

1 Parties

This Data Sharing Agreement is made between:

1.1 **NHS England**, a non-departmental public body whose address is The Leeds Government Hub, 7 & 8 Wellington Place, Leeds LS1 4AP; and

1.2 The party whose details are set out in Annex A: section 1b (the "**Recipient**").

2 Status of this Agreement

2.1 This Data Sharing Agreement ("**DSA**") is subject to the terms of the Data Sharing Framework Contract made between NHS England and the Recipient, as detailed in Annex A: section 1b. This DSA comprises:

2.1.1 the details set out in this document;

2.1.2 the Annexes to this document.

2.2 In the event of any conflict between any provision of this DSA and the Data Sharing Framework Contract:

2.2.1 the Special Conditions in Annex A section 6 of this DSA shall prevail, followed by,

2.2.2 Part 1 of the Data Sharing Framework Contract, followed by,

2.2.3 Part 2 of the Data Sharing Framework Contract, followed by,

2.2.4 the Data Sharing Framework Contract Schedules, followed by,

2.2.5 the remainder of the terms of this DSA (other than the Annexes), and then followed by,

2.2.6 the other Annexes to this DSA.

3 Term and Termination of this DSA

3.1 This DSA shall commence on the start date specified in Annex A: section 1a and, unless otherwise terminated in accordance with the terms of this DSA and/or the Data Sharing Framework Contract, shall continue until the end date specified in Annex A: section 1a (the "**Term**").

3.2 This DSA will terminate automatically on the termination or expiry of the Data Sharing Framework Contract, save where a New Contract has been agreed by the parties.

3.3 This DSA may be terminated prior to the end of the Term:

3.3.1 by the Recipient at any time by notifying NHS England in writing;

3.3.2 by NHS England at any time by giving to the Recipient not less than one months' prior notice in writing; or

3.3.3 in accordance with the provisions of the Data Sharing Framework Contract (or any New Contract) from time to time in force.

3.4 This DSA may be updated or varied from time to time by:

3.4.1 NHS England notifying the Recipient of the update in accordance with Clause 18.2 of the Data Sharing Framework Contract; or

3.4.2 NHS England and the Recipient agreeing the variation in accordance with Clause 18.3 of the Data Sharing Framework Contract.

3.5 Where this DSA is updated or varied in accordance with Clause 3.4, NHS England shall issue an updated version of the DSA to the Recipient to reflect the update or variation to the terms ("Updated DSA"). NHS England shall allocate a new sequential version number to the Updated DSA to identify that the DSA is updated or varied. For example, a DSA with reference DARS-NIC-NNNNN-NNNNN-v1.1, would be updated to DSA DARS-NIC-NNNNN-NNNNN-v2.0.

3.6 The parties acknowledge that this DSA, as updated or varied in accordance with Clause 3.4, shall be read and construed as the same appears in an Updated DSA. Except as updated or varied in accordance with Clause 3.4, this DSA shall continue in full force and effect.

4 Data

- 4.1 Annex B: section 2, sets out the details of the Data that will be provided by NHS England to the Recipient under this DSA.
- 4.2 NHS England shall supply the Data to the Recipient or its nominated Data Processor in accordance with the data transfer method set out in Annex B: section 2.
- 4.3 The Recipient shall:
 - 4.3.1 comply with the provisions set out in Annex A and Annex B; and
 - 4.3.2 only process and store the Data at the location(s) specified in Annex A: Section 2.
- 4.4 Where Annex A states that the Recipient is entitled to sub-licence the Data, the Recipient shall enter into a Sub-Licence which is compliant with the requirements set out in Annex A: section 10 together with Clause 3.3 of Part 2 and Schedule 4 of the Data Sharing Framework Contract, and shall procure that the sub- licensee complies with its obligations as set out in Annex A: Section 10 and Schedule 4 (Sub-licensing conditions) of the Data Sharing Framework Contract.
- 4.5 The Recipient shall comply with the requirements of Clause 3 of the Data Sharing Framework Contract in respect of any sub-licensing of the Data.

5 Data Processor

- 5.1 The Recipient wishes to engage the party whose details are set out in Annex A: section 1c to act as its Data Processor to carry out the processing activities set out in Annex A: section 5.
- 5.2 NHS England consents to the appointment by the Recipient of the party whose details are set out in Annex A: section 1c to act as its Data Processor solely for the processing activities set out Annex A: section 5. No other processing or use is permitted by the Data Processor.
- 5.3 The Recipient shall be responsible for all acts and omissions of the Data Processor as if they were acts and omissions of the Recipient under this DSA.

6 Charges

- 6.1 The Recipient shall pay the Charges set out in Annex A: section 11 in accordance with the payment terms contained there and in the Data Sharing Framework Contract.

7 Data Access

- 7.1 Under the terms of this DSA, the Recipient must ensure that access to the Data is managed, auditable and restricted to those individuals who need to process the Data for the Purpose outlined in this DSA.

SCHEDULE 1

1 Interpretation

- 1.1 In this DSA the following expressions have the following meanings. Defined terms not detailed below shall be interpreted in accordance with the defined terms set out in the DSFC:

Recipient	means the party named in Annex A: section 1b who will be a Data Controller of any Personal Data to be shared under and in accordance with this DSA;
Data Sharing Framework Contract or DSFC	means the Data Sharing Framework Contract as detailed in Annex A: section 1b;
Identifiable Data	means Personal Data, but extended to apply to dead as well as living individuals;
Non-identifiable Data	means Data that is not Identifiable Data;
Term	has the meaning given in Clause 3.1 of this DSA.

- 1.2 The rules of interpretation in the DSFC shall apply to this DSA.

Annex A: Application Summary

1a: General

Request Number:	DARS-NIC-667040-B5T1X-v1.14
Request Title:	Centre for Health Economics, University of York, Programme Level Agreement
DSA Start Date:	10/04/2026
DSA End Date:	19/11/2029

1b: Data Controller(s)

- University of York**

Data Controller:	University of York Heslington York YO10 5DD England
Organisation Type:	Academic
Processing the data:	Yes
NHS England Framework Contract Reference:	CON-314909-S3P2M
Contract Expiry Date:	04/09/2027

Security Assurances for Data Controller

Type:	DSP Toolkit
Latest Status:	Standards Met
Date Published:	27/06/2025
ODS Code:	EE133913-CHE
Comments:	24/25 Standards Met (Reviewed by NHS England)

Date Reviewed:	14/07/2025
Date Checked by NHS England:	07/04/2026

DPA Registration

DPA Registration Number:	Z4855807
DPA Organisation Name:	<u>University of York</u>
Expiry Date:	21/01/2027
DPA Checked On :	26/02/2025

Where the Data Controller named in section 1b is processing Data, it is only entitled to process the Data at the location(s) specified in section 2a for the Purpose(s) outlined in section 5 subject to the Special Conditions in section 6, unless otherwise specified in section 6. Any processing of Data by an agreed Data Processor specified in section 1c shall be subject to the same restrictions. These details are therefore not repeated in section 1c.

1c: Data Processor(s)

University of York are permitted to process the data.

- **Amazon Web Services**

Data Processor Area: England/Wales

Organisation Address: 1 Principal Place
Worship Street
London
EC2A 2FA

Security Assurances for Data Processor

Type: ISO

Version: ISO/IEC 27001:2013

Comments:

Certificate Number: 2013-009

Expiry Date: 31/10/2025

Date reviewed by NHS Digital Security Advisor: 01/12/2022

Date Reviewed: 01/12/2022

DPA Registration

DPA Registration Number: ZA481902

DPA Organisation Name: Amazon Web Services

Expiry Date: 12/12/2026

DPA Checked On: 26/02/2025

2. Locations

2a. Processing Location(s)

2b. Storage Location(s)

2c. Territory of use

UK & EEA

3. Datasets Held/Requested

Common Law Duty of Confidentiality

The common law duty of confidentiality is addressed by :
Does not include the flow of confidential data

3a. Data Access Already Given

Data Sharing Agreement

DARS-NIC-667040-B5T1X-v1.14

Dataset	Extract Type	Identifiability	Sensitivity	Periods	Legal Basis	Frequency
Civil Registrations of Death - Secondary Care Cut	Extract	Pseudo/Anonymised	Sensitive Strategic Health Authority of usual residence of deceased, Date of Registration, Date of Death, Subsequent activity, Death Record Used, Match rank, Cause of death row position, Neonatal cause of death, Non-neonatal cause of death, Original Underlying Cause of Death, NHS Indicator, Communal Establishment, Sex, Primary Care Trust of usual residence of deceased	Historic Data Request Latest Available	Processing : Other(GDPR does not apply to data solely relating to deceased individuals) Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Quarterly
Data Minimisation						
No filters applied						
Community Services Data Set (CSDS)	Extract	Pseudo/Anonymised	Non Sensitive	2015/16 2016/17 2017/18 2018/19 2019/20 2020/21 2021/22 2022/23 2023/24	Processing : GDPR Article 9(2)(j): Archiving, research and statistics, GDPR Article 6(1)(e): Public task Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Annually
Data Minimisation						
No filters applied						
Emergency Care Data Set (ECDS)	Extract	Pseudo/Anonymised	Sensitive START_TIME, START_DATE, CLASSIFICATION, OUTPUT_AREA_CODE_2021, OUTPUT_AREA_CODE_2011, EXPIRY_TIME, EXPIRY_DATE	2018/19 2019/20 2020/21 2021/22 2022/23_Q4 2023/24 2023/24_Q3 2023/24_Q4 2024/25_Q1 2024/25_Q2 2024/25_Q3 2024/25_Q4 2025/26_Q1 October 2017 to March 2018 Final Data	Processing : GDPR Article 6(1)(e): Public task, GDPR Article 9(2)(j): Archiving, research and statistics Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Quarterly
Data Minimisation						
No filters applied						

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Hospital Episode Statistics Accident and Emergency (HES A and E)	Extract	Pseudo/Anonymised	Non Sensitive	2007/08 2008/09 2009/10 2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 2017/18 2018/19 2019/20	Processing : GDPR Article 6(1)(e): Public task, GDPR Article 9(2)(j): Archiving, research and statistics Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Annually
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Data Minimisation

No filters applied

Hospital Episode Statistics Admitted Patient Care (HES APC)	Extract	Pseudo/Anonymised	Sensitive Legal group of patient, Detention category, Consultant code, Legal status classification, Legal group of patient (psychiatric)	1989/90 1990/91 1991/92 1992/93 1993/94 1994/95 1995/96 1996/97 1997/98 1998/99 1999/00 2000/01 2001/02 2002/03 2003/04 2004/05 2005/06 2006/07 2007/08 2008/09 2009/10 2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 2017/18 2018/19 2019/20 2020/21 2021/22 2022/23 2023/24 2023/24_M08 2023/24_M13 2023/24_Q03 2023/24_Q04 2024/25 2024/25_Q01 2024/25_Q02 2024/25_Q03 2024/25_Q04 2025/26_Q01	Processing : GDPR Article 9(2)(j): Archiving, research and statistics, GDPR Article 6(1)(e): Public task Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Quarterly
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Data Minimisation

No filters applied

Hospital Episode Statistics Critical Care (HES Critical Care)	Extract	Pseudo/Anonymised	Non Sensitive	2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 2017/18 2018/19 2019/20 2020/21 2021/22 2022/23 2023/24	Processing : GDPR Article 6(1)(e): Public task, GDPR Article 9(2)(j): Archiving, research and statistics Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Annually
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Data Minimisation						
No filters applied						
Hospital Episode Statistics Outpatients (HES OP)	Extract	Pseudo/Anonymised	Non Sensitive	2003/04 2004/05 2005/06 2006/07 2007/08 2008/09 2009/10 2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 2017/18 2018/19 2019/20 2020/21 2021/22 2022/23 2023/24 2023/24_M08 2023/24_M13 2023/24_Q03 2023/24_Q04 2024/25 2024/25_Q01 2024/25_Q02 2024/25_Q03 2024/25_Q04 2025/26_Q01	Processing : GDPR Article 9(2)(j): Archiving, research and statistics, GDPR Article 6(1)(e): Public task Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Quarterly
Data Minimisation						
No filters applied						
Improving Access to Psychological Therapies (IAPT) v1.5	Extract	Pseudo/Anonymised	Sensitive 2b IAPT Disability (add on) package - annual, 2a IAPT Waiting Times (add on) package - annual, 1 IAPT Core package - annual, 2c IAPT Patient Experience (add on) package - annual	April 2012 - March 2013 April 2013 - March 2014 April 2014 - March 2015 April 2015 - March 2016 April 2016 - March 2017 April 2017 - March 2018 April 2018 - March 2019 April 2019 - March 2020 April 2020 August 2020 July 2020 June 2020 May 2020	Processing : GDPR Article 6(1)(e): Public task, GDPR Article 9(2)(j): Archiving, research and statistics Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Annually
Data Minimisation						
No filters applied						
Improving Access to Psychological Therapies (IAPT) v2	Extract	Pseudo/Anonymised	Non Sensitive	April 2021 - March 2022 April 2022 - March 2023 April 2023 - March 2024	Processing : GDPR Article 9(2)(j): Archiving, research and statistics, GDPR Article 6(1)(e): Public task Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Annually
Data Minimisation						
No filters applied						

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Mental Health and Learning Disabilities Data Set (MHLDDS)	Extract	Pseudo/Anonymised	Sensitive All Sensitive Fields	2014/15 2015/16	Processing : GDPR Article 6(1)(e): Public task, GDPR Article 9(2)(j): Archiving, research and statistics Dissemination : Health and Social Care Act 2012 – s261(2)(a)	One-off
Data Minimisation						
No filters applied						
Mental Health Minimum Data Set (MHMDS)	Extract	Pseudo/Anonymised	Sensitive All Sensitive Fields	2011/12 2012/13 2013/14	Processing : GDPR Article 9(2)(j): Archiving, research and statistics, GDPR Article 6(1)(e): Public task Dissemination : Health and Social Care Act 2012 – s261(2)(a)	One-off
Data Minimisation						
No filters applied						
Mental Health Services Data Set (MHSDS)	Extract	Pseudo/Anonymised	Sensitive All sensitive data, All sensitive data, All sensitive data, All sensitive data, All sensitive data, All sensitive data, All sensitive data	2016/17 2017/18 2018/19 2019/20 2020/21 2021/22 2022/23 2023/24	Processing : GDPR Article 9(2)(j): Archiving, research and statistics, GDPR Article 6(1)(e): Public task Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Annually
Data Minimisation						
No filters applied						
Patient Reported Outcome Measures (Linkable to HES)	Extract	Pseudo/Anonymised	Non Sensitive	2009-2010 2010-2011 2011-2012 2012-2013 2013-2014 2014-2015 2015-2016 2016-2017 2017-2018 2018-2019 2019-2020 2020-2021	Processing : GDPR Article 9(2)(j): Archiving, research and statistics, GDPR Article 6(1)(e): Public task Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Annually
Data Minimisation						
Data received from 2009/10 up to 2022/23 period						

3b. Additional Data Access Requested

Dataset	Extract Type	Identifiability	Sensitivity	Periods	Legal Basis	Frequency
NDRS Cancer Consolidated Data Set	Extract	Pseudo/Anonymised	Non Sensitive	Latest available	Processing : GDPR Article 6(1)(e): Public task, GDPR Article 9(2)(j): Archiving, research and statistics Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Annually
Data Minimisation						
No filters applied						

Data Sharing Agreement

DARS-NIC-667040-B5T1X-v1.14

Civil Registrations of Death	Extract	Pseudo/Anonymised	Sensitive Sex, Date of death	Latest available	Processing : GDPR does not apply to data solely relating to deceased individuals Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Quarterly
Data Minimisation						
No filters applied						
Community Services Data Set (CSDS)	Extract	Pseudo/Anonymised	Non Sensitive	2024/25 2025/26 2026/27 2027/28	Processing : GDPR Article 9(2)(j): Archiving, research and statistics, GDPR Article 6(1)(e): Public task Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Annually
Data Minimisation						
No filters applied						
Diagnostic Imaging Data Set (DID)	Extract	Pseudo/Anonymised	Non Sensitive	Latest available	Processing : GDPR Article 9(2)(j): Archiving, research and statistics, GDPR Article 6(1)(e): Public task Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Annually
Data Minimisation						
No filters applied						
Emergency Care Data Set (ECDS)	Extract	Pseudo/Anonymised	Sensitive START_TIME, START_DATE, CLASSIFICATION, OUTPUT_AREA_CODE_2021, OUTPUT_AREA_CODE_2011, EXPIRY_TIME, EXPIRY_DATE	2018/19 2019/20 2020/21 2025/26 2025/26_Q3 2025/26_Q4 2026/27 2026/27_Q1 2026/27_Q2 2026/27_Q3 2026/27_Q4 2027/28 2027/28_Q1 2027/28_Q2 2027/28_Q3 2027/28_Q4 2028/29 2028/29_Q1 2028/29_Q2 2028/29_Q3 2028/29_Q4 2029/30_Q1 2029/30_Q2 October 2017 to March 2018 Final Data	Processing : GDPR Article 6(1)(e): Public task, GDPR Article 9(2)(j): Archiving, research and statistics Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Quarterly
Data Minimisation						
No filters applied						

Data Sharing Agreement

DARS-NIC-667040-B5T1X-v1.14

Hospital Episode Statistics Admitted Patient Care (HES APC)	Extract	Pseudo/Anonymised	Sensitive Legal group of patient, Detention category, Consultant code, Legal status classification, Legal group of patient (psychiatric)	2025/26 2025/26_Q03 2025/26_Q04 2026/27 2026/27_Q01 2026/27_Q02 2026/27_Q03 2026/27_Q04 2027/28 2027/28_Q01 2027/28_Q02 2027/28_Q03 2027/28_Q04 2028/29 2028/29_Q01 2028/29_Q02 2028/29_Q03 2028/29_Q04 2029/30_Q01	Processing : GDPR Article 9(2)(j): Archiving, research and statistics, GDPR Article 6(1)(e): Public task Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Quarterly
Data Minimisation						
No filters applied						
Hospital Episode Statistics Critical Care (HES Critical Care)	Extract	Pseudo/Anonymised	Non Sensitive	2025/26 2026/27 2027/28 2028/29	Processing : GDPR Article 6(1)(e): Public task, GDPR Article 9(2)(j): Archiving, research and statistics Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Annually
Data Minimisation						
No filters applied						
Hospital Episode Statistics Outpatients (HES OP)	Extract	Pseudo/Anonymised	Non Sensitive	2025/26 2025/26_Q03 2025/26_Q04 2026/27 2026/27_Q01 2026/27_Q02 2026/27_Q03 2026/27_Q04 2027/28 2027/28_Q01 2027/28_Q02 2027/28_Q03 2027/28_Q04 2028/29 2028/29_Q01 2028/29_Q02 2028/29_Q03 2028/29_Q04 2029/30_Q01	Processing : GDPR Article 9(2)(j): Archiving, research and statistics, GDPR Article 6(1)(e): Public task Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Quarterly
Data Minimisation						
No filters applied						
Improving Access to Psychological Therapies (IAPT) v2	Extract	Pseudo/Anonymised	Non Sensitive	2020/21_M06 2020/21_M07 2020/21_M08 2020/21_M09 2020/21_M10 2020/21_M11 2020/21_M12 April 2021 - March 2022 April 2024 - March 2025 April 2025 - March 2026 April 2026 - March 2027 April 2027 - March 2028 April 2028 - March 2029	Processing : GDPR Article 9(2)(j): Archiving, research and statistics, GDPR Article 6(1)(e): Public task Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Annually

Data Minimisation						
No filters applied						
Medicines dispensed in Primary Care (NHSBSA data)	Extract		Non Sensitive	Latest available	Processing : GDPR Article 6(1)(e): Public task, GDPR Article 9(2)(j): Archiving, research and statistics Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Annually
Data Minimisation						
Data delivered till 2022/23						
Mental Health Services Data Set (MHSDS)	Extract	Pseudo/Anonymised	Sensitive All sensitive data, All sensitive data, All sensitive data, All sensitive data, All sensitive data, All sensitive data, All sensitive data	2024/25 2025/26 2026/27 2027/28 2028/29	Processing : GDPR Article 9(2)(j): Archiving, research and statistics, GDPR Article 6(1)(e): Public task Dissemination : Health and Social Care Act 2012 – s261(2)(a)	Annually
Data Minimisation						
No filters applied						

3c. Patient objections

Patient Objections applied? No

In line with the national data opt-out policy, opt-outs are not applied because the data is not Confidential Patient Information as defined in section 251(10) and section 251(11) of the National Health Service Act 2006.

4. Privacy Notice

The data controller(s) listed within this agreement in Section 1 confirm that they will ensure that a GDPR compliant, publicly accessible transparency notice is maintained throughout the life of this agreement.

5. Purpose/Methods/Outputs

5a. Objective for processing:

The Centre for Health Economics (CHE) at the University of York requires access to NHS England data for the purpose of the following research programme:

“Centre for Health Economics, University of York”

The following is a summary of the aims of the research programme provided by, or on behalf of, the Centre for Health Economics (CHE):

The Centre for Health Economics(CHE) is a research department of the University of York, dedicated to the study of the economics of health and health care. CHE's Research Strategy aligns with, and contributes to, the University Research Strategy, with one of the strategic aims of 'research with relevance and reach'. It also aligns with several of the University's Research Themes, in particular: Health and Wellbeing; Justice and Equality; Risk, Evidence and Decision Making; and Technologies for the Future. Centre for Health Economics(CHE) produces policy-relevant research and innovative methods that advance the use of health economics to improve population health. As the NHS continues to grapple with financial pressures and the short and long-term impacts of the COVID-19 pandemic, research carried out in Centre for Health Economics(CHE) aims to support decisions about where and how increasingly limited budgets are spent. Centre for Health Economics(CHE) works closely with decision-makers at international, national and local levels to ensure that research is addressing their needs and priorities.

Centre for Health Economics(CHE)'s research using NHS England data is organised into six priority areas (research themes):

- 1) Economic Evaluation
- 2) Health and Social Care Policy
- 3) Equity
- 4) Methods
- 5) Mental Health
- 6) Public Health

CHE's priority research areas are reviewed by the CHE Executive and the Departmental Research Committee every three years, as part of the Research Strategy (next review October 2026). Projects or programmes of work are broadly aligned to a priority area, with cross-cutting research across these. Each priority area is led by a senior academic member of staff, who is substantively employed by the University of York at the Centre.

NHS England Data can be used for the following purposes:

- Research within CHE's six strategic themes.
- Scoping analyses to assess feasibility of future projects.
- Responsive analyses commissioned by policy bodies (e.g., DHSC).
- Evaluations of health interventions, policy impacts, health inequalities, healthcare performance, and public health strategies

NHS England data cannot be used for commercial purposes. If a research project submitted to the DARG has a commercial benefit, it would require a separate data application to NHS England.

The Data Access Request Group (DARG) provides oversight of all requests to access NHS England data in the Centre for Health Economics (CHE). As a companion group of the CHE Data Governance Group (DGG), the DARG manages and reviews procedures and criteria for accessing NHS England data, and is responsible for the assessment and decision making on requests for access to these data. The DARG Terms of Reference outline the purpose and scope of the group, membership and accountability, and agreed processes.

The DARG considers requests for access to data on the basis of the following criteria:

- a. Purpose/ scope, and CHE research priority (theme)
- b. Publicly available data
- c. Sensitivity of data
- d. Data minimisation
- e. Legal basis for processing health data
- f. Expected measurable benefits to health and/or social care
- g. Public and Patient Involvement and Engagement
- h. Ethics
- i. Commercial purposes

The following steps are required to apply for access to NHS England data:

1. Completion of 'CHE Data Access Request Form - NHS England Data' by researcher
2. Review of application by Data Access Request Group (DARG)
3. Updates to the Centre for Health Economics: NHS England Data Access Register (internal and public facing)

CHE maintains a public register of all approved data access requests. The register includes lay summaries of successful applications. This ensures transparency and supports NHS England's oversight responsibilities

Any analysis undertaken needs to meet the aims within one of these six priority areas (research themes)

1. Economic Evaluation

Aim: To assess the cost-effectiveness of health care programmes and interventions.

Objectives: Conduct methodological and applied economic evaluations. Support decision-making through trials, modelling, and analysis. Evaluate interventions in social care, public health, and global health. Inform NICE assessments and local decision-makers.

Programmes of work include:

- NICE Technology Assessment Reviews;
- Policy Research Unit in Economic Evaluation of Health and Care Interventions (EPRU, <http://www.epru.org.uk/>);
- Supporting local decision makers (Applied Research Collaboration Yorkshire and Humber - ARC-YH, <https://www.arc-yh.nihr.ac.uk/>);
- Health opportunity costs;
- Elicitation: capturing the uncertain beliefs of clinical experts in a quantitative form to use in further analysis using evidence synthesis (a process to combine evidence from multiple sources using appropriate statistical techniques);
- Personalised medicine;
- Research prioritisation.

2. Health and Social Care Policy

Aim: To improve the efficiency, equity, and value of health and social care delivery.

Objectives: Design and evaluate organisational and incentive structures. Analyse performance of health and social care systems. Study contracting, reimbursement, productivity, and workforce issues. Support integrated care and health system reforms.

Programmes of work include:

- Contracting and reimbursement;
- Efficiency and Productivity;
- Workforce;
- Integrated Health & Social care;
- Measuring health & quality of care;
- Organisation and structure of health systems;
- NIHR Policy Research Unit in Economics of Health Systems and Interface with Social Care (ESHCRU, <https://eshcru.com/>).
- REAL Supply Research Unit (REAL-S, <https://realsupply.ac.uk/>).

3. Equity

Aim: To understand and address inequalities in health and healthcare outcomes.

Objectives: Measure and monitor health equity. Evaluate policy impacts on health inequalities. Use distributional cost-effectiveness analysis. Explore public preferences and equity indicators.

Programmes of work include:

- Distributional cost-effectiveness analysis (DCEA);
- NHS equity indicators; econometric methods and policy evaluation;
- The equity impacts of hospital competition;
- Inequality in waiting times;
- Primary care workforce distribution;
- Deliberative process for addressing equity concerns;
- Public preferences for reducing health inequality.

4. Methods

Aim: To develop and apply robust statistical and analytical methods using NHS data.

Objectives: Assess data quality and relevance. Evaluate provider performance and policy impacts. Analyse health system efficiency and productivity. Support decision modelling and economic evaluation.

5. Mental Health

Aim: To evaluate mental health services and their impact on health and economic outcomes. **Objectives:** Study determinants and inequalities in mental health. Assess access, quality, and cost of mental health care. Evaluate mental health interventions and outcomes. Analyse the performance of mental health providers.

Programmes of work in the area of mental health economics and policy adopt a range of methods and cover:

- Socio-economic determinants of mental illness;
- Health inequalities;
- The interplay between mental and physical health;
- Use of physical healthcare services for people with mental health problems;
- Access to mental healthcare services;
- The organisation, funding and delivery of mental health services;
- Quality of mental healthcare provision;
- The cost of mental healthcare provision;
- The economic evaluation of mental health interventions and services;
- Mental health outcomes;
- The performance of mental health providers.

6. Public Health

Aim: To evaluate public health interventions and their role in reducing health inequalities.

Objectives: Study socioeconomic determinants of health. Assess economic consequences of health behaviours. Use econometric and microsimulation methods. Support local partnerships and commissioning strategies.

Programmes of work include:

- CHE is one of the academic centres in the Public Health Policy Research Unit (<https://www.phpru.online/>)
- Socioeconomic determinants of health, health behaviour and health inequalities;
- Economic consequences of health and health inequalities;
- Economic evaluation of public health interventions;
- Evaluation of public health interventions through econometric methods and microsimulation (an alternative method which involves simulating the impacts of hypothetical and/or new programmes or forecasting the impacts of existing programmes in new contexts and over time);
- Local health and care research partnerships;
- Resource allocation and health inequalities;
- Commissioning public health services.

PROJECT SCOPING AND RESPONSIVE ANALYSIS

CHE has implemented a new strategy to assess the viability of new projects. Across many of CHE's strategic research priorities, analyses may be undertaken of NHS England data for scoping research and responsive analyses, as described below.

Scoping analysis

When a new project idea or research question is conceived, it may be both beneficial and necessary to use NHS England datasets to carry out preliminary analysis prior to the submission of a research funding application. Such scoping analyses would support researchers in testing their proposed research questions to confirm feasibility, and allow researchers to generate relevant, accurate and high quality proposals with the confidence that the data can be used to generate the desired outcome and impact.

During scoping analysis, researchers may undertake the following types of assessment:

- Test whether key outcomes of interest are numerous enough;
- Check whether coding is consistent across organisations and geographic areas, and over time;
- Determine whether particular statistical methods would be appropriate for the questions being asked;
- Test whether CHE research would have the necessary statistical power to be able to make high quality conclusions;
- Assess the minimum level of data required for the purpose.

Scoping analysis is approved by the Data Access Request Group (DARG). Requests for scoping analysis are submitted by the individual(s) within a project team, and a record of requests and outcomes is kept in a register maintained by DARG. The request captures the aim of the scoping, data set(s) required, data fields and years necessary; and the approval date and person, outcome of scoping exercise, and status of data is recorded on the register. It also confirms that other sources of data have been considered prior to this request. Where the outcome of the scoping exercise is to proceed with a research funding application, the working dataset used for the scoping exercise will be kept, pending the outcome of the funding application. If the individual(s) conclude that the project is not feasible, or the funding application is unsuccessful, the working dataset used will be erased. No member of staff will ever make copies of full NHS England datasets. Requests for scoping analyses may also include scoping analysis for PhD students who are not familiar with NHS England datasets, and who

wish to explore them to better understand the data fields that are needed for their own PhD research project(s).

Responsive analysis

The University of York Centre for Health Economics holds several NIHR Policy Research Programme contracts. Some of these, such as the contracts for the Policy Research Units, include a requirement to undertake rapid response research. The aim of this responsive facility is to meet emerging needs of policy makers at the Department of Health and Social Care (DHSC) or its arm's length bodies (e.g. NHS England). The evidence can be commissioned at short notice, and the nature of the requests depends on the issues and challenges facing the Department as priorities and policy evolve and develop. For example, the study team may be asked to provide evidence quickly in response to Parliamentary Questions; changes in priorities in the health or care system may lead to requests for a short piece of analysis to inform new policies; or evidence to support pressing analytical needs within the Department may be requested. These responsive requests are additional to the core, planned work undertaken under the auspices of the same contracts. Whilst the topic of some requests may fall within the broad priority areas outlined above, this cannot be guaranteed. Therefore, the University of York wishes to include an additional 'responsive analysis' purpose to ensure University of York have the necessary permissions in place to ensure the study team can respond to DHSC rapid requests in line with the University of York's contractual requirements.

The following NHS England data will be accessed:

- Hospital Episode Statistics (HES): Critical Care , Outpatients, Admitted Patient Care (APC), Accident and Emergency (A&E) – necessary to provide a range of information on hospital admissions, risk associated with admission, describing hospital resource use of patients, cost estimations;
- Emergency Care Data Set (ECDS) – necessary because this dataset replaced HES Accident & Emergency data;
- Civil Registration (Deaths) – necessary to report rates of mortality and model risks of certain diseases;
- Patient Reported Outcome Measures (PROMS) - necessary to measure health benefits produced by the health system;
- Mental Health Services Data Set (MHSDS), Mental Health Minimum Data Set (MHMDS) & Mental Health and Learning Disabilities Data Set (MHLDDS)] - necessary to measure socio-economic determinants of mental illness; the nature of the treatment and the quality of care received by people with mental illness; health inequalities in treatment rates; mental health outcomes; the economic evaluation of mental health interventions and services; the organisation and funding of mental health services; and the performance of mental health providers.
- Community Services Data Set – necessary to enable CHE to explore the role of community services in helping prevent unnecessary hospital admissions and enabling speedier hospital discharges.
- Improving Access to Psychological Therapies (IAPT) Data Set – necessary for research on the relationship between mental health and economic outcomes such as labour market participation.
- Medicines Dispensed in Primary Care (NHS Business Services Authority data product) - necessary for research in which we examine the full cost of care, and we can estimate all costs in a patient's secondary care pathway, but we can't currently estimate key costs in primary care, which are typically medication use.
- Diagnostic Imaging Dataset (DIDs) -necessary for research into whether higher imaging rates impact the four-hour target performance and throughput of Emergency Care Departments (and in which direction), and whether the use and growth in imaging services shortens/prolongs emergency care admissions
- National Disease Registration Service (NDRS) Cancer Consolidated Data Set - necessary for research into the impacts of health technology assessment on the NHS and for research into the welfare impact of new treatments

The level of the data will be pseudonymised.

The Data will be minimised as follows:

- Data minimisation is different for each projects. This could be limited to data periods or geographic regions, however each project will be unique and all data minimisation will be reviewed by DARG.

The University of York is the Controller as the organisation responsible for ensuring that the data will only be processed for the purpose described above.

Economics of Health Systems and Interface with Social Care (ESHCRU), Policy Research Unit in Economic Evaluation of Health and Care Interventions (EPRU) and Applied Research Collaboration (Yorkshire and Humber) are examples of current research collaborations in CHE not separate organisations.

Data provided as part of this Agreement will not be shared with collaborators

The lawful basis for processing personal data under the UK GDPR is:

Article 6(1)(e) - processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller;

The lawful basis for processing special category data under the UK GDPR is:

Article 9(2)(j) - processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) based on Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject.

This processing is in the public interest because it adheres to the UK Policy Framework for Health and Social Care Research, which protects and promotes the interests of patients, service users and the public, and aims to produce generalisable and publicly available information to inform future decisions over patients' treatments or care.

The funding for all projects under this Programme Level Agreement will come from multiple sources. CHE's research is largely externally funded, with a broad potential funding base which could include (but not limited to): National Institute for Health Research (NIHR); European Union; Wellcome; and UK Research and Innovation (UKRI). In addition to external sources of funding, CHE may receive internal (University of York/ Centre for Health Economics) research funding. The NIHR is the sole current funder for ongoing projects. Funding to continue the work described will be sought on an ongoing basis.

The funder(s) will have no ability to suppress or otherwise limit the publication of findings.

Amazon Web Services is a processor acting under the instructions of University of York

Data will be assessed by :

- substantive employees
- Any student working with the Data held under this Data Sharing Agreement (DSA) must have completed relevant data protection and confidentiality training and are subject to University of York's policies on data protection and confidentiality. Any student accessing the Data will do so under the supervision of a substantive employee of University of York. University of York would be responsible and liable for any work carried out by students. These students would only work on the Data for the purposes described in this DSA

A Public and Patient Involvement and Engagement (PPIE) group helps refine the purposes of the research projects. University of York (Centre for Health Economics) will use PPIE during the development of research projects using NHS England Data. When putting together new project proposals PPIE panels, in the form of advisory groups, are used to scrutinise the proposals. Such advisory groups provide valuable insights.

5b. Processing activities:

No data will flow to NHS England for the purposes of this Data Sharing Agreement

NHS England will provide the relevant records from the datasets listed in this agreement to University of York. The data will contain no direct identifying data items. The data will be pseudonymised and individuals cannot be reidentified through linkage with other data in the possession of the recipient.

The data will not be transferred to any other location.

The data will be stored on servers at the University of York Data Safe Haven and back up locations: onsite at the University of York, and offsite backup services provided by Amazon Web Services. Data will not be transferred to any other location. The data will remain on the servers at the University of York (and back up servers) at all times, and will not leave England at any time.

The Data will be accessed by authorized personnel via remote access.

The Controller(s) must confirm and provide evidence upon audit by NHS England that access via any remote device complies with the data security obligations within this DSA and the Data Sharing Framework Contract. For remote access:

- Remote access will only be from secure locations situated within the territory of use (as further restricted elsewhere within the DSA if so done) stated within this DSA;
- Access controls granting users the minimum level of access required are in place;
- Remote access is only via secure connections (e.g., VPNs or secure protocols) to protect data;
- Multifactor authentication (MFA) is required for remote access;
- Device security, including up-to-date software and operating systems, antivirus software, and enabled firewalls are utilised for the remote access;
- All remote access is undertaken within the scope of the organisation's DSPT (or other security arrangements as per this DSA) and complies with the organisation's remote access policy.

The data will not leave the UK & EEA at any time.

Access is restricted to substantive employees of University of York. Any MSc or PHD students accessing the data will do so under the supervision of a substantive employee of University of York.

All personnel accessing the data have been appropriately trained in data protection and confidentiality.

The data will be linked with national and/or publicly available datasets; these include, but are not limited to:

- National Cost Collection data (previously National Reference Costs data)
- ONS area level statistics (eg. indices of social deprivation)
- aggregated census and other geographical data using the LSOA (Lower Super Output Area) variables
- Quality and Outcomes Framework and the Attribution Data Set using GP codes;
- accounts and organisational-level data using provider codes
- health and social care provider data
- primary and secondary workforce data
- social care workforce data

There will be no requirement and no attempt to reidentify individuals when using the Data.

University of York researchers will process and analyse the data for the purposes described above

5c. Specific Outputs Expected, Including Target Date:

Examples of recent publications arising from the above projects that have employed the HES data can be found at the links below:

<https://eshcru.com/publications/>

<http://www.york.ac.uk/che/publications/in-house/> <https://www.york.ac.uk/che/publications/all/>

The expected outputs of the existing projects' processing will be:

Seminar presentations

- Anastasia Arabadzhyan and Adriana Castelli. " Emergency readmissions: is 30-day the optimal time interval to capture hospital quality of care?". Seminar presentation at the University of Rome La Sapienza, Rome (Italy), 12th April 2023.
- Anastasia Arabadzhyan and Adriana Castelli. " Emergency readmissions: is 30-day the optimal time interval to capture hospital quality of care?". Seminar presentation at the Bocconi University, Milan (Italy), 27th April 2023.

Conference Presentations

- Anastasia Arabadzhyan and Adriana Castelli. " Emergency readmissions: is 30-day the optimal time interval to capture hospital quality of care?". Conference presentation International Health Economics Association World Congress, 12 July 2023.
- Panos Kasteridis, Luigi Siciliani, Peter Sivey. "Waiting time prioritisation for hip replacement operations". Conference presentation at International Health Economics Association World Congress, 12 July 2023.

Reports

- Anastasia Arabadzhyan, Adriana Castelli, James Gaughan and Martin Chalkley. "Productivity of the English National Health Service: 2021/22 update". Preliminary report to DHSC and NIHR, December 2023.
- Peter Sivey and Jinglin Wen. "The Potential Impact of Community Diagnostic Centres". Preliminary report to DHSC and NIHR. 30 June 2023.

Peer Reviewed Journal articles

- Nikita Jacob, Rita Santos and Peter Sivey "The Long-Run Effect of COVID-19 on A&E attendances in England". Submission to Health Policy (journal article). 31 August 2023.
- Adrián Villaseñor, James Gaughan, María José Montserrat Aragón Aragón, Nils Gutacker, Hugh Gravelle, Maria Goddard, Anne Mason, Adriana Castelli, Rowena Jacobs. "The impact of COVID-19 on mental health inpatient activity in England". Under review with Social Science & Medicine - Mental. Expected publication at the end of 2023.
- Maria Jose Aragon, Hugh Gravelle, Adriana Castelli, Maria Goddard, Nils Gutacker Anne Mason; Donna Rowen; Russell Mannion and Rowena Jacobs. "Extending the evaluation space: Incorporating non-health benefits into healthcare provider performance assessment". Under review with Social Science & Medicine. Expected publication at the end of 2023.

The outputs will not contain NHS England data and will only contain aggregated information with small numbers suppressed as appropriate in line with the relevant disclosure rules for the dataset(s) from which the information was derived.

Future projects:

CHE aims to maximise the impact of its work, to inform and influence health and social care policy and practice, with the ultimate aims of promoting health and wellbeing and reducing health inequalities. This is achieved through building relationships and engaging constructively with decision-makers, practitioners, patients and the public, at every stage of the research lifecycle to prioritise, design and deliver timely research.

Each project within CHE's programmes will develop its own dissemination plan, considering pathways to impact specific to the project. CHE's research priorities (themes) are presented on the Centre's website, which provides an overview of each theme, its programmes of work, individual projects, and links to project specific websites and publications.

The outputs from projects could include:

- Peer reviewed papers in academic journals;
- CHE Research Papers;
- Conference and seminar presentations to a variety of audiences, such as academic, policy, professional and public audiences;
- Reports to funders/ commissioners;
- Lay summaries such as newsletters and blogs;
- Features and case studies on University and CHE websites, and CHE Annual Report;
- Press releases and social media to publicise outputs.

Researchers will utilise the extensive communication facilities and networks of both CHE and the University of York to widely disseminate research findings and maximise their impact. This includes: University marketing and digital communications; University Press Office; The York Policy Engine; an extensive network of local, national and international policy makers, and academics; CHE social media channels; CHE seminars; as well as CHE newsletters and annual reports. Project teams will work closely with funders and publishers to maximise the reach and impact of the research findings. Further, Patient & Public Involvement and Engagement (PPIE) panels will support wider dissemination to nonacademic audiences.

Reports will be produced containing aggregated results, with small numbers suppressed, that show trends over time, differences across providers, commissioners, geographical areas and by patient subgroups and patient characteristics. The results will contain estimated correlations showing associations between patient outcomes and patient characteristics, hospital, institutional, geographic and environmental factors. Statistical results will be presented in interactive spreadsheets or "Dashboards", tables and maps of aggregate statistics summarising patient characteristics.

The dissemination and communication strategy will vary between projects and activities may include:

Oral presentations / knowledge exchange

- Presentation of interim and emerging findings to study advisory groups and/or steering committees. Members - who typically include policy makers, clinicians, academics and patient & public contributors - provide feedback and advice
- Interactive workshops with policy analysts (eg. DHSC, NHS England and NHS Improvement) to discuss emerging findings and ensure policy relevance
- Presentations to Integrated Care Boards(ICBs), Integrated Care Systems (ICS), Primary Care Networks (PCN), NHS trusts, and Patient & Public Involvement and Engagement groups
- Open lectures and invited talks at universities/research centres both in the UK and abroad
- Oral or poster presentations at national and international conferences, such as Health Economists' Study Group, International Health Economics Association (iHEA), and European Health Economics Association (EuHEA). Delegates may include international organisations such as The World Bank, the Organisation for Economic Co-operation and Development (OECD), and the World Health Organization (WHO), alongside members of the international academic community
- End of project workshops or conferences to present research findings to key stakeholders and policy makers

Unpublished reports

- Draft reports with preliminary findings to advisory groups.
- Interim reports for funders and policy analysts.
- Draft final reports for funders. These are usually peer reviewed externally by academics and internally by policy analysts.

Publications

- Published reports containing full, detailed findings, with an accompanying lay summary to make key messages more accessible
- Press releases to accompany the publications of reports (full or short), via the University of York Press Office as well as through the CHE website and social media platforms, as well as funders own Press Release Offices and social media platforms

- Peer reviewed scientific papers in academic and policy journals
- Short articles in CHE annual reports and CHE newsletters

5d. Benefits

i. Benefits Type:

ii. Expected Measurable Benefits to Health and/or Social Care Including Target Date:

Since 2009, CHE has used NHS England data to provide stakeholders with objective evidence and research to support decision making on health and social care, through analysing the effects that lifestyle choices have on health, and examining the costs and the benefits of policies - including both clinical effectiveness and cost-effectiveness - and the implications for equity.

Through its research using NHS England datasets, CHE hopes to inform and influence health and social care policy and practice, fulfilling its mission to provide evidence to policymakers to promote health and wellbeing through the effective, efficient and equitable use of scarce resources.

Examples include:

CHE aims to partner with practitioners, policymakers, and patient and public involvement & engagement (PPIE) groups, to support the Centre to produce policy relevant and impactful research that evolves in response to changing needs and policy priorities. CHE aims to provide stakeholders with objective evidence and research to support their decision making.

In evaluating the performance of health care providers, CHE aims to provide evidence to support national and regional policy-makers and providers with decision-making on the provision of services that offer the greatest value for money according to the benefits, aiming for a more efficient allocation of health care resources, through appropriate budget spend.

By investigating inequalities in healthcare access and outcomes, CHE hopes to help the NHS address its Public Sector duty under the Health and Social Care Act 2012 to reduce health inequalities. CHE has previously worked with NHS England's equality and health inequalities team to disseminate equity indicators to local decision makers within the NHS, and help clinical commissioning bodies use them to address the NHS duty.

CHE's work on efficiency, effectiveness and productivity aims to support the Department of Health and Social Care with exploring how to get the best value from NHS resources, in addition to monitoring, informing policy debate, the annual spending review, and negotiations on budget setting.

The research findings are expected to contribute to evidence-based decision making for policy-makers, local decision-makers such as doctors, and patients to inform best practice to improve the care, treatment and experience of health care users relevant to the subject matter of the study.

The use of the data could:

- help the system to better understand the health and care needs of populations.
- lead to the identification or improvement of treatments or interventions, or health and care system design to improve health and care outcomes or experience.
- advance understanding of regional and national trends in health and social care needs.
- advance understanding of the need for, or effectiveness of, preventative health and care measures for particular populations or conditions such as obesity and diabetes.
- inform planning health services and programmes, for example to improve equity of access, experience and outcomes.
- inform decisions on how to effectively allocate and evaluate funding according to health needs.
- provide a mechanism for checking the quality of care. This could include identifying areas of good practice to learn from, or areas of poorer practice which need to be addressed.

It is hoped that through publication of findings in appropriate media, the findings of this research will add to the body of evidence that is considered by the bodies, organisations and individual care practitioners charged with making policy decisions for or within the NHS or treatment decisions in relation to specific patients.

iii. Yielded Benefits:

Two examples of yielded benefits to date are as follows. These are not exhaustive examples of yielded benefits under this Data Sharing Agreement. A pdf document, DARS-NIC-667040-B5T1X - all yielded benefits & outputs_2025_07_18, provides a complete list of all yielded benefits and outputs to date and

has been attached to this application in section 4. Application overview - List of uploaded documents

The first example is the research project “A national investigation of mental health care crisis systems and their impact for the Mental Health Act”. A key benefit to date has been to provide policymakers with evidence on the characteristics of service users that interact with different mental health crisis care services, and utilisation of different service models of care. Delivery of acute care, including the impacts of innovative models within acute care systems, and arrangements for Mental Health Act (MHA) assessments, have been identified as very high priorities for both NHS England and DHSC policymakers. They are thus the primary beneficiaries of the research.

This study is vitally important in a mental healthcare system that is resource constrained and faces unprecedented demand, particularly following the pandemic. Demand for crisis mental health services has increased by one third since before the pandemic and doubled since 2017. More than 90,000 people per month are referred to community crisis services. The study provides empirical evidence for decision makers about how to make best use of these resources. This study can help ensure that the most optimal types of service models are identified and that extra investment is directed to areas, providers, and service models that can benefit the most.

The second example is the project “The effects of advancements in health care technology on expenditure” which provides valuable evidence for NHS planning by quantifying how medical technology advances affect healthcare costs and patient outcomes. The findings show that whilst new technologies in acute myocardial infarction care have reduced inpatient bed days and improved survival rates, they have also increased overall healthcare expenditure. The analysis reveals important inequalities, with less deprived patients and those in certain regions benefiting more from technological advances, suggesting policies could mandate more equitable distribution of specialist cardiac services across regions. By identifying specific procedures driving cost changes, this work could support developing more sophisticated health technology assessment processes that account for survival benefits and long-term cost implications, enabling more efficient allocation of limited NHS resources.

5e. Is the Purpose of this Application in Anyway Commercial?

No

6. Special Conditions

1.0 COMPLIANCE REPORT:

For the purposes of this Special Condition:

- Accepted means that NHS England, in exercising its reasonable discretion, considers the Compliance Report to meet the requirements set out in this Special Condition.
- Annual Review Date means the date of each 12 month anniversary of the Start Date, as set out in Part 1, Section 2.1 of the DSA.
- Compliance Report means the confirmation report submitted annually in accordance with this Special Condition (1.2), in the form required by NHS England from time to time.

Submission and Acceptance of the Compliance Report:

1.1 The Recipient must submit an Compliance Report to NHS England by the Annual Review Date of each year of the Term. The Recipient shall submit the Compliance Report to NHS England during the calendar month preceding the Annual Review Date. The Compliance Report shall be submitted by email to data.applications@nhsdigital.nhs.uk or as otherwise communicated by NHS England from time to time. NHS England will provide written confirmation of receipt.

1.2 In order for the Compliance Report to be accepted by NHS England, the Recipient must:

- (a) have provided positive confirmation that all requirements set out in the Compliance Report have been met; and
- (b) the Compliance Report has been signed off by the Recipient’s authorised representative, which shall be a member of the executive leadership team or a Director of Legal, or equivalent. NHS England will confirm in writing to the Recipient that the Compliance Report has been Accepted within one calendar month following the Annual Review Date. For the avoidance of doubt, a partially-completed or caveated Compliance Report will not be Accepted by NHS England. Suspension and Termination

1.3 In the event that:

- (a) a Compliance Report has not been received by NHS England in accordance with Special Condition 1.1 above; or

(b) a Compliance Report has not been Accepted by NHS England in accordance with the foregoing process and requirements;

NHS England will no longer have assurance that the Data is retained in accordance with the Data Sharing Agreement (DSA) and Data Sharing Framework Contract and the parties therefore agree that this amounts to a material breach of this DSA under Clause 13.6.2 of the Data Sharing Framework Contract. NHS England reserves the right in these circumstances to cease the provision of the Data and to exercise its rights under, without limitation, Clause 13.6.2 and 13.7 of the Data Sharing Framework Contract in respect of this DSA, including suspension of this DSA under Clause 13.7 and termination of this DSA following written notice under Clause 13.6.2.

2.0 SECURITY ASSURANCE:

All Controllers and Processors which rely on the annual completion and publication of the Data Security and Protection Toolkit (DSPT) to demonstrate security assurance for the purpose of this Data Sharing Agreement (DSA) must ensure:

- i. Their organisation/department has completed the latest available version of the DSPT assessment or has produced the previous version of the DSPT within the last 12 months;
- ii. The self-assessment outcome must be 'Standards Met' or 'Standards Exceeded' or, if not, an improvement plan must be reviewed and approved by the DSPT team within NHS England's Data Security Centre;
- iii. If an improvement plan has been agreed, the organisation must carry out improvements (as stipulated in the review) within the agreed time frame determined in the organisation's remediation plan agreed with NHS England's DSPT team. Meeting these security controls as set out within these special conditions is a requirement of this DSA and the Recipient must inform NHS England if these criteria are not met.

3.0 CITATION:

Where practicable, any outputs will cite the source of the data as: "This work uses data provided by patients and collected by the NHS as part of their care and support."

4.0 PROGRAMME LEVEL AGREEMENT REPORT:

On request from NHS England, the University of York - Centre for Health Economics will produce a report for NHS England which will detail the outputs from all active and finished projects, which have been delivered during the lifetime of the Agreement, and the planned outputs from new projects. The report will reference the associated strategic priorities and programme(s). Details will also be available on CHE's website.

5.0 RECLASSIFICATION OF ECDS INFORMATION:

The following data fields were disseminated as non-identifying fields under DSA version 0.4:

- [LINE_NUMBER] LINE_NUMBER,
- [PROVIDER_REFERENCE_NUMBER] PROVIDER_REFERENCE_NUMBER,
- [COMMISSIONER_REFERENCE_NUMBER] COMMISSIONER_REFERENCE_NUMBER

NHS England subsequently reclassified those fields as 'Identifiable fields' due to the risk of them potentially containing patient identifying detail. They are therefore listed as identifiable fields in Annex A section 3 and Annex B section 2 of this Data Sharing Agreement.

Noting that Recipient does not have a legal basis to process patient identifiable data and this DSA permits retention and processing of pseudonymised data only, the Recipient must review the contents of these fields to verify whether any patient identifying details are present and permanently erase any such details in the event any are discovered. Confirmation of compliance with this condition must be provided in the Compliance Report due by no later than 10/10/2026.

Once the Recipient has verified that no identifying details are held, the classifications of these fields as identifiable should be disregarded and the data should be deemed 'pseudonymised'.

6.0 TRANSPARENCY:

University of York Centre for Health Economics will publish the Data Access Request Group (DARG) minutes within two weeks of the following meeting.

University of York Centre for Health Economics will publish the Centre for Health Economics: NHS England Data Access Register with relevant outcomes each month. The format of this register will be as provided to NHS England as part of this agreement, or as subsequently amended as agreed jointly by University of York and NHS England.

The content of this register needs to be incorporated appropriately within the broader transparency statement at the University of York Centre for Health Economics.

7.0 SUS+ SMALL NUMBER SUPPRESSION:

In order to protect patient confidentiality, when presenting results calculated from SUS+ record level data, outputs will contain only aggregate level data with small numbers suppressed in line with HES Analysis Guide. When publishing SUS+ data, you must make sure that cell values from 1 to 7 are suppressed at a local level to prevent possible identification of individuals from small counts within the table. Zeros (0) do not need to be suppressed. All other counts will be rounded to the nearest 5.

8.0 DATA ACCESS REQUEST GROUP (DARG) TERMS OF REFERENCE (ToR):

University of York, Centre for Health Economics will use the Terms of Reference (dated November 2025) as submitted as part of this application to DARS for DARG. University of York Centre for Health Economics will seek approval from NHS England of any proposed updates to the DARG ToR, and not implement such changes until approval in writing from NHS England DARS has been received.

University of York will permit NHS England to attend meetings of the Data Access Request Group (DARG) upon request by NHS England.

9.0 OTHER DATA SHARING AGREEMENTS:

Data shared under this Agreement may also be used under other Data Sharing Agreements with NHS England where this is specifically mentioned in that Data Sharing Agreement.

10.0 INTERNATIONAL DATA TRANSFERS:

(1) For the purpose of this Agreement, the term 'Territory of Use' includes any processing of Data outside of the UK. Such processing includes any access provided by the Recipient to Data from a territory outside of the UK, regardless of whether such access constitutes a transfer of personal data to a third country or international organisation under Chapter 5 of the UK GDPR.

No transfer of personal data outside of the UK

(2) A transfer for the purposes of this Agreement includes making personal data accessible to a third party from outside the UK.

(3) The Recipient must not transfer any personal data received from NHS England outside the UK without the prior written permission of NHS England and unless the transfer has been explicitly authorised in this Agreement. Where authorised, the territory or international organisation outside of the UK will be identified in List A or List B of this Agreement below, and the transfer will be subject to compliance with such special conditions as are required by NHS England and set out in this Agreement.

Obtaining NHS England's permission to transfer personal data outside of the UK

(4) NHS England will only provide permission for the Recipient to transfer personal data outside of the UK where one of the following conditions apply:

Countries or international organisations with a UK adequacy finding

a. the transfer of personal data is to a territory or international organisation subject to a UK finding of adequacy under Article 45 of UK GDPR. These countries could be added to List A below; or

Countries without a UK adequacy finding

b. in relation to countries that could be added to List B below, where the Recipient can demonstrate to NHS England's reasonable satisfaction that:

i. the Recipient has standard operating procedures in place and has carried out a transfer risk assessment (TRA) in accordance with ICO guidance as amended from time to time (see: <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/international-transfers/international-data-transfer-agreement-and-guidance/international-data-transfer-agreement-and-guidance/transfer-risk-assessments/>) (ICO TRA Guidance) which demonstrates that:

1. there are appropriate safeguards in place for the transfer pursuant to Article 46 of UK GDPR; and/or
 2. there are exemptions in Article 49 of UK GDPR which apply to the transfer; and
 3. in the case of each transfer, that the circumstances of the transfer will provide appropriate safeguards and effective and enforceable rights for individuals in the Data being transferred; and
- ii. the Recipient's Privacy Notice contains details about the transfer of personal data to the territory or international organisation in question and explains the safeguards in place.

Special conditions for transfers of personal data outside of the UK authorised under this Agreement

(5) The Recipient must comply with its obligations under Chapter 5 of UK GDPR and conditions in this Agreement in relation to any transfer of Data outside the UK to which this Agreement applies.

Transfers to additional territories

(6) The Recipient may submit the relevant details of any new territory to which it proposes to provide the Data to NHS England at the end of every calendar month – along with the relevant supporting materials – and NHS England agrees to consider and respond to such requests in the following calendar month. If such request is granted then NHS England will inform the Recipient in writing and the territory will be automatically added into List A or List B as appropriate.

High Security Risk

(7) Should any territory or international organisation on Lists A or B below be considered a high security risk by NHSE's Cyber Security Team through the duration of this agreement, at the written request of NHS England, the Recipient will as soon as possible (unless otherwise agreed with NHS England), cease disseminating (including giving access to) NHS England's data to researchers/organisations based in that territory or organisation and request that any data already disseminated be destroyed.

List A - Authorised territories or international organisations with a UK adequacy finding:

- EEA Countries

List B - Authorised countries without a UK adequacy finding

None

7. Approval Considerations

Ethics Approval

Ethics approval is not required because no identifying information of patients or service users will be processed.

8. Period and Funding

8a. Data Retention

For the Recipient to give an indication of the duration that the Recipient would wish to retain the data (however if this period exceeds the Term a new DSA would need to be in place).

Indicative Data Retention Period:

Reason for this Period:

8b. Funding Sources

Type of Funding Source: Public

Awarding Institution: NIHR

EU/International programme:

Reference and title of project/activity: Production of Technology Assessment Reviews (TARs) for the National Institute for Health Research

Year of submission/award: 01/04/2022

Applicant or Partner:

Funding evidence URL:

Type of Funding Source: Public

Awarding Institution: NIHR

EU/International programme:

Reference and title of project/activity: Economic Methods of Evaluation in Health and Social Care Interventions (EEPRU-II)

Year of submission/award: 01/01/2024

Applicant or Partner:

Funding evidence URL:

Type of Funding Source:	Public
Awarding Institution:	NIHR
EU/International programme:	
Reference and title of project/activity:	Economics of Health Systems and Interface with Social Care
Year of submission/award:	01/01/2024
Applicant or Partner:	Applicant
Funding evidence URL:	
Type of Funding Source:	Public
Awarding Institution:	NIHR
EU/International programme:	
Reference and title of project/activity:	NIHR207664 - Mental health as a determinant of work: Evaluating the impact of the national NHS Talk
Year of submission/award:	22/08/2024
Applicant or Partner:	
Funding evidence URL:	
Type of Funding Source:	Public
Awarding Institution:	NIHR
EU/International programme:	
Reference and title of project/activity:	NIHR153387 - The MEASURE study: Mixed Methods EvaluAtion of the high-volume low-complexity Surgical
Year of submission/award:	14/04/2023
Applicant or Partner:	
Funding evidence URL:	
Type of Funding Source:	Public
Awarding Institution:	NIHR
EU/International programme:	
Reference and title of project/activity:	NIHR162324 - - Identifying innovative models of urgent and emergency care in rural and coastal areas
Year of submission/award:	18/11/2024
Applicant or Partner:	
Funding evidence URL:	
Type of Funding Source:	Public
Awarding Institution:	NIHR
EU/International programme:	
Reference and title of project/activity:	NIHR200687 NHS productivity national assessment
Year of submission/award:	01/01/2019
Applicant or Partner:	
Funding evidence URL:	

9. Approved Users

10. Sub-licensing

Does sub-licensing apply? No

The Recipient is responsible for entering into a Sub-Licence that meets the requirements set out in Clause 3.3 and Schedule 4 of the Data Sharing Framework Contract.

11. Charges

Set up and first year service charge £45,350.00

Annual Service Charge

Principles of charging: NHS England operates on a cost recovery basis and does not seek to make an operating profit from providing its services. The following costs to NHS England are included in the Service Charges and Annual Charges below:

- all design and/or implementation specific services required to generate bespoke datasets or extracts;
- all administration services associated with providing access to the same;
- delivery and maintenance services to support the ongoing provision of bespoke datasets or extracts;
- administration costs associated with carrying out annual reviews of Recipients.

These charges do not include the costs associated with the investigation of a breach, planning and performance of audit(s), and any prosecution activity.

Service Charge: setup, licence, service and annual review charges

The Service Charge is a one-off fee per DSA, and is payable in advance. The Annual Review charges included in the Service Charge are based on the number of annual reviews to be carried out during the Term of the DSA.

Audit fees are payable where NHS England undertakes an audit or investigation which in NHS England's reasonable opinion, reveals that the Recipient either has not complied, or is not complying, with any of its obligations under the Data Sharing Framework Contract and / or this DSA. The audit fees stated in the table below are an estimate only and the Recipient is responsible for promptly reimbursing NHS England for all reasonable costs of the audit and the full cost of any investigation which NHS England may commence prior to an audit taking place in accordance with Clause 7 (Audit and specific rights) of the Data Sharing Framework Contract. Audit fees are payable at cost, and shall include the costs for all activity for investigation, as well as activities associated with the performance of the audit:

Estimated audit fees per audit: £15,000 (variable depending on circumstances).

Annex B: Additional technical information

1. Data to be received by NHS England under this agreement

No cohort data will be provided by the customer to NHS England

2. NHS England data covered by this agreement

A summary of the datasets covered by this agreement is shown in section 3 above.

2a. Data already held

- **Civil Registrations of Death - Secondary Care Cut**

Periods

Historic Data Request

Latest Available

Sensitive fields

[cause_of_death] Original Underlying Cause of Death,
[cause_of_death_neonatal] Neonatal cause of death,
[cause_of_death_non_neonatal] Non-neonatal cause of death,
[cause_of_death_row_pos] Cause of death row position,
[communal_establishment] Communal Establishment,
[death_record_used] Death Record Used,
[dod] Date of Death,
[dor] Date of Registration,
[Match rank] Match rank,
[nhs_indicator] NHS Indicator,
[respct] Primary Care Trust of usual residence of deceased,
[resstha] Strategic Health Authority of usual residence of deceased,
[sex] Sex,
[subsequent_activity] Subsequent activity

Identifiable fields

Other fields

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Community Services Data Set (CSDS)**

Periods

2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
2022/23
2023/24

Sensitive fields

Identifiable fields

Other fields

[all pseudo Care Activities data] all pseudo Care Activities data,
[all pseudo Care Plans data] all pseudo Care Plans data,
[all pseudo Coded Scored Assessments data] all pseudo Coded Scored Assessments data,
[all pseudo Demographics and Referral data] all pseudo Demographics and Referral data,
[all pseudo Diagnoses data] all pseudo Diagnoses data,
[all pseudo Group Sessions data] all pseudo Group Sessions data,
[all pseudo Immunisations data] all pseudo Immunisations data,
[all pseudo Onward Referrals data] all pseudo Onward Referrals data,
[all pseudo RTT data] all pseudo RTT data

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Emergency Care Data Set (ECDS)**

Periods

October 2017 to March 2018 Final Data
2018/19
2019/20
2020/21
2021/22
2022/23_Q4
2023/24
2023/24_Q3
2023/24_Q4
2024/25_Q1
2024/25_Q2
2024/25_Q3
2024/25_Q4
2025/26_Q1

Sensitive fields

[CLASSIFICATION_NN] CLASSIFICATION,
[EXPIRY_DATE_NN] EXPIRY_DATE,
[EXPIRY_TIME_NN] EXPIRY_TIME,
[OUTPUT_AREA_CODE_2011] OUTPUT_AREA_CODE_2011,
[OUTPUT_AREA_CODE_2021] OUTPUT_AREA_CODE_2021,
[START_DATE_NN] START_DATE,
[START_TIME_NN] START_TIME

Identifiable fields

Other fields

[ACCESSIBLE_INFORMATION_PROFESSIONAL_REQUIRED] ACCESSIBLE_INFORMATION_PROFESSIONAL_REQUIRED,
[ACCOMMODATION_STATUS] ACCOMMODATION_STATUS,
[ACUITY] ACUITY,
[ACUITY_VALID_APPROVED] ACUITY_VALID_APPROVED,
[AGE_AT_ARRIVAL] AGE_AT_ARRIVAL,
[AGE_AT_CDS_ACTIVITY_DATE] AGE_AT_CDS_ACTIVITY_DATE,
[AGE_RANGE] AGE_RANGE,
[ARRIVAL_DATE] ARRIVAL_DATE,
[ARRIVAL_MODE] ARRIVAL_MODE,
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[ARRIVAL_TIME] ARRIVAL_TIME,
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[ASSESSMENT_TIME] ASSESSMENT_TIME,
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[ASSESSMENT_TOOL_VALIDATION_TIMESTAMP_NN] ASSESSMENT_TOOL_VALIDATION_TIMESTAMP,

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[ATTENDANCE_SOURCE] ATTENDANCE_SOURCE,
[ATTENDANCE_SOURCE_ORGANISATION] ATTENDANCE_SOURCE_ORGANISATION,
[ATTENDANCE_SOURCE_VALID_APPROVED] ATTENDANCE_SOURCE_VALID_APPROVED,
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[BIRTH_YEAR] BIRTH_YEAR,
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[COMMISSIONING_SERIAL_NUMBER] COMMISSIONING_SERIAL_NUMBER,
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[COUNTRY] COUNTRY,
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[DISCHARGE_INFORMATION_GIVEN_INDICATOR] DISCHARGE_INFORMATION_GIVEN_INDICATOR,
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[PARTYEAR] PARTYEAR,
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[PROVIDER_CODE_T] PROVIDER_CODE_T,
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[PROVIDER_POSTCODE_DISTRICT] PROVIDER_POSTCODE_DISTRICT,
[PROVIDER_TYPE] PROVIDER_TYPE,
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[REFERRAL_ASSESSMENT_TIME_NN] REFERRAL_ASSESSMENT_TIME,
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[SHA_PROVIDER] SHA_PROVIDER,
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[TREATMENT_FUNCTION_CODE] TREATMENT_FUNCTION_CODE,
[TREATMENT_TIME_NN] TREATMENT_TIME,
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[WAITING_TIME_MEASUREMENT_TYPE] WAITING_TIME_MEASUREMENT_TYPE,
[WITHHELD_IDENTITY_REASON] WITHHELD_IDENTITY_REASON

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Hospital Episode Statistics Accident and Emergency (HES A and E)**

Periods

2007/08
2008/09
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20

Sensitive fields

Identifiable fields

Other fields

[ACTIVAGE] Age at activity date,
[AEARRIVALMODE] Arrival mode,
[AEATTENDCAT] Attendance category,
[AEATTENDDISP] Attendance disposal,
[AEDEPTTYPE] Department type,
[AEINCLOCTYPE] Incident location type,
[AEKEY] Record identifier,
[AEPATGROUP] Patient group,
[AEREFSSOURCE] Source of referral for A&E,
[ARRIVALAGE] Age on arrival,
[ARRIVALDATE] Arrival date,
[ARRIVALTIME] Arrival time,
[AT_GP_PRACTICE] Area Team of GP Practice,
[AT_RESIDENCE] Area Team of Residence,
[AT_TREATMENT] Area Team of Treatment,
[CARERSI] Carer support indicator,
[CCG_GP_PRACTICE] CCG of GP Practice,
[CCG_RESIDENCE] CCG of Residence,
[CCG_RESPONSIBILITY] CCG of Responsibility,
[CCG_RESPONSIBILITY_ORIGIN] Origin of CCG of Responsibility,
[CCG_TREATMENT] CCG of Treatment,
[CCG_TREATMENT_ORIGIN] Origin of CCG of Treatment,
[CONCLDUR] Duration to conclusion,
[CONCLTIME] Conclusion time,
[CR_GP_PRACTICE] Commissioning Region of GP Practice,
[CR_RESIDENCE] Commissioning Region of Residence,
[CR_TREATMENT] Commissioning Region of Treatment,
[CURRWARD] Current electoral ward,
[DEPDUR] Duration to departure,
[DEPTIME] Departure time,
[DIAG_NN] A&E diagnosis,
[DIAGA_NN] A&E diagnosis - anatomical area,
[DIAGS_NN] A&E diagnosis - anatomical side,
[DOMPROC] Dominant procedure,
[ENCRYPTED_HESID] Encrypted HESID,
[EPIKEY] Record identifier,
[ETHNOS] Ethnic category,
[FYEAR] Financial Year,
[GORTREAT] Government office region of treatment,
[GPPRAC] Code of GP practice,
[GPPRPCT] Primary Care Trust area where patient's GP was registered,

[GPPRSTHA] Strategic HA of GP practice,
[HATREAT] Health authority of treatment,
[HRGNHS] Trust derived HRG value,
[HRGNHSVN] Version No. of trust derived HRG,
[IMD04] IMD Index of Multiple Deprivation,
[IMD04_DECILE] IMD Decile group,
[IMD04C] IMD Crime domain,
[IMD04ED] IMD Education, skills and training,
[IMD04EM] IMD Employment domain,
[IMD04HD] IMD Health and disability domain,
[IMD04HS] IMD barriers to housing and services,
[IMD04I] IMD Income domain,
[IMD04IA] IMD Income affecting adults domain,
[IMD04IC] IMD Income affecting children domain,
[IMD04LE] IMD Living Environment domain,
[IMD04RK] IMD Overall rank,
[INITDUR] Duration to assessment,
[INITTIME] Initial assessment time,
[INVEST_NN] A&E investigation,
[LSOA01] Lower Super Output Area,
[LSOA11] Lower Super Output Area,
[MSOA01] Middle Super Output Area, 2001,
[MSOA11] Middle Super Output Area, 2011,
[NHSNOIND] NHS number status indicator,
[OACODE6] 2001 Census Output Area (6 chars),
[ORGPPIP] Organisation code of patient pathway ID issuer,
[PARTYEAR] Year and month of data,
[PCTCODE02] Historic PCT of responsibility,
[PCTCODE06] Current PCT of responsibility,
[PCTORIG02] Origin of primary care trust of responsibility - historic,
[PCTTREAT] Primary Care Trust area of main provider,
[PEREND] Reporting period end date,
[POSTDIST] Postcode district,
[PREGGMP] Pseudonymised registered GP code,
[PROCEDURE] Organisation code (code of provider),
[PROCEDURE3] 3-digit provider code,
[PROCEDURET] Provider code,
[PROTYPE] Provider type,
[PURCODE] Commissioner code,
[PURSTHA] Commissioner's Strategic Health Authority,
[PURVAL] Commissioner code status,
[RESCTY] County of residence,
[RESGOR] Government Office region of residence,
[RESHA] Health authority of residence,
[RESLADST] LA district of residence,
[RESPCT02] Historic PCT of residence,
[RESPCT06] Current PCT of residence,
[RESRO] Region of residence,
[RESSTHA02] Historic Strategic HA of residence,
[RESSTHA06] Current strategic HA of residence,
[ROTREAT] Region of treatment,
[RTTPPEREND] RTTP period end,
[RTTPPERSTART] RTT period start,
[RTTPPERSTAT] RTT period status,
[RURURB_IND] Rural/Urban Indicator,
[SEX] Sex of patient,
[STHATRET] Strategic HA of treatment,
[SUBDATE] Submission date,
[SUSHRG] SUS generated HRG,
[SUSHRGVERS] SUS generated HRG version number,
[Token_Person_ID] Token_Person_ID,
[TREAT_NN] A&E treatment,
[TRETEND] Duration to treatment,
[TRETTIME] Time seen for treatment,
[WAITDAYS] Waitdays,

[WARD91] Electoral ward 1981/1991

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Hospital Episode Statistics Admitted Patient Care (HES APC)**

Periods

1989/90
1990/91
1991/92
1992/93
1993/94
1994/95
1995/96
1996/97
1997/98
1998/99
1999/00
2000/01
2001/02
2002/03
2003/04
2004/05
2005/06
2006/07
2007/08
2008/09
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
2022/23
2022/23
2023/24
2023/24_M08
2023/24_M13
2023/24_Q03
2023/24_Q04
2024/25
2024/25_Q01
2024/25_Q02
2024/25_Q03
2024/25_Q04
2025/26_Q01

Sensitive fields

[CONSULT] Consultant code,
[DETNCAT] Detention category,
[LEGALGPA] Legal group of patient,
[LEGALGPC] Legal group of patient (psychiatric),
[LEGLSTAT] Legal status classification

Identifiable fields

Other fields

[ACTIVAGE] Age at activity date,
[ADMIAGE] Age on admission,
[ADMIDATE] Date of admission,
[ADMIMETH] Method of admission,
[ADMINCAT] Administrative category,
[ADMINCATST] Admin category at start of episode,
[ADMISORC] Source of admission,
[ADMISTAT] Psychiatric history on admission,
[AEKEY] Record identifier,
[ALCDIAG_4] 4 character concatenated alcohol related diagnosis,
[ALCFRAC] Principal alcohol related fraction,
[ANAGEST] Gestation period in weeks at first antenatal assessment,
[ANASDATE] First antenatal assessment date,
[ANTEDUR] Antenatal days of stay,
[AT_GP_PRACTICE] Area Team of GP Practice,
[AT_RESIDENCE] Area Team of Residence,
[AT_TREATMENT] Area Team of Treatment,
[BEDYEAR] Bed days within the year,
[BIRECUS_N] Resuscitation method,
[BIRORDR_N] Birth order,
[BIRSTAT_N] Birth status,
[BIRWEIT_N] Birth weight,
[CANNET] Cancer network,
[CANREG] Cancer registry,
[CARERSI] Carer support indicator,
[CATEGORY] Administrative & legal status of patient,
[CAUSE] Cause code,
[CCG_GP_PRACTICE] CCG of GP Practice,
[CCG_RESIDENCE] CCG of Residence,
[CCG_RESPONSIBILITY] CCG of Responsibility,
[CCG_RESPONSIBILITY_ORIGIN] Origin of CCG of Responsibility,
[CCG_TREATMENT] CCG of Treatment,
[CCG_TREATMENT_ORIGIN] Origin of CCG of Treatment,
[CENDUR] Duration of care to psychiatric census date,
[CENSAGE] Age at psychiatric census date,
[CENSTAT] Status of patient included in psychiatric census,
[CENWARD] Ward type at psychiatric census date,
[CLASSPAT] Patient classification,
[CR_GP_PRACTICE] Commissioning Region of GP Practice,
[CR_RESIDENCE] Commissioning Region of Residence,
[CR_TREATMENT] Commissioning Region of Treatment,
[CSNUM] Commissioning serial number,
[CURRWARD] Current electoral ward,
[DELCHANG] Delivery place change reason,
[DELINTEN] Delivery place (intended),
[DELMETH_D] Alternative Delivery method (Derived),
[DELMETH_N] Delivery method,
[DELONSET] Labour/delivery onset method,
[DELPLAC_N] Delivery place (actual),
[DELPOSAN] Anaesthetic given post-labour or delivery,
[DELPREAN] Anaesthetic given during labour or delivery,
[DELSTAT_N] Status of person conducting delivery,
[DEPDAYS_N] High-dependency care level,
[DETDUR] Duration of detention,
[DETNDATE] Date detention commenced,
[DIAG_NN] All Diagnosis codes,
[DISDATE] Date of discharge,
[DISDEST] Destination on discharge,
[DISMETH] Method of discharge,
[DISREADYDATE] Discharge ready date,
[DOMPROC] Trust derived dominant procedure,
[ELECDATE] Date of decision to admit,

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[ELECDUR] Waiting time,
[ENCRYPTED_HESID] Encrypted HESID,
[ENDAGE] Age at end of episode,
[EPIDUR] Episode duration,
[EPIEND] Date episode ended,
[EPIKEY] Record identifier,
[EPIORDER] Episode order,
[EPISTART] Date episode started,
[EPISTAT] Episode status,
[EPITYPE] Episode type,
[ETHNOS] Ethnic category,
[FAE] Finished Admission Episode,
[FAE_EMERGENCY] Finished Admission Episode, emergency classification,
[FCE] Finished Consultant Episode,
[FDE] Finished In-Year Discharge Episode,
[FIRSTREG] First regular day or night admission,
[FYEAR] Financial Year,
[GESTAT_N] Length of gestation,
[GORTREAT] Government office region of treatment,
[GPPRAC] Code of GP practice,
[GPPRACHA] Health Authority area where patient's GP is registered,
[GPPRACRO] Regional Office area where patient's GP was registered,
[GPPRPCT] Primary Care Trust area where patient's GP was registered,
[GPPRSTHA] Strategic Health Authority area where patient's GP was registered,
[HATREAT] Health Authority of treatment,
[HNEOIND] Healthy Neonate Indicator,
[HRGNHS] Trust derived HRG value,
[HRGNHSVN] Version No. of Trust derived HRG,
[IMD04] IMD Index of Multiple Deprivation,
[IMD04_DECILE] IMD Decile Group,
[IMD04C] IMD Crime Domain,
[IMD04ED] IMD Education Training and Skills Domain,
[IMD04EM] IMD Employment Deprivation Domain,
[IMD04HD] IMD Health and Disability Domain,
[IMD04HS] IMD Barriers to Housing and Service Domain,
[IMD04I] IMD Income Domain,
[IMD04IA] IMD Income affecting Adults Domain,
[IMD04IC] IMD Income affecting Children Domain,
[IMD04LE] IMD Living Environment Domain,
[IMD04RK] IMD Overall Rank,
[INTMANIG] Intended management,
[LSOA01] Lower Super Output Area (LSOA01),
[LSOA11] Lower Super Output Area (LSOA11),
[MAINSPEF] Main specialty,
[MARSTAT] Marital status (psychiatric),
[MATAGE] Mother's age at delivery,
[MATERNITY_EPISODE_TYPE] Episode Type - Maternity,
[MENTCAT] Mental category,
[MSOA01] Middle Super Output Area, 2001,
[MSOA11] Middle Super Output Area, 2011,
[MYDOB] Date of Birth - month and year,
[NEOCARE] Neonatal level of care,
[NEODUR] Age of baby in days,
[NHSNOIND] NHS number status indicator,
[NUMBABY] Number of babies,
[NUMPREG] Number of previous pregnancies,
[NUMTAILB] Number of baby tails,
[OACODE6] Census Output Area, 2001 (6 character),
[OPDATE_NN] Date of operation,
[OPERSTAT] Operation status code,
[OPERTN_NN] Primary Operative Procedure Codes ,
[PARTYEAR] Year and month of data,
[PCFOUND] Postcode Found,
[PCGCODE] Primary care group,
[PCGORIG] Origin of primary care group,

[PCON] Westminster parliamentary constituency,
[PCONSULT] Pseudonymised consultant team code,
[PCTCODE02] Primary care trust of responsibility - historic,
[PCTCODE06] Primary care trust of responsibility - current,
[PCTORIG02] Origin of primary care trust of responsibility - historic,
[PCTORIG06] Origin of primary care trust of responsibility - current,
[PCTTREAT] Primary Care Trust area of main provider,
[POSOPDUR] Post-operative duration,
[POSTDIST] Postcode district of patient's residence,
[POSTDUR] Postnatal stay,
[PREFERER] Pseudonymised referrer code,
[PREGGMP] Pseudonymised code of patient's registered or referring general medical practitioner,
[PREOPDUR] Pre-operative duration,
[PROCEDURE3] Provider code - 3 character,
[PROCEDURE] Provider code,
[PROTYPE] Provider type,
[PURCODE] Commissioner code,
[PURRO] Commissioner's Regional Office,
[PURSTHA] Commissioner's Strategic Health Authority,
[PURVAL] Commissioner code status,
[REFERORG] Referring organisation code,
[RESCTY] County of residence,
[RESGOR] Government office region of residence,
[RESHA] Health Authority of residence,
[RESLADST] Local authority district,
[RESPCT_HIS] The primary care trust of residence - mapped according to source year,
[RESPCT02] Patient's Primary Care Trust of residence - historic,
[RESPCT06] Patient's Primary Care Trust of residence – current,
[RESRO] Regional Office of residence,
[RESSTHA02] Patient's Strategic Health Authority of residence - historic,
[RESSTHA06] Patient's Strategic Health Authority of residence - current,
[ROTREAT] Region of treatment,
[RTTPEREND] RTT period end date,
[RTTPERSTART] RTT period start date,
[RTTPERSTAT] RTT period status,
[RURURB_IND] Rural/Urban Indicator,
[SEX] Sex of patient,
[SEXBABY_N] Sex of baby,
[SITETRET] Site code of treatment,
[SPELBGIN] Beginning of spell,
[SPELDUR] Duration of spell,
[SPELEND] End of spell,
[STARTAGE] Age at start of episode,
[STARTAGE_CALC] Age of patients at start of episode, babies restated,
[STHATRET] Strategic Health Authority area of treatment,
[SUBDATE] Submission date,
[SUSCOREHRG] SUS generated Core Spell HRG,
[SUSHRG] SUS generated HRG,
[SUSHRGVERS] SUS generated HRG version number,
[SUSRECID] SUS record id,
[SUSSPELLID] SUS generated spell id,
[Token_Person_ID] Token_Person_ID,
[TRETSPF] Treatment specialty,
[VIND] V code indicator,
[WAITDAYS] Duration of elective wait,
[WARD91] Electoral ward in 1991,
[WARD98] Electoral ward in 1998,
[WARDSTRT] Ward type at start of episode,
[WELL_BABY_IND] Well baby flag

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Hospital Episode Statistics Critical Care (HES Critical Care)**

Periods

2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
2022/23
2023/24

Sensitive fields

Identifiable fields

Other fields

[acardsupdays] Advanced cardiovascular support days,
[aressupdays] Advanced respiratory support days,
[bcardsupdays] Basic cardiovascular support days,
[bestmatch] Best match flag,
[bressupdays] Basic respiratory support days,
[ccadmisorc] Critical care admission source,
[ccadmitype] Critical care admission type,
[ccapcrel] Critical care APC relationship,
[ccdisode] Critical care discharge date,
[ccdisode] Critical care discharge destination,
[ccdisode] Critical care discharge location,
[ccdisode] Critical care discharge ready date,
[ccdisode] Critical care discharge ready time,
[ccdisode] Critical care discharge status,
[ccdisode] Critical care discharge time,
[cclev2days] Critical care level 2 days,
[cclev3days] Critical care level 3 days,
[ccsoroloc] Critical care source location,
[ccstartdate] Critical care start date,
[ccstarttime] Critical care start time,
[ccunitfun] Critical care unit function,
[derssupdays] Dermatological support days,
[gisupdays] Gastro-intestinal support days,
[liversupdays] Liver support days,
[neurosupdays] Neurological support days,
[orgsupmax] Organ support maximum,
[rensupdays] Renal support days,
[susrecid] SUS record ID,
[Token_Person_ID] Token_Person_ID,
[unitbedconfig] Critical care unit bed configuration

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Hospital Episode Statistics Outpatients (HES OP)**

Periods

2003/04
2004/05
2005/06
2006/07
2007/08
2008/09
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
2022/23
2022/23
2023/24
2023/24_M08
2023/24_M13
2023/24_Q03
2023/24_Q04
2024/25
2024/25_Q01
2024/25_Q02
2024/25_Q03
2024/25_Q04
2025/26_Q01

Sensitive fields

Identifiable fields

Other fields

[ADMINCAT] Administrative category,
[APPTAGE] Age on day of appointment,
[APPTDATE] Appointment date,
[AT_GP_PRACTICE] Area Team of GP Practice,
[AT_RESIDENCE] Area Team of Residence,
[AT_TREATMENT] Area Team of Treatment,
[ATENTYPE] Attendance type,
[ATTENDED] Attended or did not attend,
[ATTENDKEY] Record identifier,
[BABYAGE] Age of Baby,
[CANNET] Cancer network,
[CANREG] Cancer registry,
[CARERSI] Carer support indicator,
[CCG_GP_PRACTICE] CCG of GP Practice,
[CCG_RESIDENCE] CCG of Residence,
[CCG_RESPONSIBILITY] CCG of Responsibility,
[CCG_RESPONSIBILITY_ORIGIN] Origin of CCG of Responsibility,
[CCG_TREATMENT] CCG of Treatment,
[CCG_TREATMENT_ORIGIN] Origin of CCG of Treatment,
[CR_GP_PRACTICE] Commissioning Region of GP Practice,
[CR_RESIDENCE] Commissioning Region of Residence,
[CR_TREATMENT] Commissioning Region of Treatment,
[CSNUM] Commissioning serial number,

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[CURRWARD] Current electoral ward,
[DIAG_NN] Diagnosis,
[DNADATE] Last DNA or patient cancelled date,
[ENCRYPTED_HESID] Encrypted HESID,
[ETHNOS] Ethnic category,
[FIRSTATT] First attendance,
[FYEAR] Financial Year,
[GORTREAT] Government office region of treatment,
[GPPRAC] Code of GP practice,
[GPPRACHA] Health Authority area where patient's GP is registered,
[GPPRACRO] Regional office area where patient's GP practice was registered,
[GPPRPCT] Primary Care Trust area where patient's GP was registered,
[GPPRSTHA] Strategic health authority area where patient's GP practice was registered,
[HATREAT] Health authority of treatment,
[HRGNHS] Trust derived HRG value,
[HRGNHSVN] Version No. of Trust derived HRG,
[IMD04] IMD Index of Multiple Deprivation,
[IMD04_DECILE] IMD Decile Group,
[IMD04C] IMD Crime Domain,
[IMD04ED] IMD Education, Skills and Training Domain,
[IMD04EM] IMD Employment Deprivation Domain,
[IMD04HD] IMD Health and Disability Domain,
[IMD04HS] IMD Barriers to Housing and Services Domain,
[IMD04I] IMD Income Domain,
[IMD04IA] IMD Income Affecting Older People Index,
[IMD04IC] IMD Income Affecting Children Index,
[IMD04LE] IMD Living Environment Domain,
[IMD04RK] IMD Overall Ranking,
[LSOA01] Lower Super Output Area (LSOA01),
[LSOA11] Lower Super Output Area (LSOA11),
[MAINSPEF] Main specialty,
[MSOA01] Middle Super Output Area, 2001,
[MSOA11] Middle Super Output Area, 2011,
[MYDOB] Date of Birth - month and year,
[NHSNOIND] NHS number status indicator,
[OACODE6] Census output area, 2001 (6 character),
[OPERSTAT] Operation status code,
[OPERTN_NN] Operative procedure,
[OUTCOME] Outcome of attendance,
[PARTYEAR] Year and month of data,
[PCFOUND] Postcode Found,
[PCON] Westminster parliamentary constituency,
[PCONSULT] Pseudonymised consultant team code,
[PCTCODE02] Primary care trust of responsibility - historic,
[PCTORIG02] Origin of primary care trust of responsibility - historic,
[PCTTREAT] Primary Care Trust area of main provider,
[POSTDIST] Postcode district of patient's residence,
[PREFERER] Pseudonymised referrer code,
[PREGGMP] Pseudonymised Code of patient's registered or referring general medical practitioner,
[PRIORITY] Priority type,
[PROCEDURE3] Provider code (3 character),
[PROCODET] Provider code,
[PROTYPE] Provider type,
[PURCODE] Commissioner code,
[PURSTHA] Commissioner's strategic health authority,
[PURVAL] Commissioner code status,
[REFERORG] Referring organisation code,
[REFSOURC] Source of referral,
[REQDATE] Referral request received date,
[RESCTY] County of residence,
[RESGOR] Government office region of residence,
[RESHA] Health authority of residence,
[RESLADST] Local authority district of residence,
[RESPCT02] Patient's Primary Care Trust of residence - historic,
[RESPCT06] Patient's Primary Care Trust of residence – current,

[RESRO] Region of residence,
[RESSTHA02] Patient's Strategic Health Authority of residence - historic,
[RESSTHA06] Patient's Strategic Health Authority of residence - current,
[ROTREAT] Region of treatment,
[RTTPPEREND] RTT period end date,
[RTTPPERSTART] RTT period start date,
[RTTPPERSTAT] RTT period status,
[RURURB_IND] Rural / urban indicator,
[SERVTYPE] Service type requested,
[SEX] Sex of patient,
[SITETRET] Site code of treatment,
[STAFFTYP] Medical staff type seeing patient,
[STHATRET] Strategic health authority area of treatment,
[SUBDATE] Submission date,
[SUSHRG] SUS generated HRG,
[SUSHRGVERS] SUS generated HRG version number,
[Token_Person_ID] Token_Person_ID,
[TRETSPFEF] Treatment specialty,
[WAIT_IND] Waiting calculation indicator,
[WAITDAYS] Duration of elective wait,
[WAITING] Days waiting,
[WARD91] Electoral ward in 1991

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Improving Access to Psychological Therapies (IAPT) v1.5**

Periods

April 2012 - March 2013
April 2013 - March 2014
April 2014 - March 2015
April 2015 - March 2016
April 2016 - March 2017
April 2017 - March 2018
April 2018 - March 2019
April 2019 - March 2020
April 2020
May 2020
June 2020
July 2020
August 2020

Sensitive fields

[IAPT_PACKAGE-1_YEAR] 1 IAPT Core package - annual,
[IAPT_PACKAGE-2a_YEAR] 2a IAPT Waiting Times (add on) package - annual,
[IAPT_PACKAGE-2b_YEAR] 2b IAPT Disability (add on) package - annual,
[IAPT_PACKAGE-2c_YEAR] 2c IAPT Patient Experience (add on) package - annual

Identifiable fields

Other fields

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Improving Access to Psychological Therapies (IAPT) v2**

Periods

April 2021 - March 2022

April 2022 - March 2023

April 2023 - March 2024

Sensitive fields

Identifiable fields

Other fields

[All pseudo data from the IAPT_CareActivities group] All pseudo data from the IAPT_CareActivities group,
[All pseudo data from the IAPT_CareCluster group] All pseudo data from the IAPT_CareCluster group,
[All pseudo data from the IAPT_CodedScoredAssessments group] All pseudo data from the IAPT_CodedScoredAssessments group,
[All pseudo data from the IAPT_EmploymentStatus group] All pseudo data from the IAPT_EmploymentStatus group,
[All pseudo data from the IAPT_InternetEnabledTherapies group] All pseudo data from the IAPT_InternetEnabledTherapies group,
[All pseudo data from the IAPT_MentalAndPhysicalHealthConditions group] All pseudo data from the IAPT_MentalAndPhysicalHealthConditions group,
[All pseudo data from the IAPT_OnwardReferrals group] All pseudo data from the IAPT_OnwardReferrals group,
[All pseudo data from the IAPT_WaitingTimePauses group] All pseudo data from the IAPT_WaitingTimePauses group,
[Core Group - All pseudo data from the IAPT_DemographicsAndReferrals group] Core Group - All pseudo data from the IAPT_DemographicsAndReferrals group

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Mental Health and Learning Disabilities Data Set (MHLDDS)**

Periods

2014/15

2015/16

Sensitive fields

[All Sensitive Fields] All Sensitive Fields

Identifiable fields

Other fields

[All Non-Sensitive Fields] All Non-Sensitive Fields,
[STUDY_ID] Study ID

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Mental Health Minimum Data Set (MHMDS)**

Periods

2011/12

2012/13

2013/14

Sensitive fields

[All Sensitive Fields] All Sensitive Fields

Identifiable fields

Other fields

[All Non-Sensitive Fields] All Non-Sensitive Fields

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Mental Health Services Data Set (MHSDS)**

Periods

2016/17
2016/17
2017/18
2017/18
2018/19
2018/19
2019/20
2020/21
2021/22
2022/23
2023/24

Sensitive fields

[All sensitive data] All sensitive data,
[All sensitive data] All sensitive data,
[All sensitive data] All sensitive data,
[All sensitive data] All sensitive data,
[All sensitive data] All sensitive data,
[All sensitive data] All sensitive data

Identifiable fields

Other fields

[All pseudo data] All pseudo data,
[All pseudo data] All pseudo data,
[All pseudo data] All pseudo data,
[All pseudo data] All pseudo data,
[All pseudo data] All pseudo data,
[All pseudo data] All pseudo data,
[All pseudo data] All pseudo data,
[All pseudo data] All pseudo data,
[All pseudo data] All pseudo data,
[All pseudo data] All pseudo data

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Patient Reported Outcome Measures (Linkable to HES)**

Periods

2009-2010
2010-2011
2011-2012
2012-2013
2013-2014
2014-2015
2015-2016
2016-2017
2017-2018
2018-2019
2019-2020
2020-2021

Sensitive fields

Identifiable fields

Other fields

[ARTHRITIS] Arthritis Indicator,
[CANCER] Cancer Indicator,
[CIRCULATION] Circulation Indicator,
[COMPLETE] Complete set of questionnaires,
[DEPRESSION] Depression Indicator,
[DIABETES] Diabetes Indicator,
[EPIKEY] EPIKEY,
[EPISODE_MATCH_RANK] Episode Match Rank,
[EPISODE_MATCHED] HES Episode Match Indicator,
[EQ5D_INDEX_CHANGE] EQ-5D Index Change,
[EQ5D_SCALE_CHANGE] EQ-5D Health Scale Change,
[FYEAR] FYEAR,
[GENDER] Sex of Patient,
[HEART_DISEASE] Heart Disease Indicator,
[HESID_MATCHED] HESID Matched,
[HESID_RANK] HESID Rank,
[HIGH_BP] High Blood Pressure Indicator,
[HR_Q1_DRESSING] HR Q1 Dressing,
[HR_Q1_LIMPING] HR Q1 Limping,
[HR_Q1_NIGHT_PAIN] HR Q1 Night Pain,
[HR_Q1_PAIN] HR Q1 Pain,
[HR_Q1_SCORE] HR Q1 Score,
[HR_Q1_SCORE_COMPLETE] HR Q1 Score Complete,
[HR_Q1_SHOPPING] HR Q1 Shopping,
[HR_Q1_STAIRS] HR Q1 Stairs,
[HR_Q1_STANDING] HR Q1 Standing,
[HR_Q1_SUDDEN_PAIN] HR Q1 Sudden Pain,
[HR_Q1_TRANSPORT] HR Q1 Transport,
[HR_Q1_WALKING] HR Q1 Walking,
[HR_Q1_WASHING] HR Q1 Washing,
[HR_Q1_WORK] HR Q1 Work,
[HR_Q2_DRESSING] HR Q2 Dressing,
[HR_Q2_LIMPING] HR Q2 Limping,
[HR_Q2_NIGHT_PAIN] HR Q2 Night Pain,
[HR_Q2_PAIN] HR Q2 Pain,
[HR_Q2_SCORE] HR Q2 Score,
[HR_Q2_SCORE_COMPLETE] HR Q2 Score Complete,
[HR_Q2_SHOPPING] HR Q2 Shopping,
[HR_Q2_STAIRS] HR Q2 Stairs,
[HR_Q2_STANDING] HR Q2 Standing,
[HR_Q2_SUDDEN_PAIN] HR Q2 Sudden Pain,
[HR_Q2_TRANSPORT] HR Q2 Transport,
[HR_Q2_WALKING] HR Q2 Walking,

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[HR_Q2_WASHING] HR Q2 Washing,
[HR_Q2_WORK] HR Q2 Work,
[KIDNEY_DISEASE] Kidney Disease Indicator,
[KR_Q1_CONFIDENCE] KR Q1 Confidence,
[KR_Q1_KNEELING] KR Q1 Kneeling,
[KR_Q1_LIMPING] KR Q1 Limping,
[KR_Q1_NIGHT_PAIN] KR Q1 Night Pain,
[KR_Q1_PAIN] KR Q1 Pain,
[KR_Q1_SCORE] KR Q1 Score,
[KR_Q1_SCORE_COMPLETE] KR Q1 Score Complete,
[KR_Q1_SHOPPING] KR Q1 Shopping,
[KR_Q1_STAIRS] KR Q1 Stairs,
[KR_Q1_STANDING] KR Q1 Standing,
[KR_Q1_TRANSPORT] KR Q1 Transport,
[KR_Q1_WALKING] KR Q1 Walking,
[KR_Q1_WASHING] KR Q1 Washing,
[KR_Q1_WORK] KR Q1 Work,
[KR_Q2_CONFIDENCE] KR Q2 Confidence,
[KR_Q2_KNEELING] KR Q2 Kneeling,
[KR_Q2_LIMPING] KR Q2 Limping,
[KR_Q2_NIGHT_PAIN] KR Q2 Night Pain,
[KR_Q2_PAIN] KR Q2 Pain,
[KR_Q2_SCORE] KR Q2 Score,
[KR_Q2_SCORE_COMPLETE] KR Q2 Score Complete,
[KR_Q2_SHOPPING] KR Q2 Shopping,
[KR_Q2_STAIRS] KR Q2 Stairs,
[KR_Q2_STANDING] KR Q2 Standing,
[KR_Q2_TRANSPORT] KR Q2 Transport,
[KR_Q2_WALKING] KR Q2 Walking,
[KR_Q2_WASHING] KR Q2 Washing,
[KR_Q2_WORK] KR Q2 Work,
[LIVER_DISEASE] Liver Disease Indicator,
[LUNG_DISEASE] Lung Disease Indicator,
[MODIFIED_DATE] Modified Date,
[NERVOUS_SYSTEM] Nervous System Indicator,
[PATIENT_DEATH] Patient Death Indicator,
[PROMS_PROC_CODE] PROMS Procedure Code,
[PROMS_PROC_DESCRIPTION] PROMS_PROC_DESCRIPTION,
[PROMS_PROC_GROUP] PROMS_PROC_GROUP,
[PROMS_SERIAL_NO] PROMS serial number,
[Q1_ACTIVITY] Q1 EQ-5D Activity,
[Q1_ANXIETY] Q1 EQ-5D Anxiety Depression,
[Q1_ASSISTED] Q1 Assisted Indicator,
[Q1_ASSISTED_BY] Q1 Assisted by,
[Q1_COMPLETE] Q1 Complete Indicator,
[Q1_COMPLETED_DATE] Q1 Completion Date,
[Q1_DISABILITY] Q1 Disability Indicator,
[Q1_DISCOMFORT] Q1 EQ-5D Discomfort,
[Q1_EQ5D_HEALTH_SCALE] Q1 EQ-5D Health Scale,
[Q1_EQ5D_INDEX] Q1 EQ-5D Index,
[Q1_EQ5D_PROFILE] Q1 EQ-5D Profile,
[Q1_EQ5D_PROFILE_COMPLETE] Q1 EQ-5D Profile Complete Indicator,
[Q1_EQ5D_SCALE_COMPLETE] Q1 EQ-5D Health Scale Complete Indicator,
[Q1_FORM_VERSION] Q1 Form Version,
[Q1_GENERAL_HEALTH] Q1 General Health,
[Q1_LANGUAGE] Q1 Language,
[Q1_LIVING_ARRANGEMENTS] Q1 Living Arrangements,
[Q1_MOBILITY] Q1 EQ-5D Mobility,
[Q1_PREVIOUS_SURGERY] Q1 Previous Surgery Indicator,
[Q1_PROCODE] Q1 Provider Code,
[Q1_RECEIVED_DATE] Q1 Received Date,
[Q1_SCAN_DATE] Q1 Scan Date,
[Q1_SELF_CARE] Q1 EQ-5D Self Care,
[Q1_SYMPTOM_PERIOD] Q1 Symptom Period,
[Q2_ACTIVITY] Q2 EQ-5D Activity,

[Q2_ALLERGY] Q2 Allergy Indicator,
[Q2_ANXIETY] Q2 EQ-5D Anxiety Depression,
[Q2_ASSISTED] Q2 Assisted Indicator,
[Q2_ASSISTED_BY] Q2 Assisted by,
[Q2_BLEEDING] Q2 Bleeding Indicator,
[Q2_COMPLETE] Q2 Complete Indicator,
[Q2_COMPLETED_DATE] Q2 Completion Date,
[Q2_DISABILITY] Q2 Disability Indicator,
[Q2_DISCOMFORT] Q2 EQ-5D Discomfort,
[Q2_EQ5D_HEALTH_SCALE] Q2 EQ-5D Health Scale,
[Q2_EQ5D_INDEX] Q2 EQ-5D Index,
[Q2_EQ5D_PROFILE] Q2 EQ-5D Profile,
[Q2_EQ5D_PROFILE_COMPLETE] Q2 EQ-5D Profile Complete,
[Q2_EQ5D_SCALE_COMPLETE] Q2 EQ-5D Health Scale Complete Indicator,
[Q2_FORM_VERSION] Q2 Form Version,
[Q2_FURTHER_SURGERY] Q2 Further Surgery Indicator,
[Q2_GENERAL_HEALTH] Q2 General Health,
[Q2_LANGUAGE] Q2 Language,
[Q2_LIVING_ARRANGEMENTS] Q2 Living Arrangements,
[Q2_MOBILITY] Q2 EQ-5D Mobility,
[Q2_READMITTED] Q2 Readmitted Indicator,
[Q2_RECEIVED_DATE] Q2 Received Date,
[Q2_SATISFACTION] Q2 Satisfaction,
[Q2_SCAN_DATE] Q2 Scan Date,
[Q2_SELF_CARE] Q2 EQ-5D Self Care,
[Q2_SUCCESS] Q2 Success,
[Q2_SURGERY_DATE] Q2 Surgery Date,
[Q2_URINE] Q2 Urinary Problems Indicator,
[Q2_WOUND] Q2 Wound Problems Indicator,
[SCORE_CHANGE] SCORE_CHANGE,
[STATUS] Status,
[STATUS_DATE] Status Date,
[STROKE] Stroke Indicator,
[VV_Q1_CLOTHING] VV Q1 - Clothing,
[VV_Q1_CONCERN] VV Q1 - Concern,
[VV_Q1_LEFT_BACK_COUNT] VV Q1 - Left Back Vein Count,
[VV_Q1_LEFT_DISCOLOUR] VV Q1 - Left Discolour,
[VV_Q1_LEFT_FRONT_COUNT] VV Q1 - Left Front Vein Count,
[VV_Q1_LEFT_ITCH] VV Q1 - Left Itch,
[VV_Q1_LEFT_PAIN_DAYS] VV Q1 - Left Pain,
[VV_Q1_LEFT_RASH] VV Q1 - Left Rash,
[VV_Q1_LEFT_SUPPORT] VV Q1 - Left Support,
[VV_Q1_LEFT_ULCER] VV Q1 - Left Ulcer,
[VV_Q1_LEISURE] VV Q1 - Leisure,
[VV_Q1_MAX_SCORE] VV Q1 Maximum Score,
[VV_Q1_PAINKILLER_DAYS] VV Q1 - Painkiller,
[VV_Q1_RIGHT_BACK_COUNT] VV Q1 - Right Back Vein Count,
[VV_Q1_RIGHT_DISCOLOUR] VV Q1 - Right Discolour,
[VV_Q1_RIGHT_FRONT_COUNT] VV Q1 - Right Front Vein Count,
[VV_Q1_RIGHT_ITCH] VV Q1 - Right Itch,
[VV_Q1_RIGHT_PAIN_DAYS] VV Q1 - Right Pain,
[VV_Q1_RIGHT_RASH] VV Q1 - Right Rash,
[VV_Q1_RIGHT_SUPPORT] VV Q1 - Right Support,
[VV_Q1_RIGHT_ULCER] VV Q1 - Right Ulcer,
[VV_Q1_SCORE] VV Q1 Score,
[VV_Q1_SCORE_COMPLETE] VV Q1 Score Complete,
[VV_Q1_SWELLING] VV Q1 - Swelling,
[VV_Q1_TOTAL_SCORE] VV Q1 Total Score,
[VV_Q1_WORK] VV Q1 - Work,
[VV_Q2_CLOTHING] VV Q2 - Clothing,
[VV_Q2_CONCERN] VV Q2 - Concern,
[VV_Q2_LEFT_BACK_COUNT] VV Q2 - Left Back Vein Count,
[VV_Q2_LEFT_DISCOLOUR] VV Q2 - Left Discolour,
[VV_Q2_LEFT_FRONT_COUNT] VV Q2 - Left Front Vein Count,
[VV_Q2_LEFT_ITCH] VV Q2 - Left Itch,

[VV_Q2_LEFT_PAIN_DAYS] VV Q2 - Left Pain,
[VV_Q2_LEFT_RASH] VV Q2 - Left Rash,
[VV_Q2_LEFT_SUPPORT] VV Q2 - Left Support,
[VV_Q2_LEFT_ULCER] VV Q2 - Left Ulcer,
[VV_Q2_LEISURE] VV Q2 - Leisure,
[VV_Q2_MAX_SCORE] VV Q2 Maximum Score,
[VV_Q2_PAINKILLER_DAYS] VV Q2 - Painkiller,
[VV_Q2_RIGHT_BACK_COUNT] VV Q2 - Right Back Vein Count,
[VV_Q2_RIGHT_DISCOLOUR] VV Q2 - Right Discolour,
[VV_Q2_RIGHT_FRONT_COUNT] VV Q2 - Right Front Vein Count,
[VV_Q2_RIGHT_ITCH] VV Q2 - Right Itch,
[VV_Q2_RIGHT_PAIN_DAYS] VV Q2 - Right Pain,
[VV_Q2_RIGHT_RASH] VV Q2 - Right Rash,
[VV_Q2_RIGHT_SUPPORT] VV Q2 - Right Support,
[VV_Q2_RIGHT_ULCER] VV Q2 - Right Ulcer,
[VV_Q2_SCORE] VV Q2 Score,
[VV_Q2_SCORE_COMPLETE] VV Q2 Score Complete,
[VV_Q2_SWELLING] VV Q2 - Swelling,
[VV_Q2_TOTAL_SCORE] VV Q2 Total Score,
[VV_Q2_WORK] VV Q2 - Work

Filters/minimisation efforts

Data received from 2009/10 up to 2022/23 period

Data Transfer Method

2b. Additional data provided under this agreement

- **NDRS Cancer Consolidated Data Set**

Periods

Latest available
Latest available
Latest available
Latest available

Sensitive fields

Identifiable fields

Other fields

[All pseudo data All pseudo data,
[All pseudo data All pseudo data

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Civil Registrations of Death**

Periods

Data Sharing Agreement

DARS-NIC-667040-B5T1X-v1.14

Latest available
Latest available
Latest available
Latest available
Latest available
Latest available
Latest available
Latest available
Latest available
Latest available
Latest available
Latest available
Latest available
Latest available
Latest available
Latest available
Latest available
Latest available

Sensitive fields

[DEC_SEX] Sex,
[REG_DATE_OF_DEATH] Date of death

Identifiable fields

Other fields

[ICD9_ORIG_MENTION_1 ICD9 original mention codes,
[ICD9_ORIG_MENTION_10 ICD9 original mention codes,
[ICD9_ORIG_MENTION_11 ICD9 original mention codes,
[ICD9_ORIG_MENTION_12 ICD9 original mention codes,
[ICD9_ORIG_MENTION_13 ICD9 original mention codes,
[ICD9_ORIG_MENTION_14 ICD9 original mention codes,
[ICD9_ORIG_MENTION_15 ICD9 original mention codes,
[ICD9_ORIG_MENTION_2 ICD9 original mention codes,
[ICD9_ORIG_MENTION_3 ICD9 original mention codes,
[ICD9_ORIG_MENTION_4 ICD9 original mention codes,
[ICD9_ORIG_MENTION_5 ICD9 original mention codes,
[ICD9_ORIG_MENTION_6 ICD9 original mention codes,
[ICD9_ORIG_MENTION_7 ICD9 original mention codes,
[ICD9_ORIG_MENTION_8 ICD9 original mention codes,
[ICD9_ORIG_MENTION_9 ICD9 original mention codes,
[POD_CODE Place of death code,
[POD_NHS_ESTABLISHMENT NHS Establishment indicator,
[REG_DATE Date of Registration,
[S_COD_CODE_1 ICD10 Original mention codes,
[S_COD_CODE_10 ICD10 Original mention codes,
[S_COD_CODE_11 ICD10 Original mention codes,
[S_COD_CODE_12 ICD10 Original mention codes,
[S_COD_CODE_13 ICD10 Original mention codes,
[S_COD_CODE_15 ICD10 Original mention codes,
[S_COD_CODE_2 ICD10 Original mention codes,
[S_COD_CODE_3 ICD10 Original mention codes,
[S_COD_CODE_4 ICD10 Original mention codes,
[S_COD_CODE_5 ICD10 Original mention codes,
[S_COD_CODE_6 ICD10 Original mention codes,
[S_COD_CODE_7 ICD10 Original mention codes,
[S_COD_CODE_8 ICD10 Original mention codes,
[S_COD_CODE_9 ICD10 Original mention codes,
[S_COD_LINE_1 Cause of death row position 1 ,
[S_COD_LINE_10 Cause of death row position 10,
[S_COD_LINE_11 Cause of death row position 11,
[S_COD_LINE_12 Cause of death row position 12,
[S_COD_LINE_13 Cause of death row position 13,
[S_COD_LINE_14 Cause of death row position 14,
[S_COD_LINE_15 Cause of death row position 15,
[S_COD_LINE_2 Cause of death row position 2,
[S_COD_LINE_3 Cause of death row position 3,
[S_COD_LINE_4 Cause of death row position 4,
[S_COD_LINE_5 Cause of death row position 5,
[S_COD_LINE_6 Cause of death row position 6,
[S_COD_LINE_7 Cause of death row position 7,
[S_COD_LINE_8 Cause of death row position 8,
[S_COD_LINE_9 Cause of death row position 9,
[S_UNDERLYING_COD_ICD10 ICD10 Original Underlying code,
[S_UNDERLYING_COD_ICD9 CoD underlying ICD9 coding,
[Token_Person_ID Token_Person_ID

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Community Services Data Set (CSDS)**

Periods

2024/25
2025/26
2026/27
2027/28

Sensitive fields

Identifiable fields

Other fields

[all pseudo Care Activities data all pseudo Care Activities data,
[all pseudo Care Plans data all pseudo Care Plans data,
[all pseudo Coded Scored Assessments data all pseudo Coded Scored Assessments data,
[all pseudo Demographics and Referral data all pseudo Demographics and Referral data,
[all pseudo Diagnoses data all pseudo Diagnoses data,
[all pseudo Group Sessions data all pseudo Group Sessions data,
[all pseudo Immunisations data all pseudo Immunisations data,
[all pseudo Onward Referrals data all pseudo Onward Referrals data,
[all pseudo RTT data all pseudo RTT data

Filters/minimisation efforts

No filters applied

Data Transfer Method

- Diagnostic Imaging Data Set (DID)

Periods

Latest available
Latest available
Latest available
Latest available

Sensitive fields

Identifiable fields

Other fields

[AGE_BAND_5_YEARS Age Band 5 years,
[DERIVED_REFERRER_TYPE Referrer type,
[DIAGNOSTIC_TEST_DATE Diagnostic Test Date,
[DIAGNOSTIC_TEST_REQUEST_DATE Diagnostic Test Request Date,
[EARLY_CANCER_DIAGNOSIS Early cancer diagnosis,
[ETHNIC_CATEGORY_CODE Ethnic Category Code,
[ETHNIC_CATEGORY_DESCRIPTION Ethnic Category Description,
[GENDER_CODE Gender Code,
[GENDER_DESCRIPTION Gender Description,
[GP_CODE GP Code,
[IMAGING_CODE_NICIP Imaging Code (NICIP),
[IMAGING_CODE_NICIP_DESCRIPTION Imaging Code (NICIP) Description,
[IMAGING_CODE_SNOMED_CT Imaging Code (SNOMED-CT),
[IMAGING_CODE_SNOMED_CT_DESCRIPTION Imaging Code (SNOMED-CT) Description,
[LOCATION_LSOA Location - LSOA,
[MODALITY Modality,
[MODALITY_ID Modality ID,
[MORPHOLOGY Morphology,
[MORPHOLOGY_ID Morphology ID,
[PROVIDER_CODE Provider Code,
[PROVIDER_NAME Provider Name,
[PROVIDER_SITE_CODE Provider Site Code,
[PROVIDER_SITE_CODE_DESCRIPTION Provider Site Code Description,
[REFERRER_ORGANISATION_CODE Referrer Organisation,
[REFERRER_ORGANISATION_DESCRIPTION Referring Organisation Description,
[REGION Region,
[REGION_ID Region ID,
[SERVICE_REPORT_ISSUE_DATE Service Report Issue Date,
[SUB_EARLY_CANCER_DIAGNOSIS Sub Early cancer diagnosis,
[SUB_MODALITY Sub-Modality,
[SUB_MODALITY_ID Sub-Modality ID,
[TEST_REQUEST_RECEIVED_TO_SERVICE_REPORT_ISSUED Test Request Received to Service (test) Report Issue,
[TEST_REQUEST_RECEIVED_TO_TEST Test Request Received to Test,
[TEST_REQUEST_TO_SERVICE_REPORT_ISSUED Test Request to Service (Test) Report Issue,
[TEST_REQUEST_TO_TEST Test Request to Test,
[TEST_REQUEST_TO_TEST_REQUEST_RECEIVED Test Request to Test Request Received,
[TEST_TO_SERVICE_REPORT_ISSUED Test to Service (Test) Report Issue,
[TOKEN_PERSON_ID Token Person ID

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Emergency Care Data Set (ECDS)**

Periods

October 2017 to March 2018 Final Data

2018/19

2019/20

2020/21

2025/26

2025/26_Q3

2025/26_Q4

2026/27

2026/27_Q1

2026/27_Q2

2026/27_Q3

2026/27_Q4

2027/28

2027/28_Q1

2027/28_Q2

2027/28_Q3

2027/28_Q4

2028/29

2028/29_Q1

2028/29_Q2

2028/29_Q3

2028/29_Q4

2029/30_Q1

2029/30_Q2

Sensitive fields

[CLASSIFICATION_NN] CLASSIFICATION,
[EXPIRY_DATE_NN] EXPIRY_DATE,
[EXPIRY_TIME_NN] EXPIRY_TIME,
[OUTPUT_AREA_CODE_2011] OUTPUT_AREA_CODE_2011,
[OUTPUT_AREA_CODE_2021] OUTPUT_AREA_CODE_2021,
[START_DATE_NN] START_DATE,
[START_TIME_NN] START_TIME

Identifiable fields

Other fields

[ACCESSIBLE_INFORMATION_PROFESSIONAL_REQUIRED
ACCESSIBLE_INFORMATION_PROFESSIONAL_REQUIRED,
[ACCOMMODATION_STATUS ACCOMMODATION_STATUS,
[ACUITY ACUITY,
[ACUITY_VALID_APPROVED ACUITY_VALID_APPROVED,
[AGE_AT_ARRIVAL AGE_AT_ARRIVAL,
[AGE_AT_CDS_ACTIVITY_DATE AGE_AT_CDS_ACTIVITY_DATE,
[AGE_RANGE AGE_RANGE,
[ARRIVAL_DATE ARRIVAL_DATE,
[ARRIVAL_MODE ARRIVAL_MODE,
[ARRIVAL_MODE_VALID_APPROVED ARRIVAL_MODE_VALID_APPROVED,
[ARRIVAL_MONTH ARRIVAL_MONTH,
[ARRIVAL_TIME ARRIVAL_TIME,
[ASSESSMENT_DATE ASSESSMENT_DATE,
[ASSESSMENT_TIME ASSESSMENT_TIME,
[ASSESSMENT_TOOL_CODE_NN ASSESSMENT_TOOL_CODE,
[ASSESSMENT_TOOL_VALIDATION_TIMESTAMP_NN ASSESSMENT_TOOL_VALIDATION_TIMESTAMP,
[ATTENDANCE_CATEGORY ATTENDANCE_CATEGORY,
[ATTENDANCE_SOURCE ATTENDANCE_SOURCE,
[ATTENDANCE_SOURCE_ORGANISATION ATTENDANCE_SOURCE_ORGANISATION,
[ATTENDANCE_SOURCE_VALID_APPROVED ATTENDANCE_SOURCE_VALID_APPROVED,
[BIRTH_MONTH BIRTH_MONTH,
[BIRTH_YEAR BIRTH_YEAR,
[CARE_PROFESSIONAL_TIER_NN CARE_PROFESSIONAL_TIER,
[CCG_FROM_GP_PRACTICE CCG_FROM_GP_PRACTICE,
[CCG_FROM_PATIENT_POSTCODE CCG_FROM_PATIENT_POSTCODE,
[CHIEF_COMPLAINT CHIEF_COMPLAINT,

[CHIEF_COMPLAINT_EXTENDED_CODE CHIEF_COMPLAINT_EXTENDED_CODE,
[CHIEF_COMPLAINT_VALID_APPROVED CHIEF_COMPLAINT_VALID_APPROVED,
[CLINICAL_RESPONSIBILITY_TIMESTAMP_NN CLINICAL_RESPONSIBILITY_TIMESTAMP,
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CLINICALLY_READY_TO_PROCEED_TIME_SINCE_ARRIVAL,
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[CODE_CLEANING_APPLIED CODE_CLEANING_APPLIED,
[COMMISSIONER COMMISSIONER,
[COMMISSIONER_DERIVED COMMISSIONER_DERIVED,
[COMMISSIONING_SERIAL_NUMBER COMMISSIONING_SERIAL_NUMBER,
[COMORBIDITIES_NN COMORBIDITIES,
[COMORBIDITIES_VALID_APPROVED_NN COMORBIDITIES_VALID_APPROVED,
[CONCLUSION_DATE CONCLUSION_DATE,
[CONCLUSION_TIME CONCLUSION_TIME,
[CONCLUSION_TIME_SINCE_ARRIVAL CONCLUSION_TIME_SINCE_ARRIVAL,
[CONVEYING_AMBULANCE_TRUST CONVEYING_AMBULANCE_TRUST,
[COSTING_PERIOD COSTING_PERIOD,
[COUNTRY COUNTRY,
[CR_GP_PRACTICE CR_GP_PRACTICE,
[CR_RESIDENCE CR_RESIDENCE,
[CR_TREATMENT CR_TREATMENT,
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[DECIDED_TO_ADMIT_TIME DECIDED_TO_ADMIT_TIME,
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[DEPARTMENT_TYPE DEPARTMENT_TYPE,
[DEPARTURE_DATE DEPARTURE_DATE,
[DEPARTURE_TIME DEPARTURE_TIME,
[DEPARTURE_TIME_SINCE_ARRIVAL DEPARTURE_TIME_SINCE_ARRIVAL,
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[DIAGNOSIS_CODE_NN DIAGNOSIS_CODE,
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[DIAGNOSIS_IS_APPLICABLE_TO_MALES_NN DIAGNOSIS_IS_APPLICABLE_TO_MALES,
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[DIAGNOSIS_IS_NOTIFIABLE_DISEASE_NN DIAGNOSIS_IS_NOTIFIABLE_DISEASE,
[DIAGNOSIS_QUALIFIER_NN DIAGNOSIS_QUALIFIER,
[DIAGNOSIS_VALID_APPROVED_NN DIAGNOSIS_VALID_APPROVED,
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[DISCHARGE_INFORMATION_GIVEN_INDICATOR DISCHARGE_INFORMATION_GIVEN_INDICATOR,
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[ED_DISTRICT_CODE ED_DISTRICT_CODE,
[ELECTORAL_WARD ELECTORAL_WARD,
[EPIKEY EPIKEY,
[ETHNIC_CATEGORY ETHNIC_CATEGORY,
[EXCLUDED EXCLUDED,
[EXPECTED_TREATMENT_TIMESTAMP_NN EXPECTED_TREATMENT_TIMESTAMP,
[FINAL_PRICE FINAL_PRICE,
[FINDING_CODE_NN FINDING_CODE,
[FINDING_TIMESTAMP_NN FINDING_TIMESTAMP,
[FRACTIONAL_AGE_AT_ARRIVAL FRACTIONAL_AGE_AT_ARRIVAL,
[FYEAR FYEAR,
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[GP_PRACTICE GP_PRACTICE,

[GROUPER_VERSION GROUPER_VERSION,
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[HEALTH_RESOURCE_GROUP HEALTH_RESOURCE_GROUP,
[ICB_GP_PRACTICE ICB_GP_PRACTICE,
[ICB_RESIDENCE ICB_RESIDENCE,
[ICB_TREATMENT ICB_TREATMENT,
[IMD_CRIME IMD_CRIME,
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[IMD_RANK IMD_RANK,
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[INJURY_ACTIVITY_STATUS_VALID_APPROVED INJURY_ACTIVITY_STATUS_VALID_APPROVED,
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[INJURY_MECHANISM_VALID_APPROVED INJURY_MECHANISM_VALID_APPROVED,
[INJURY_TIME INJURY_TIME,
[INTERCHANGE_SENDER INTERCHANGE_SENDER,
[INTERPRETER_LANGUAGE INTERPRETER_LANGUAGE,
[INVESTIGATION_CODE_NN INVESTIGATION_CODE,
[INVESTIGATION_DATE_NN INVESTIGATION_DATE,
[INVESTIGATION_TIME_NN INVESTIGATION_TIME,
[INVESTIGATIONS_VALID_APPROVED_NN INVESTIGATIONS_VALID_APPROVED,
[IS_POSTCODE_VALID IS_POSTCODE_VALID,
[LOCAL_AUTHORITY_DISTRICT LOCAL_AUTHORITY_DISTRICT,
[LOWER_SUPER_OUTPUT_AREA_2011 LOWER_SUPER_OUTPUT_AREA_2011,
[LOWER_SUPER_OUTPUT_AREA_2021 LOWER_SUPER_OUTPUT_AREA_2021,
[LSOA_2011_PROVIDER_DISTANCE LSOA_2011_PROVIDER_DISTANCE,
[LSOA_2011_PROVIDER_DISTANCE_ORIGIN LSOA_2011_PROVIDER_DISTANCE_ORIGIN,
[LSOA_2011_SITE_OF_TREATMENT_DISTANCE LSOA_2011_SITE_OF_TREATMENT_DISTANCE,
[LSOA_2011_SITE_OF_TREATMENT_DISTANCE_ORIGIN
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[MARKET_FORCES_ADJUSTMENT MARKET_FORCES_ADJUSTMENT,
[MARKET_FORCES_FACTOR MARKET_FORCES_FACTOR,
[MIDDLE_SUPER_OUTPUT_AREA_2011 MIDDLE_SUPER_OUTPUT_AREA_2011,
[MIDDLE_SUPER_OUTPUT_AREA_2021 MIDDLE_SUPER_OUTPUT_AREA_2021,
[NHS_NUMBER_IS_VALID NHS_NUMBER_IS_VALID,
[NHS_NUMBER_STATUS_INDICATOR_CODE NHS_NUMBER_STATUS_INDICATOR_CODE,
[OBSERVATION_CODE_NN OBSERVATION_CODE,
[OBSERVATION_TIMESTAMP_NN OBSERVATION_TIMESTAMP,
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ORGANISATION_CODE_PATIENT_PATHWAY_IDENTIFIER,
[ORGANISATION_IDENTIFIER_LPI ORGANISATION_IDENTIFIER_LPI,
[OVERSEAS_VISITOR_CHARGING_CATEGORY OVERSEAS_VISITOR_CHARGING_CATEGORY,
[PARLIAMENTARY_CONSTITUENCY PARLIAMENTARY_CONSTITUENCY,
[PARTYEAR PARTYEAR,
[PATIENT_POSTCODE_DISTRICT PATIENT_POSTCODE_DISTRICT,
[PATIENT_TYPE PATIENT_TYPE,
[PDS_GENERAL_PRACTICE PDS_GENERAL_PRACTICE,
[PERIOD_END_DATE PERIOD_END_DATE,
[PERIOD_LENGTH PERIOD_LENGTH,
[PERIOD_START_DATE PERIOD_START_DATE,

[PERIOD_STATUS PERIOD_STATUS,
[PLACE_OF_INJURY PLACE_OF_INJURY,
[PLACE_OF_INJURY_VALID_APPROVED PLACE_OF_INJURY_VALID_APPROVED,
[PLANNED_ARRIVAL PLANNED_ARRIVAL,
[PREFERRED_SPOKEN_LANGUAGE PREFERRED_SPOKEN_LANGUAGE,
[PRIME_RECIPIENT PRIME_RECIPIENT,
[PROVIDER_CODE PROVIDER_CODE,
[PROVIDER_CODE_3 PROVIDER_CODE_3,
[PROVIDER_CODE_T PROVIDER_CODE_T,
[PROVIDER_GOVERNMENT_OFFICE_REGION PROVIDER_GOVERNMENT_OFFICE_REGION,
[PROVIDER_POSTCODE_DISTRICT PROVIDER_POSTCODE_DISTRICT,
[PROVIDER_TYPE PROVIDER_TYPE,
[RECEIVING_SITE RECEIVING_SITE,
[RECORD_IDENTIFIER RECORD_IDENTIFIER,
[REFERRAL_ASSESSMENT_DATE_NN REFERRAL_ASSESSMENT_DATE,
[REFERRAL_ASSESSMENT_TIME_NN REFERRAL_ASSESSMENT_TIME,
[REFERRED_TO_SERVICE_NN REFERRED_TO_SERVICE,
[REFERRED_TO_SERVICE_VALID_APPROVED_NN REFERRED_TO_SERVICE_VALID_APPROVED,
[REGISTRATION_ISSUER_CODE_NN REGISTRATION_ISSUER_CODE,
[RESIDENCE_CCG_FROM_PATIENT_POSTCODE RESIDENCE_CCG_FROM_PATIENT_POSTCODE,
[RESIDENCE_COUNTY RESIDENCE_COUNTY,
[RESPONSIBLE_CCG_FROM_PRACTICE RESPONSIBLE_CCG_FROM_PRACTICE,
[SEEN_DATE SEEN_DATE,
[SEEN_FOR_TREATMENT_TIME_SINCE_ARRIVAL SEEN_FOR_TREATMENT_TIME_SINCE_ARRIVAL,
[SEEN_TIME SEEN_TIME,
[SEQUENCE_NUMBER_NN SEQUENCE_NUMBER,
[SERVICE_REQUEST_DATE_NN SERVICE_REQUEST_DATE,
[SERVICE_REQUEST_TIME_NN SERVICE_REQUEST_TIME,
[SHA_COMMISSIONER SHA_COMMISSIONER,
[SHA_PROVIDER SHA_PROVIDER,
[SICB_GP_PRACTICE SICB_GP_PRACTICE,
[SICB_RESIDENCE SICB_RESIDENCE,
[SICB_TREATMENT SICB_TREATMENT,
[SICB_TREATMENT_ORIGIN SICB_TREATMENT_ORIGIN,
[SITE SITE,
[SNOMED_VERSION_NUMBER SNOMED_VERSION_NUMBER,
[STATED_GENDER STATED_GENDER,
[TARIFF TARIFF,
[TARIFF_DESCRIPTION TARIFF_DESCRIPTION,
[TOKEN_PERSON_ID TOKEN_PERSON_ID,
[TREATMENT_ALLOCATION_TIMESTAMP_NN TREATMENT_ALLOCATION_TIMESTAMP,
[TREATMENT_CODE_NN TREATMENT_CODE,
[TREATMENT_DATE_NN TREATMENT_DATE,
[TREATMENT_FUNCTION_CODE TREATMENT_FUNCTION_CODE,
[TREATMENT_TIME_NN TREATMENT_TIME,
[TREATMENTS_VALID_APPROVED_NN TREATMENTS_VALID_APPROVED,
[WAITING_TIME_MEASUREMENT_TYPE WAITING_TIME_MEASUREMENT_TYPE,
[WITHHELD_IDENTITY_REASON WITHHELD_IDENTITY_REASON

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Hospital Episode Statistics Admitted Patient Care (HES APC)**

Periods

2025/26
2025/26_Q03
2025/26_Q04
2026/27
2026/27_Q01
2026/27_Q02
2026/27_Q03
2026/27_Q04
2027/28
2027/28_Q01
2027/28_Q02
2027/28_Q03
2027/28_Q04
2028/29
2028/29_Q01
2028/29_Q02
2028/29_Q03
2028/29_Q04
2029/30_Q01

Sensitive fields

[CONSULT] Consultant code,
[DETNCAT] Detention category,
[LEGALGPA] Legal group of patient,
[LEGALGPC] Legal group of patient (psychiatric),
[LEGLSTAT] Legal status classification

Identifiable fields

Other fields

[ACTIVAGE] Age at activity date,
[ADMIAGE] Age on admission,
[ADMIDATE] Date of admission,
[ADMIMETH] Method of admission,
[ADMINCAT] Administrative category,
[ADMINCATST] Admin category at start of episode,
[ADMISORC] Source of admission,
[ADMISTAT] Psychiatric history on admission,
[AEKEY] Record identifier,
[ALCDIAG_4] 4 character concatenated alcohol related diagnosis,
[ALCFRAC] Principal alcohol related fraction,
[ANAGEST] Gestation period in weeks at first antenatal assessment,
[ANASDATE] First antenatal assessment date,
[ANTEDUR] Antenatal days of stay,
[AT_GP_PRACTICE] Area Team of GP Practice,
[AT_RESIDENCE] Area Team of Residence,
[AT_TREATMENT] Area Team of Treatment,
[BEDYEAR] Bed days within the year,
[BIRESUS_N] Resuscitation method,
[BIRORDR_N] Birth order,
[BIRSTAT_N] Birth status,
[BIRWEIT_N] Birth weight,
[CANNET] Cancer network,
[CANREG] Cancer registry,
[CARERSI] Carer support indicator,
[CATEGORY] Administrative & legal status of patient,
[CAUSE] Cause code,
[CCG_GP_PRACTICE] CCG of GP Practice,
[CCG_RESIDENCE] CCG of Residence,
[CCG_RESPONSIBILITY] CCG of Responsibility,
[CCG_RESPONSIBILITY_ORIGIN] Origin of CCG of Responsibility,
[CCG_TREATMENT] CCG of Treatment,
[CCG_TREATMENT_ORIGIN] Origin of CCG of Treatment,
[CENDUR] Duration of care to psychiatric census date,

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[CENSAGE Age at psychiatric census date,
[CENSTAT Status of patient included in psychiatric census,
[CENWARD Ward type at psychiatric census date,
[CLASSPAT Patient classification,
[CR_GP_PRACTICE Commissioning Region of GP Practice,
[CR_RESIDENCE Commissioning Region of Residence,
[CR_TREATMENT Commissioning Region of Treatment,
[CSNUM Commissioning serial number,
[CURRWARD Current electoral ward,
[DELCHANG Delivery place change reason,
[DELINTEN Delivery place (intended),
[DELMETH_D Alternative Delivery method (Derived),
[DELMETH_N Delivery method,
[DELONSET Labour/delivery onset method,
[DELPLAC_N Delivery place (actual),
[DELPOSAN Anaesthetic given post-labour or delivery,
[DELPREAN Anaesthetic given during labour or delivery,
[DELSTAT_N Status of person conducting delivery,
[DEPDAYS_N High-dependency care level,
[DETDUR Duration of detention,
[DETNDATE Date detention commenced,
[DIAG_NN All Diagnosis codes,
[DISDATE Date of discharge,
[DISDEST Destination on discharge,
[DISMETH Method of discharge,
[DISREADYDATE Discharge ready date,
[DOMPROC Trust derived dominant procedure,
[ELECDATE Date of decision to admit,
[ELECDUR Waiting time,
[ENCRYPTED_HESID Encrypted HESID,
[ENDAGE Age at end of episode,
[EPIDUR Episode duration,
[EPIEND Date episode ended,
[EPIKEY Record identifier,
[EPIORDER Episode order,
[EPISTART Date episode started,
[EPISTAT Episode status,
[EPITYPE Episode type,
[ETHNOS Ethnic category,
[FAE Finished Admission Episode,
[FAE_EMERGENCY Finished Admission Episode, emergency classification,
[FCE Finished Consultant Episode,
[FDE Finished In-Year Discharge Episode,
[FIRSTREG First regular day or night admission,
[FYEAR Financial Year,
[GESTAT_N Length of gestation,
[GORTREAT Government office region of treatment,
[GPPRAC Code of GP practice,
[GPPRACHA Health Authority area where patient's GP is registered,
[GPPRACRO Regional Office area where patient's GP was registered,
[GPPRPCT Primary Care Trust area where patient's GP was registered,
[GPPRSTHA Strategic Health Authority area where patient's GP was registered,
[HATREAT Health Authority of treatment,
[HNEOIND Healthy Neonate Indicator,
[HRGNHS Trust derived HRG value,
[HRGNHSVN Version No. of Trust derived HRG,
[IMD04 IMD Index of Multiple Deprivation,
[IMD04_DECILE IMD Decile Group,
[IMD04C IMD Crime Domain,
[IMD04ED IMD Education Training and Skills Domain,
[IMD04EM IMD Employment Deprivation Domain,
[IMD04HD IMD Health and Disability Domain,
[IMD04HS IMD Barriers to Housing and Service Domain,
[IMD04I IMD Income Domain,
[IMD04IA IMD Income affecting Adults Domain,

Data Sharing Agreement

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[IMD04IC IMD Income affecting Children Domain,
[IMD04LE IMD Living Environment Domain,
[IMD04RK IMD Overall Rank,
[INTMANIG Intended management,
[LSOA01 Lower Super Output Area (LSOA01),
[LSOA11 Lower Super Output Area (LSOA11),
[MAINSPEF Main specialty,
[MARSTAT Marital status (psychiatric),
[MATAGE Mother's age at delivery,
[MATERNITY_EPISODE_TYPE Episode Type - Maternity,
[MENTCAT Mental category,
[MSOA01 Middle Super Output Area, 2001,
[MSOA11 Middle Super Output Area, 2011,
[MYDOB Date of Birth - month and year,
[NEOCARE Neonatal level of care,
[NEODUR Age of baby in days,
[NHSNOIND NHS number status indicator,
[NUMBABY Number of babies,
[NUMPREG Number of previous pregnancies,
[NUMTAILB Number of baby tails,
[OACODE6 Census Output Area, 2001 (6 character),
[OPDATE_NN Date of operation,
[OPERSTAT Operation status code,
[OPERTN_NN Primary Operative Procedure Codes ,
[PARTYEAR Year and month of data,
[PCFOUND Postcode Found,
[PCGCODE Primary care group,
[PCGORIG Origin of primary care group,
[PCON Westminster parliamentary constituency,
[PCONSULT Pseudonymised consultant team code,
[PCTCODE02 Primary care trust of responsibility - historic,
[PCTCODE06 Primary care trust of responsibility - current,
[PCTORIG02 Origin of primary care trust of responsibility - historic,
[PCTORIG06 Origin of primary care trust of responsibility - current,
[PCTTREAT Primary Care Trust area of main provider,
[POSOPDUR Post-operative duration,
[POSTDIST Postcode district of patient's residence,
[POSTDUR Postnatal stay,
[PREFERER Pseudonymised referrer code,
[PREGGMP Pseudonymised code of patient's registered or referring general medical practitioner,
[PREOPDUR Pre-operative duration,
[PROCODE3 Provider code - 3 character,
[PROCODET Provider code,
[PROTYPE Provider type,
[PURCODE Commissioner code,
[PURRO Commissioner's Regional Office,
[PURSTHA Commissioner's Strategic Health Authority,
[PURVAL Commissioner code status,
[REFERORG Referring organisation code,
[RESCTY County of residence,
[RESGOR Government office region of residence,
[RESHA Health Authority of residence,
[RESLADST Local authority district,
[RESPCT_HIS The primary care trust of residence - mapped according to source year,
[RESPCT02 Patient's Primary Care Trust of residence - historic,
[RESPCT06 Patient's Primary Care Trust of residence – current,
[RESRO Regional Office of residence,
[RESSTHA02 Patient's Strategic Health Authority of residence - historic,
[RESSTHA06 Patient's Strategic Health Authority of residence - current,
[ROTREAT Region of treatment,
[RTTPEREND RTT period end date,
[RTTPERSTART RTT period start date,
[RTTPERSTAT RTT period status,
[RURURB_IND Rural/Urban Indicator,
[SEX Sex of patient,

[SEXBABY_N Sex of baby,
[SITETRET Site code of treatment,
[SPELBGIN Beginning of spell,
[SPELDUR Duration of spell,
[SPELEND End of spell,
[STARTAGE Age at start of episode,
[STARTAGE_CALC Age of patients at start of episode, babies restated,
[STHATRET Strategic Health Authority area of treatment,
[SUBDATE Submission date,
[SUSCOREHRG SUS generated Core Spell HRG,
[SUSHRG SUS generated HRG,
[SUSHRGVERS SUS generated HRG version number,
[SUSRECID SUS record id,
[SUSSPELLID SUS generated spell id,
[Token_Person_ID Token_Person_ID,
[TRETSPPEF Treatment specialty,
[VIND V code indicator,
[WAITDAYS Duration of elective wait,
[WARD91 Electoral ward in 1991,
[WARD98 Electoral ward in 1998,
[WARDSTRT Ward type at start of episode,
[WELL_BABY_IND Well baby flag

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Hospital Episode Statistics Critical Care (HES Critical Care)**

Periods

2025/26
2026/27
2027/28
2028/29

Sensitive fields

Identifiable fields

Other fields

[acardsupdays Advanced cardiovascular support days,
[aressupdays Advanced respiratory support days,
[bcardsupdays Basic cardiovascular support days,
[bestmatch Best match flag,
[bressupdays Basic respiratory support days,
[ccadmisorc Critical care admission source,
[ccadmitype Critical care admission type,
[ccapcrel Critical care APC relationship,
[ccdysdate Critical care discharge date,
[ccdysdest Critical care discharge destination,
[ccdysloc Critical care discharge location,
[ccdysrdate Critical care discharge ready date,
[ccdysrtime Critical care discharge ready time,
[ccdysstat Critical care discharge status,
[ccdystime Critical care discharge time,
[cclev2days Critical care level 2 days,
[cclev3days Critical care level 3 days,
[ccsorcloc Critical care source location,
[ccstartdate Critical care start date,
[ccstarttime Critical care start time,
[ccunitfun Critical care unit function,
[dermsupdays Dermatological support days,
[gisupdays Gastro-intestinal support days,
[liversupdays Liver support days,
[neurosupdays Neurological support days,
[orgsupmax Organ support maximum,
[rensupdays Renal support days,
[susrecid SUS record ID,
[Token_Person_ID Token_Person_ID,
[unitbedconfig Critical care unit bed configuration

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Hospital Episode Statistics Outpatients (HES OP)**

Periods

2025/26
2025/26_Q03
2025/26_Q04
2026/27
2026/27_Q01
2026/27_Q02
2026/27_Q03
2026/27_Q04
2027/28
2027/28_Q01
2027/28_Q02
2027/28_Q03
2027/28_Q04
2028/29
2028/29_Q01
2028/29_Q02
2028/29_Q03
2028/29_Q04
2029/30_Q01

Sensitive fields

Identifiable fields

Other fields

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[ADMINCAT Administrative category,
[APPTAGE Age on day of appointment,
[APPTDATE Appointment date,
[AT_GP_PRACTICE Area Team of GP Practice,
[AT_RESIDENCE Area Team of Residence,
[AT_TREATMENT Area Team of Treatment,
[ATENTYPE Attendance type,
[ATTENDED Attended or did not attend,
[ATTENDKEY Record identifier,
[BABYAGE Age of Baby,
[CANNET Cancer network,
[CANREG Cancer registry,
[CARERSI Carer support indicator,
[CCG_GP_PRACTICE CCG of GP Practice,
[CCG_RESIDENCE CCG of Residence,
[CCG_RESPONSIBILITY CCG of Responsibility,
[CCG_RESPONSIBILITY_ORIGIN Origin of CCG of Responsibility,
[CCG_TREATMENT CCG of Treatment,
[CCG_TREATMENT_ORIGIN Origin of CCG of Treatment,
[CR_GP_PRACTICE Commissioning Region of GP Practice,
[CR_RESIDENCE Commissioning Region of Residence,
[CR_TREATMENT Commissioning Region of Treatment,
[CSNUM Commissioning serial number,
[CURRWARD Current electoral ward,
[DIAG_NN Diagnosis,
[DNADATE Last DNA or patient cancelled date,
[ENCRYPTED_HESID Encrypted HESID,
[ETHNOS Ethnic category,
[FIRSTATT First attendance,
[FYEAR Financial Year,
[GORTREAT Government office region of treatment,
[GPPRAC Code of GP practice,
[GPPRACHA Health Authority area where patient's GP is registered,
[GPPRACRO Regional office area where patient's GP practice was registered,
[GPPRPCT Primary Care Trust area where patient's GP was registered,
[GPPRSTHA Strategic health authority area where patient's GP practice was registered,
[HATREAT Health authority of treatment,
[HRGNHS Trust derived HRG value,
[HRGNHSVN Version No. of Trust derived HRG,
[IMD04 IMD Index of Multiple Deprivation,
[IMD04_DECILE IMD Decile Group,
[IMD04C IMD Crime Domain,
[IMD04ED IMD Education, Skills and Training Domain,
[IMD04EM IMD Employment Deprivation Domain,
[IMD04HD IMD Health and Disability Domain,
[IMD04HS IMD Barriers to Housing and Services Domain,
[IMD04I IMD Income Domain,
[IMD04IA IMD Income Affecting Older People Index,
[IMD04IC IMD Income Affecting Children Index,
[IMD04LE IMD Living Environment Domain,
[IMD04RK IMD Overall Ranking,
[LSOA01 Lower Super Output Area (LSOA01),
[LSOA11 Lower Super Output Area (LSOA11),
[MAINSPEF Main specialty,
[MSOA01 Middle Super Output Area, 2001,
[MSOA11 Middle Super Output Area, 2011,
[MYDOB Date of Birth - month and year,
[NHSNOIND NHS number status indicator,
[OACODE6 Census output area, 2001 (6 character),
[OPERSTAT Operation status code,
[OPERTN_NN Operative procedure,
[OUTCOME Outcome of attendance,
[PARTYEAR Year and month of data,
[PCFOUND Postcode Found,
[PCON Westminster parliamentary constituency,

[PCONSULT Pseudonymised consultant team code,
[PCTCODE02 Primary care trust of responsibility - historic,
[PCTORIG02 Origin of primary care trust of responsibility - historic,
[PCTTREAT Primary Care Trust area of main provider,
[POSTDIST Postcode district of patient's residence,
[PREFERER Pseudonymised referrer code,
[PREGGMP Pseudonymised Code of patient's registered or referring general medical practitioner,
[PRIORITY Priority type,
[PROCEDURE3 Provider code (3 character),
[PROCODET Provider code,
[PROTYPE Provider type,
[PURCODE Commissioner code,
[PURSTHA Commissioner's strategic health authority,
[PURVAL Commissioner code status,
[REFERORG Referring organisation code,
[REFSOURC Source of referral,
[REQDATE Referral request received date,
[RESCTY County of residence,
[RESGOR Government office region of residence,
[RESHA Health authority of residence,
[RESLADST Local authority district of residence,
[RESPCT02 Patient's Primary Care Trust of residence - historic,
[RESPCT06 Patient's Primary Care Trust of residence – current,
[RESRO Region of residence,
[RESSTHA02 Patient's Strategic Health Authority of residence - historic,
[RESSTHA06 Patient's Strategic Health Authority of residence - current,
[ROTREAT Region of treatment,
[RTTPPEREND RTT period end date,
[RTTPPERSTART RTT period start date,
[RTTPPERSTAT RTT period status,
[RURURB_IND Rural / urban indicator,
[SERVTYPE Service type requested,
[SEX Sex of patient,
[SITETRET Site code of treatment,
[STAFFTYP Medical staff type seeing patient,
[STHATRET Strategic health authority area of treatment,
[SUBDATE Submission date,
[SUSHRG SUS generated HRG,
[SUSHRGVERS SUS generated HRG version number,
[Token_Person_ID Token_Person_ID,
[TRETSPEREF Treatment specialty,
[WAIT_IND Waiting calculation indicator,
[WAITDAYS Duration of elective wait,
[WAITING Days waiting,
[WARD91 Electoral ward in 1991

Filters/minimisation efforts

No filters applied

Data Transfer Method

- **Improving Access to Psychological Therapies (IAPT) v2**

Periods

2020/21_M06
2020/21_M07
2020/21_M08
2020/21_M09
2020/21_M10
2020/21_M11
2020/21_M12
April 2021 - March 2022
April 2024 - March 2025
April 2025 - March 2026
April 2026 - March 2027
April 2027 - March 2028
April 2028 - March 2029

Sensitive fields

Identifiable fields

Other fields

[All pseudo data from the IAPT_CareActivities group All pseudo data from the IAPT_CareActivities group,
[All pseudo data from the IAPT_CareCluster group All pseudo data from the IAPT_CareCluster group,
[All pseudo data from the IAPT_CodedScoredAssessments group All pseudo data from the
IAPT_CodedScoredAssessments group,
[All pseudo data from the IAPT_EmploymentStatus group All pseudo data from the IAPT_EmploymentStatus
group,
[All pseudo data from the IAPT_InternetEnabledTherapies group All pseudo data from the
IAPT_InternetEnabledTherapies group,
[All pseudo data from the IAPT_MentalAndPhysicalHealthConditions group All pseudo data from the
IAPT_MentalAndPhysicalHealthConditions group,
[All pseudo data from the IAPT_OnwardReferrals group All pseudo data from the IAPT_OnwardReferrals group,
[All pseudo data from the IAPT_WaitingTimePauses group All pseudo data from the IAPT_WaitingTimePauses
group,
[Core Group - All pseudo data from the IAPT_DemographicsAndReferrals group Core Group - All pseudo data
from the IAPT_DemographicsAndReferrals group

Filters/minimisation efforts

No filters applied

Data Transfer Method

- Medicines dispensed in Primary Care (NHSBSA data)

Periods

Latest available
Latest available
Latest available
Latest available

Sensitive fields

Identifiable fields

Other fields

[AgeBands AGE_BANDS,
[BSAPrescriptionID PRESCRIPTION_ID,
[ChargeStatus CHARGE_STATUS,
[CostCentreLSOA PRESCRIBER_COST_CENTRE_LSOA,
[CostCentreODSCode PRESCRIBER_COST_CENTRE_ODS_CODE,
[CostCentreSubType PRESCRIBER_COST_CENTRE_SUB_TYPE,
[CostCentreType PRESCRIBER_COST_CENTRE_TYPE,
[DispensedCountryCode DISPENSER_COUNTRY_CODE,
[DispensedPharmacyLSOA DISPENSER_LSOA,
[DispensedPharmacyODSCode DISPENSER_ODS_CODE,
[DispensedPharmacyType DISPENSER_TYPE,
[EPSPrescriptionID EPS_PRESCRIPTION_ID,
[EPSPrescriptionIndicator EPS_PRESCRIPTION_FLAG,
[ExemptionCode EXEMPTION_CODE,
[ItemActualCost ITEM_ACTUAL_COST,
[ItemID ITEM_ID,
[ItemNIC NET_INGREDIENT_COST,
[MaternityExemptionFlag MATERNITY_EXEMPTION_FLAG,
[PaidBNFCode DISPENSED_BNF_CODE,
[PaidBNFName DISPENSED_BNF_NAME,
[PaiddmdCode DISPENSED_DMD,
[PaidDrugStrength DISPENSED_STRENGTH,
[PaidFormulation DISPENSED_FORMULATION,
[PaidIndicator PAID_INDICATOR,
[PaidQuantity DISPENSED_QUANTITY,
[PaidSupplierName DISPENSED_SUPPLIER_NAME,
[PatientAge AGE,
[PatientGPLSOA PATIENT_GP_LSOA,
[PrescribedBNFCode PRESCRIBED_BNF_CODE,
[PrescribedBNFName PRESCRIBED_BNF_NAME,
[PrescribedCountryCode PRESCRIBER_COUNTRY_CODE,
[PrescribeddmdCode PRESCRIBED_DMD,
[PrescribedFormulation PRESCRIBED_FORMULATION,
[PrescribedMedicineStrength PRESCRIBED_STRENGTH,
[PrescribedQuantity PRESCRIBED_QUANTITY,
[PrescribedSupplierName PRESCRIBED_SUPPLIER_NAME,
[PrescriberType PRESCRIBER_TYPE,
[ProcessedPeriod MONTH_OF_PROCESSING,
[ProcessingPeriodDate DATE_OF_PROCESSING,
[Token_Person_ID Token_Person_ID

Filters/minimisation efforts

Data delivered till 2022/23

Data Transfer Method

- **Mental Health Services Data Set (MHSDS)**

Periods

2024/25
2025/26
2026/27
2027/28
2028/29

Sensitive fields

[All sensitive data] All sensitive data,
[All sensitive data] All sensitive data,
[All sensitive data] All sensitive data,
[All sensitive data] All sensitive data,
[All sensitive data] All sensitive data,
[All sensitive data] All sensitive data

Identifiable fields

Other fields

[All pseudo data All pseudo data,
[All pseudo data All pseudo data,
[All pseudo data All pseudo data,
[All pseudo data All pseudo data,
[All pseudo data All pseudo data,
[All pseudo data All pseudo data,
[All pseudo data All pseudo data,
[All pseudo data All pseudo data,
[All pseudo data All pseudo data,
[All pseudo data All pseudo data

Filters/minimisation efforts

No filters applied

Data Transfer Method

3. Additional Information

Recommended product(s)

List Clean	No
Patient Status	No
Patient Tracking	No

Additional Technical Detail

For NDRS use domain DARS-NIC-84254-J2G1Q

These products have been set to production method auto extract:
CRD, DID, HES APC/CC/OP

ECDS to be provisioned from DPS if possible, SQL if not (production method set to manual)

PCareMeds required from Apr 2018 to latest available on an annual basis, Provisioning to decide how to split the files to make each extract manageable to produce and disseminate - many file instructions will be needed

Annex C: Approval Information

Signed for and on behalf of the Information Asset Owner:	
Name:	Suzanne Hartley
Electronic approval reference:	8C5C8C9A-CB24-33A7-BDE9-52F2DB09085C
Organisation Name:	NHS England
Role:	Data Access Senior Manager
Date/time:	10/04/2026

Signed for and on behalf of NHS England:	
Name:	Dave Cronin
Electronic approval reference:	53DF5BB0-31C2-72F6-D50E-FC82983B888B
Role:	Data Access Principal Manager
Date/time:	10/04/2026

Signed for and on behalf of the Data Controller:	
Organisation Name:	University of York
Electronic approval reference:	859e246e-c74f-4390-b88d-9c64d182cc7513/04/2026 14:03:40
Name:	Mark Sculpher
Position in organisation:	Director of the Centre for Health Economics
Date:	13/04/2026