## 

## NELA AGGREGATE LEVEL DATA

**ENQUIRY FORM**

**Ref number:**

**(Office use)**

**PLEASE NOTE: If you require any data at patient level, i.e. information about each patient individually, then you are required to complete the “NELA patient-level data access form” instead.**

1. **PROJECT TITLE**
2. **PRINCIPAL INVESTIGATOR**

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

**2.1. RESEARCH TEAM / CO-APPLICANTS**

***Details of each Research team member involved in the proposed project.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Research team members / Co-applicants** | **Employing organisation** | **Position in organisation** | **Contact details (Email address/Telephone no)** |
|  |  |  |  |

**3. RESEARCH PROJECT**

|  |
| --- |
| **3.1 PLAIN ENGLISH SUMMARY**  *A brief summary of up to 200 words describing the aims of the study/research project. This will be posted on the NELA website, along with your contact details*  **3.2 SCIENTIFIC SUMMARY**  *200 words*  **3.3 AIMS, OBJECTIVES AND RESEARCH QUESTIONS**  **3.4 PROJECT DESCRIPTION**  *Full description of the purpose(s) for which the data are requested (500 words max)* |

**4. FUNDING**

*Do you already have funding to carry out this project*

**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 NELA data, please give details about the funding application.**

|  |
| --- |
| **Name of funding body:**  **Status of funding application:**   * In preparation * Submitted; funding decision pending * Funded |

1. **Would you like input from the NELA team for your research?**

***If so please indicate below with details:***

**Clinical input – surgery**

**Clinical input – anaesthesia**

**Clinical input – critical care**

**Methodological input – research and analysis design**

**Methodological input – statistical support**

**Other input --**

**6. AGGREGATE DATA REQUESTED**

**6.1 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):

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1. National (England and Wales)
2. National (England only)
3. National (Wales only)
4. Regional (please specify)
5. Hospital
6. CCG
7. STP
8. Other – please specify exactly how the unit of analysis would be calculated

**6.2 DATE RANGE**

Please specify the date range required, and whether this based on date of admission, discharge, or date of operation.

**6.3 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. *(NELA DATASET IS AVAILABLE HERE)*

**6.4 DATA REQUESTED (please remove example row shown below)**

|  |  |  |  |
| --- | --- | --- | --- |
| DATASET ITEM NUMBER | DATASET ITEM NAME | PURPOSE | LEVEL OF GRANULARITY (according to numbers listed in 6.1) |
| *0.000* | *Serum rhubarb* | *Risk adjustment* | *Hospital level* |
|  |  |  |  |

**6.5 PATIENT CONFIDENTIALITY**

Please describe how the aggregate data you’re requesting would not breach patient confidentiality (e.g. small numbers, risk of re-identification). For example, 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.

**Please send completed application forms to** [**info@nela.org.uk**](mailto:info@nela.org.uk) **with ‘Aggregate Data Request’ in the subject line.**