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# Data Request Form

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| Internal Use Only | | | | |
| SDE Ref: |  | Applicant: **Internal / External** | | |
| New / Amended | | |  | |
| Date received: | | | |  |

Contact email: [WMSDE@uhb.nhs.uk](mailto:WMSDE@uhb.nhs.uk)

*Please use simple and plain language where possible in this application. The application will be subject a process that incorporates a review by patient and public lay members. You are encouraged to complete this application under the assumption that no prior knowledge is held in the clinical/ scientific area of your project.*

**SECTION A: THE PROJECT**

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| --- | --- | --- |
| **A1: Project Title**  **(200 characters)** | *(200 characters)* | |
| **A2: Aim(s) of your project**  **(up to 200 words)** | *(up to 200 words)* | |
| **A3: Background and scientific rationale of the proposed project**  **(up to 300 words)** | *(up to 300 words)* | |
| **A4: Lay summary**  **A lay summary of your project in plain English, stating the aims, scientific rationale, a broad description of the data required, the project duration and likely public health or patient benefit.**  **(up to 500 words)** | *(up to 500 words)* | |
| **A5: Patient and public involvement. (Please describe how patients and the public have been and will be actively involved in your project**  **Please note, patient and public involvement is considered best practice in all data projects)**  **(up to 300 words)** | *(up to 300 words)* | |
| **A6: What is the expected realisable benefits of this project to patients and the NHS (considering the public interest requirement)**  **(up to 300 words)** | *(up to 300 words)* | |
| **A7: How will access to XXX data via WM SDE help your project?**  **(up to 300 words)** | *(up to 300 words)* | |
| **A8: What type of dataset and data fields are required? (Please state if this is based on a metadata catalogue descriptor or if a bespoke data specification is attached to this application. Please state if you require synthetic or real patient data. Please note, exact data fields are required)**  **(up to100 words)** | *(up to 100 words)* | |
| **A9: Please provide up to 6 keywords which best summarise your proposed project** |  |
| **A10: What is the estimated duration of the project, in months?** |  | |
| **A11: How will results be shared/ disseminated?**  **Note: A lay summary of findings is a required output.**  **Please provide details of all expected outputs (for example, conference abstracts, academic papers, external reports, policy documents, internal reports, business cases).**  **(up to 300 words)** | *(up to 300 words)* | |
| **A12: Medical Specialty or Disease Area**  **Please specify the most appropriate medical specialty/disease area that applies to this project.** |  | |

**SECTION B: THE DATA, SETTING AND ANALYSES**

|  |  |  |  |
| --- | --- | --- | --- |
| **B1: Level of data access requirement** | | | |
| 1. **Do you wish to commission the WMSDE to conduct analysis for you, minimising your direct exposure to the data? This is subject to capacity and agreed terms.** | Yes  No | | |
| 1. **Can you undertake the planned project using aggregate data only?** | Yes  No | | |
| 1. **Do you wish to request access to anonymised individual patient-level data?** | Yes  No | | |
| **B2: Data Environment:** | | | |
| 1. **You will be required to access data within the TRE on the WMSDE. Please list which tools you would like to access for data analysis and please discuss your exact requirements with the team.** |  | | |
| **B3: Data environment: Egress** | | | |
| **Will you require transfer of anonymised data to an alternative secure environment in order to achieve the project aims?** | Yes  No | | |
| **B4: Statistical analysis** | | | |
| 1. **What forms of statistical analysis are planned?** | *(up to 300 words)* | | |
| 1. **How do you intend that data will presented in the published or shared output? (for example, summary statistics)** | *(up to 100 words)* | | |
| 1. **WM SDE expects outputs to adhere to small number suppression, where any cell count of <5 are suppressed. Please indicate you will adhere to this .** | Yes  No | | |
| **B5: Machine learning** | | | |
| 1. **Will the data be subject to any machine learning (ML) techniques?** | Yes  No | | |
| **If yes, please specify the type of ML technique(s) and tooling required to support this** |  | | |
| **b) is the data for:** | | | |
| 1. **algorithm generation and training** | Yes  No | 1. **Internal validation** | Yes  No |
| 1. **External validation** | Yes  No | 1. **Other – please specify** |  |
| **B6: Ethical approvals and governance** | | | |
| 1. **Do you seek for your project to be approved under the WMSDE REC (24/YH/0022) and CAG (24/CAG/0025) approvals** | Yes  No | | |
| 1. **Do you seek for your data access request to be considered under your own pre-existing ethical approval?**   **(Please attach all relevant documents).** | Yes  No | | |
| **B7: Cost Model** | | | |
| **The WMSDE operates a cost model for all data requests as per the NHS Value Sharing Framework. The costs associated for this project will be provided by the data concierge. Has the cost model been agreed for this data request?**  **If not, please contact the team to discuss further.** | Yes  No | | |

**SECTION C: THE APPLICANT**

|  |  |  |
| --- | --- | --- |
| **C1: Lead Applicant (Must be a substantive member of staff at the lead organisation)** | | |
| 1 | Name |  |
| 2 | Email address |  |
| 3 | Current position |  |
| 4 | Organisation |  |
| 5 | Specific role(s) in the project |  |
| **C2: Lead applicant’s expertise relevant to this project:** | | |
|  | Relevant publications (up to 5) |  |
|  | Other relevant outputs |  |
| **C3: Sponsoring/ Lead organisation** | | |
| 1 | Name |  |
| 2 | Legal name (if different; to appear on any legal documents) |  |
| 3 | Sector |  |
| 4 | Size of Organisation |  |
| **C4: Co-applicants including students** | | |
| 1 | Name |  |
| 2 | Current position |  |
| 3 | Their institutions |  |
| **C5: Other significant project team members** | | |
| 1 | Name |  |
| 2 | Current position |  |
| 3 | Their organisation |  |
| 4 | Specific roles(s) in the project |  |
| **C7: Contracts Lead in Organisation** | | |
| 1 | Name |  |
| 2 | Email address |  |
| 3 | Preferred telephone contact number |  |

**SECTION D: CHECKLIST**

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| --- | --- |
| **Please confirm the attachments included with this Data Request Form:** | |
| Your exact data specification (please discuss with us if you are unsure) | Yes - attached |
| Your protocol and proof of ethical approvals, if seeking to use own ethical approvals | Yes - attached  No – I am seeking to sue ethical approval |
| Evidence of Minimum Training Requirements (outlined in Appendix 1). | Yes - attached |

**Appendix 1: Minimum Training Requirements for access to data\*:**

1. Read:
   1. The National Data Guardian (NDG) Standards for Healthcare data: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/823491/NDG_progress_report_2018-19_v1.0_FINAL__002_.pdf>
   2. The Data Security Standard Overall Guide - (DSP) Toolkit: <https://www.dsptoolkit.nhs.uk/help/attachment/24>
   3. The NDG review: Review of Data Security, Consent and Opt-Out assets: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/535024/data-security-review.PDF>
2. Provide a valid certificate of completion of Data Security and Awareness Level 1 Training offered by e-Learning for Healthcare: <https://www.e-lfh.org.uk/programmes/data-security-awareness/>, **or** a national variation:
   1. MRC Regulatory Support Centre: Research Data and Confidentiality e-learning. (Please note this course is not currently available but if you have already completed the training it is still accepted as approved training.)
   2. MRC’s Research, GDPR and confidentiality – what you really need to know. We will accept a certificate of completion for the accompanying quiz accessible here <https://byglearning.co.uk/mrcrsc-lms/course/index.php?categoryid=1>
   3. Safe User of Research data Environments (SURE) Training course – run by ONS, the UK data service, and the Administrative Data Research Network.
3. Provide your signed and dated CV listing all relevant training undertaken, as well as your full name, present employment, qualifications, professional registration (where applicable), previous employment (last 6 years), research experience and research specific training (where relevant), publications.

**Please note:**

* + 1. If the project requires use of synthetic data only, only a signed copy of the Lead Researcher’s CV is needed.
    2. Synthetic data will still require a Data Licensing Agreement.