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| **PQIP DATA ACCESS REQUEST FORM**  **Aggregate data** | |

Applicants should ensure that they have reviewed the accompanying guidance on the PQIP web site. Please submit this form to the [PQIP TEAM](mailto:PQIP@rcoa.ac.uk?subject=PQIP%20Data%20Request) using ‘Data Request’ as the subject line. Contact us early in the process for feasibility counts, if you require support and guidance, or if you wish to work collaboratively with the project team on your project. You should provide sufficient detail in your application form to enable the PQIP team to review and make recommendations for data access requests.

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| ***For PQIP use only*** | | |
| Reference number: | Meeting date: | Date of original submission to PQIP: |
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| **Section 1** | **Applicant information** | | |
| **Project title:** |  | | |
| **Name of Principal Investigator:** |  | | |
| **Job title:** |  | | |
| **Employing organisation:** |  | | |
| **Address of organisation:** |  | | |
| **Telephone:** |  | | |
| **E-mail:** |  | | |
| **Research Team / Co-applicants**  Details of each research team member involved in the proposed project | | | |
| **Name** | **Employing organisation** | **Job title** | **Contact details**  E-mail address / telephone no. |
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| **Experience/expertise**  Describe the research and/or statistical skills available within the research team |  | | |

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| **Section 2** | **Project Details** |
| **Plain English Summary:**  Brief summary of up to 200 words describing the aims of the study / research project |  |
| **Technical Summary:**  200 words |  |
| **Aims, Objectives & Research Questions:** |  |
| **Methodology & planned statistical analyses:**  Full description of the purpose(s) for which the data are required (500 words max) |  |
| **References:**  Max 10 |  |
| **Proposed completion date of the project:** |  |
| **Planned scientific outputs:**  Intended outputs / publications arising for the use of these data, including abstracts, posters & research papers |  |
| **Ethics:**  If this request is for research purposes, you should enclose confirmation of ethics approval or confirmation from the HRA decision tool or your local R&D dept that this is not required. If necessary please use the box here to provide any additional information. |  |

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| **Section 3** | **Funding** | | |
| Please indicate whether your project has received dedicated 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 PQIP data, please give details about the funding application. | | | |
| **Name of funding body:** |  | | |
| **Status of funding application:** | **In preparation** | **Submitted, pending funding decision** | **Funded** |
| ⬜ | ⬜ | ⬜ |

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| **Section 4** | **Declaration of interest** | |
| Please indicate whether any individuals named in this application have an interest to declare about this application. All interests that might unduly influence an individual’s judgement and objectivity in the used of the data being requested are of relevance. | | |
| **Declaration of interest:** | ⬜ **No** | ⬜ **Yes** (Pleased provide details below) |
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| **Section 5** | **PQIP Support** |
| **Please indicate if you require input from the PQIP team for your project:** | ⬜ **None required** |
| ⬜ **Clinical input – surgery** (Please specify which specialty) |
| ⬜ **Clinical input – anaesthesia / perioperative medicine** |
| ⬜ **Clinical input – critical care medicine** |
| ⬜ **Methodological input – research & analysis design** |
| ⬜ **Methodological input – statistical support** |
| ⬜ **Other input** (Please provide details) |

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| **Section 6** | | | **Aggregate data**  Aggregate data are at the level of an individual hospital or area, but the hospital site cannot be identified. | | | | | | | | | |
| **Indicate 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) | |  | | **National** | | **Regional** (please specify) | **Hospital** | | **CCG** | **STP** | | **Other** (please specify) |
| **Abdominal – Hepatobiliary** | |  | |  |  | |  |  | |  |
| **Abdominal – Lower GI** | |  | |  |  | |  |  | |  |
| **Abdominal – Other** | |  | |  |  | |  |  | |  |
| **Abdominal – Upper GI** | |  | |  |  | |  |  | |  |
| **Burns & Plastics** | |  | |  |  | |  |  | |  |
| **Gynaecology** | |  | |  |  | |  |  | |  |
| **Head & Neck** | |  | |  |  | |  |  | |  |
| **Orthopaedics** | |  | |  |  | |  |  | |  |
| **Spinal** | |  | |  |  | |  |  | |  |
| **Thoracics** | |  | |  |  | |  |  | |  |
| **Urology** | |  | |  |  | |  |  | |  |
| **Vascular** | |  | |  |  | |  |  | |  |
| **Date range:**  Specify the date range required, and whether this based on date of admission, discharge, or date of operation. | | | | |  | | | | | | | |
| **Data requested:**  For each required percentage/calculation, please specify exactly the numerator and denominator. Please indicate whether to include missing data, etc. Please include the PQIP CRF question numbers, which are to be used to calculate the numerators and denominators. | | | | | | | | | | | | |
| **QUESTION NUMBER** | **QUESTION NAME** | | | | **LEVEL OF GRANULARITY** (according to numbers listed above) | | | **DATA PRESENTATION** | | | **Other information** | |
| *(Example – delete)*  *2.3* | *Urgency of surgery* | | | | *Hospital level* | | | *Number and percentage of patients in each category of surgical urgency* | | | *Number / percentage missing data* | |
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| **Patient confidentiality:**  Describe how the aggregate data you are 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. | | | | |  | | | | | | | |

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| **Section 7** | **Information Governance (including security)** |
| Describe the arrangements for storage of the data and the measures that will be implemented to secure access to the data for the duration of the study. Please confirm whether your organisation is Information Governance Toolkit compliant to Level 2 or equivalent. | |
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| **Section 8** | **Agreement** |
| **Please acknowledge that you have read:** | ⬜ **PQIP Data Use Policy** |
| ⬜ **Authorship policy for PQIP research outputs** |
| ⬜ **HSRC Data Handling and Transparency Policy** |
| **Signature:**  (on behalf of applicants) |  |