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# Data Request Form

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

Contact email: WMSDE@uhb.nhs.uk

*Please use simple and plain language where possible in this application. The application will be subject to 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 500 words)** | *(up to 500 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 and likely public health or patient benefit.** **(up to 750 words)** | *(up to 750 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 750 words)** | *(up to 750 words)* |
| **A6: What are the expected realisable benefits of this project to patients and the NHS, considering the public interest requirement?****(up to 500 words)** | *(up to 500 words)* |
| **A7: How will access to data via the SDE help your project?****(up to 300 words)** | *(up to 300 words)* |
| **A8: What type of dataset and data fields are required?** **Please note, either attach a bespoke data specification or detail the exact data fields required.****Please state if you require synthetic or real patient data.**  |  |
| **A9: Please provide up to 6 keywords which best summarise your proposed project** | 1.
2.
3.
4.
5.
 |
| **A10: What is the estimated duration of the whole project? (in months)** |  |
| **A11: How will results be shared/ disseminated?** **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 750 words)** | *(up to 750 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**

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| **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.**
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| **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. **The WMSDE expects outputs to adhere to small number suppression, where any cell counts of <5 is 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 want your project to be approved under the WMSDE REC (24/YH/0022) and CAG (24/CAG/0025) approvals?**
 | [ ]  Yes[ ]  No  |
| 1. **Do you want 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**

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| **C1: Lead Applicant** **This 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:** |
| 1 | Relevant publications (up to 5) |  |
| 2 | Please include link to your academic or company website, LinkedIn, ResearchGate or ORCID |  |
| **C3: Co-applicants including students** |
| Please attach a CV and relevant training documents (please see Appendix 1) for all relevant co-applicants. |
| **C4: Sponsoring/Lead Organisation** |
| 1 | Legal Name  |  |
| 2 | Sector   |  |
| 3 | Size of Organisation |  |
| 4 | Geographical Location |  |
| 5 | Please include link to your company website and companies house page if applicable |  |
| **C5: Contracts Lead in Organisation** |
| 1 | Name |  |
| 2 | Email address |  |
| 3 | Preferred telephone contact number |  |

**SECTION D: SUPPORTING DOCUMENTS**

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| Please provide the following documents when you submit your data request form. The progress of your application may be delayed if you are unable to provide these.* The project specific data specification (please discuss with us if you are unsure)
* The project protocol/project proposal.
* Evidence of ethical approvals, if seeking to use separate ethical approvals.
* CV and training documents for project team (outlined in Appendix 1).
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**Appendix 1: Training Requirements**

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/>,

**AND**

MRCs 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>

**AND**

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:**

If the project requires use of synthetic data only, only a signed copy of the Lead Researcher’s CV is needed.

Synthetic data will still require a Data Licensing Agreement.

**Recommended reading**

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>

The Data Security Standard Overall Guide - (DSP) Toolkit: <https://www.dsptoolkit.nhs.uk/help/attachment/24>

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>