessing service quality, performance improvement, and activity and outcomes monitoring. For example, this includes:</p> <ul style="list-style-type: none"> <li>• provision of analytical intelligence to Integrated Care Boards (ICBs) e.g. for benchmarking of similar health economies or populations in England</li> <li>• in-depth analyses of specific services or pathways to better understand the reasons behind differences in outcomes between health economies</li> <li>• supporting large scale transformation projects involving multiple commissioning organisations</li> <li>• quantitative evaluations and monitoring to estimate the impact of service changes or improvement initiatives</li> </ul> <p>The CSU's customer base consists of: ICBs, Trusts, Local Authorities for the purposes of public health and social care, CQC, Sustainability and Transformation Partnerships, Public Health England, Department of Health, Clinical senates, Strategic clinical networks, NHS England, NHS Improvement, and health charities.</p>	MLCSU's work provides continuous support to its customers (ICBs, Trusts, Local Authorities for the purposes of public health and social care, Sustainability and Transformation Partnerships, Public Health England, Department of Health, Clinical senates, Strategic Clinical Networks, NHS England, NHS Improvement, and health charities) with much needed understanding and insight that helps them to make better decisions about the healthcare services they commission or provide. Improved decisions will lead to a positive effect on the quality of care and outcomes for patients. Improved decision-making is fundamental to achieving the triple aim of improved population health, quality of care and cost-control.	<p>Hospital Episode Statistics Admitted Patient Care (HES APC)</p> <p>Bridge file: Hospital Episode Statistics to Mental Health Minimum Data Set</p> <p>Mental Health and Learning Disabilities Data Set (MHLDDS)</p> <p>Civil Registrations of Death - Secondary Care Cut</p> <p>Patient Reported Outcome Measures (Linkable to HES)</p> <p>Mental Health Minimum Data Set (MHMDS)</p> <p>Hospital Episode Statistics Critical Care (HES Critical Care)</p> <p>Emergency Care Data Set (ECDS)</p> <p>Bridge file: Hospital Episode Statistics to Diagnostic Imaging Dataset</p> <p>HES-ID to MPS-ID HES Outpatients</p> <p>Hospital Episode Statistics Outpatients (HES OP)</p> <p>HES-ID to MPS-ID HES Admitted Patient Care</p> <p>Diagnostic Imaging Data Set (DID)</p> <p>Mental Health Services Data Set (MHSDS)</p> <p>Secondary Uses Service Payment By Results Accident &amp; Emergency</p> <p>Hospital Episode Statistics Accident and Emergency (HES A and E)</p> <p>HES-ID to MPS-ID HES Accident and Emergency Patient Reported Outcome Measures (PROMs)</p> <p>Secondary Uses Service Payment By Results Spells</p> <p>Secondary Uses Service</p>

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
					Payment By Results Episodes HES:Civil Registration (Deaths) bridge

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
DARS-NIC-180255-K0B3N-v0.3	End of life care – 3 or more emergency admissions in last 90 days of life	Aggregated	To produce an indicator for the CCG Improvement and Assessment Framework (CCG IAF).	This data will be used to produce an indicator for the CCG IAF, and will help CCGs to identify if there may be an underlying problem with emergency admissions for people at the end of their life, in their area.	Hospital Episode Statistics Admitted Patient Care (HES APC) Civil Registrations of Death - Secondary Care Cut HES:Civil Registration (Deaths) bridge

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
DARS-NIC-212898-X4C9W-v1.3	DSfC - NHS England - Comm	Pseudonymised	<p>NHS England commission secondary care activity for members of the Armed Forces and their families. As per the Armed Forces covenant, there are certain obligations which must be met for these patients e.g. priority treatment times. Contracts are held between NHS England and a total of 46 providers who deliver care for Armed Forces and as such the contracts are commissioned and monitored by using SUS and local provider flows. Similarly, patients within the Justice system who require secondary care, receive care from their local hospitals and the contracts for this care are commissioned and monitored by NHS England.</p> <p>These services and responsibilities are referred to as Direct Commissioning and are covered by statute. NHS England's statutory functions are defined in the 2012 Health and Social Care Act and the Mandate from the Department of Health which must be published annually. A copy of the 2018/19 mandate can be found here:</p> <p><a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/691998/nhse-mandate-2018-19.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/691998/nhse-mandate-2018-19.pdf</a></p> <p>The mandate sets NHS England seven objectives and these at the highest level are:</p> <ol style="list-style-type: none"> <li>1. Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities.</li> <li>2. To help create the safest, highest quality health and care service.</li> <li>3. To balance the NHS budget and improve efficiency and productivity.</li> <li>4. To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives.</li> <li>5. To maintain and improve performance against core standards.</li> <li>6. To improve out-of-hospital care.</li> <li>7. To support research, innovation and growth and to support the Government's implementation of EU Exit in regard to health and care</li> </ol>	<ol style="list-style-type: none"> <li>1. Supporting the annual objectives as set by the Department of Health</li> <li>2. Supporting Quality Innovation Productivity and Prevention (QIPP) to review demand management, integrated care and pathways. <ol style="list-style-type: none"> <li>a. Analysis to support full business cases.</li> <li>b. Develop business models.</li> <li>c. Monitor In year projects.</li> </ol> </li> <li>3. Supporting Joint Strategic Needs Assessment (JSNA) for specific disease types.</li> <li>4. Health economic modelling using: <ol style="list-style-type: none"> <li>a. Analysis on provider performance against wait targets.</li> <li>b. Learning from and predicting likely patient pathways for certain conditions, in order to influence early interventions and other treatments for patients.</li> <li>c. Analysis of outcome measures for differential treatments, accounting for the full patient pathway.</li> </ol> </li> <li>5. Commissioning cycle support for grouping and re-costing previous activity.</li> <li>6. Enables monitoring of: <ol style="list-style-type: none"> <li>a. Outcome indicators.</li> <li>b. Financial and Non-financial validation of activity.</li> <li>c. Checking frequent or multiple attendances to improve early intervention and avoid admissions.</li> <li>d. Case management.</li> <li>e. Care service planning.</li> <li>f. Commissioning and performance management.</li> </ol> </li> <li>7. Feedback to NHS service providers on data quality at an aggregate and individual record level – only on data initially provided by the service providers.</li> <li>8. Improved planning by better understanding patient flows through the healthcare system, thus allowing commissioners to design appropriate pathways to improve patient flow and allowing commissioners to identify priorities and identify plans to address these.</li> <li>9. Improved access to services by identifying which services may be in demand but have</li> </ol>	<p>Public Health and Screening Services-Local Provider Flows</p> <p>Acute-Local Provider Flows</p> <p>Community Services Data Set (CSDS)</p> <p>Population Data-Local Provider Flows</p> <p>Experience, Quality and Outcomes-Local Provider Flows</p> <p>Primary Care Services-Local Provider Flows</p> <p>Community-Local Provider Flows</p> <p>Mental Health Services Data Set (MHSDS)</p> <p>SUS for Commissioners</p> <p>Demand for Service-Local Provider Flows</p> <p>Mental Health and Learning Disabilities Data Set (MHLDDS)</p> <p>Emergency Care-Local Provider Flows</p> <p>Diagnostic Services-Local Provider Flows</p> <p>Children and Young People Health</p> <p>National Cancer Waiting Times Monitoring DataSet (NCWTMDS)</p> <p>Other Not Elsewhere Classified (NEC)-Local Provider Flows</p> <p>Diagnostic Imaging Data Set (DID)</p> <p>Ambulance-Local Provider Flows</p> <p>Mental Health-Local Provider Flows</p> <p>Mental Health Minimum Data Set (MHMDS)</p>

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
				poor access, and from this identify areas where improvement is required.	

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DARS-NIC-371243-H1P5T-v7.2	HES data for all CSUs and NHS England 2020/21	Pseudonymised	<p>Commissioning Support Units (CSUs) are part of NHS England (NHS E), and provide comprehensive business intelligence (BI) services to a wide range of NHS organisations, this includes both standard analytics and reporting, deep-dives and diagnostic exercises to offer insight and intelligence on a commissioner's health economy. In addition, CSUs offer business intelligence applications allowing self-service access to a range of dashboards and configurable reports. Tools are available on a subscription-basis only to NHS organisations, limited to Clinical Commissioning Groups (CCGs), internally within the CSUs through specialist support teams, by CCG member practices, and by local authorities.</p> <p>The Commissioning Support Units providing the services are:</p> <ul style="list-style-type: none"> <li>- North East London Commissioning Support Unit</li> <li>- North of England Commissioning Support Unit</li> <li>- South, Central and West Commissioning Support Unit</li> <li>- Midlands and Lancashire Commissioning Support Unit</li> <li>- Arden and Greater East Midlands Commissioning Support Unit</li> </ul>	<p>CCGs and Local Authorities (Public Health teams) have joint statutory duties under the Health and Social Care Act 2012 to plan and commission services and jointly assess the needs of their patients and populations, to ensure that health improvements and better outcomes are measurable, identifiable and attainable.</p> <p>Analysis of HES and DID's data helps these organisations achieve this by providing the greatest scope to evaluate outcomes of care and improvement in their health services against peer groups and national achievement – providing a more extensive and complete base of knowledge for decision making than data on their own patients alone (SUS data).</p> <p>Measurable benefits can occur, for example, through gradual improvement in outcome over a number of years, to more immediate commissioning new services where a gap is identified, or de-commissioning failing services by identifying lower outcomes than is acceptable, compared to the norm.</p>	<p>HES-ID to MPS-ID HES  Accident and Emergency  HES-ID to MPS-ID HES  Admitted Patient Care  HES-ID to MPS-ID HES  Outpatients  Hospital Episode Statistics  Outpatients (HES OP)  Hospital Episode Statistics  Admitted Patient Care (HES APC)  Hospital Episode Statistics  Accident and Emergency (HES A and E)  Emergency Care Data Set (ECDS)  Hospital Episode Statistics  Critical Care (HES Critical Care)  Diagnostic Imaging Data Set (DID)  Bridge file: Hospital Episode Statistics to Diagnostic Imaging Dataset</p>

Reference Number	Application Title	Level of Data Required	Purpose	Benefits	Datasets
DARS-NIC-427822-X5G6N-v0.2	NHS England - Pilot Ambulance Data Set for commissioning purposes	Pseudonymised	<p>NHS England and NHS Improvement have directed NHS Digital to pilot the collection and analysis of Ambulance Service data in England with a view to improving the quality and consistency of this data as laid out in the Ambulance Services Data Set Discovery Directions 2020; <a href="https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/nhs-england-directions/ambulance-services-data-set-discovery-directions-2020">https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/nhs-england-directions/ambulance-services-data-set-discovery-directions-2020</a></p> <p>This Ambulance Service pilot data set is required by NHS England and NHS Improvement to contribute to the assessment of the pilot collection.</p> <p>The NHS Long-Term Plan 2019 sets out a commitment to develop an ambulance data set to: "...bring together data from all ambulance services nationally in order to follow and understand patient journeys from the ambulance service into other urgent and emergency healthcare settings". The Ambulance Data Set project seeks to deliver that long-term plan commitment. The project is owned by NHS England and NHS Improvement, operating with the authority of the Urgent and Emergency Care Transformation programme under the title of the 'Joint Ambulance Improvement Programme'</p> <p>Additionally, in response to the significant demand for Ambulance Services and data to support pandemic research and planning, NHS England and NHS Improvement have statutory responsibilities to continue to improve quality of health care services at all times, and requires data to do this.</p>	As the data being shared is from a pilot for a proposed Data Collection the benefits are in the potential of what could be delivered by the end product data set. This future data set will enable NHS England and NHS Improvement to improve the commissioning of services involved in Emergency Care leading to better outcomes for users of the related services.	Ambulance Data Set (Pilot)